

PATIENT

Elsa Markwood

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

6.4 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Eure

INVOICE

13485

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History:

- SLOW/STEADY WEIGHT LOSS OVER PAST YEAR--CAT DID GO TO ER OVER WEEKEND AND GOT BW, SQF AND CERENIA- THAT IS ALL.
- RESORPTIVE LESION 206-207 WITH PAIN
- SORE AND NOT WANTING TO EAT WELL FOR A LITTLE WHILE PER O BUT LAST FEW DAYS (STARTING FRIDAY 2/13) NOT WANTING TO EAT AT ALL. NOT SURE IF TOOTH PAIN OR SOMETHING ELSE.
- HAS UTI WITH RODS AND FEVER 103.1 YESTERDAY
- HAS HEART MURMUR 2-3/6 WITH TACHY.
- VERY THIN
- NO VOMITING OR DIARRHEA NOTED
- HAD IVC, IVF, CERENIA, CONVENIA, MELOX INJ YESTERDAY AND P DOING BETTER THIS AM...WANTED TO EAT SOFT AND HARD FOOD (BUT SHOVELING, LIKE TOOTH PAIN) BUT O WANTED U/S AND DETNAL EXTRACTION.

Abnormal PE/Chem/CBC/UA Results: BW DONE AT ER = SLIGHTLY ELEVATED GLUCOSE, BUT NEG IN URINE AND SL ELEVATED WBC # 18,000 ---WE DID THE REMAINDER OF BW/DX HERE (ATTACHED) UTI WITH RODS, WBC THYROID AND FPL NORMAL. USG 1.026 with proteinuria, pyuria and bacteriuria. T4 normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.95 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few non-obstructive mineralized foci are visualized. Moderate pyelectasia is present (0.34 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.99 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few non-obstructive mineralized foci are visualized. Moderate pyelectasia is present (0.48 cm in the transverse plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.70 cm width) with swollen peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature is normal.



PATIENT

Elsa Markwood

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

6.4 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Eure

INVOICE

13485

DATE

2/17/26

Spleen

The spleen is normal in size (0.71 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

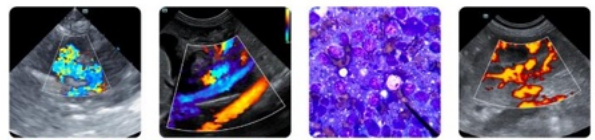
ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral nonspecific, age-related renal changes with non-obstructive nephrocalcinosis and pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), fluid therapy (if applicable) or some combination thereof.

Secondary Findings:

- The right adrenomegaly may be secondary to stress hyperplasia or less likely an emerging tumor.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.



PATIENT

Elsa Markwood

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

6.4 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock AH

REFERRING VET

Dr. Eure

INVOICE

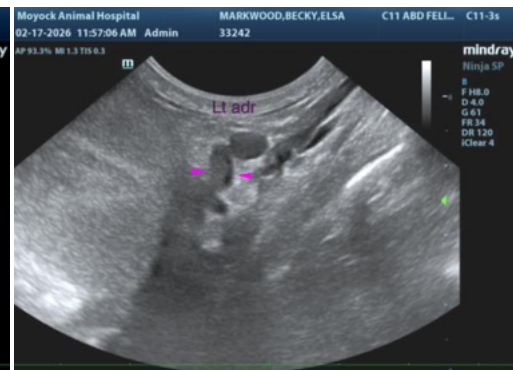
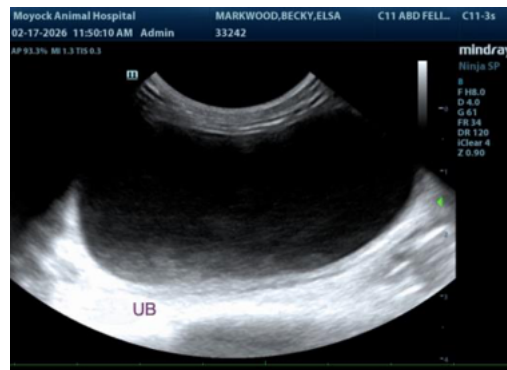
13485

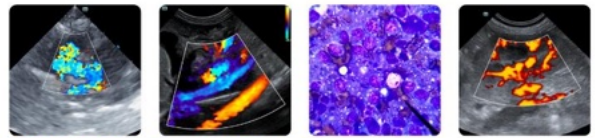
DATE

2/17/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the suspicion for a urinary tract infection, a urine culture and sensitivity are recommended preferably on a pre-antibiotic sample.
- To further identify causes of weight loss, consider the following:
 1. Orthopedic and neurologic examinations
 2. Three-view thoracic radiographs to assess for occult pathology in the chest
 3. Fecal evaluation for ova and Giardia
 4. GI panel including serum cobalamin, folate, TLI and PLI
 5. If the above diagnostics are inconclusive and the weight loss is deemed not to be associated with the patient's dental disease, further workup (i.e., GI biopsies) may be indicated.





PATIENT

Elsa Markwood

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

6.4 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(*Small Animal Internal
Medicine*)

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock AH

REFERRING VET

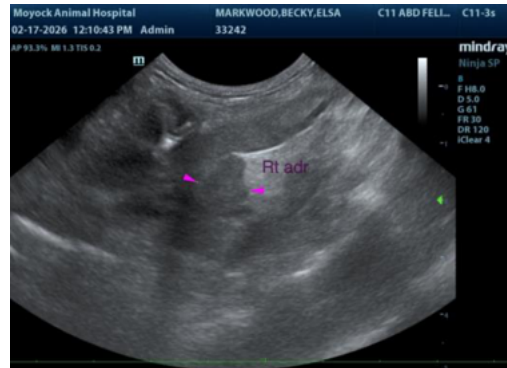
Dr. Eure

INVOICE

13485

DATE

2/17/26



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com