

PATIENT PRESENTING CLINICAL SIGNS

Sparkle Demone History: at least 2-week history hematuria. No other urinary signs. Urine culture negative
Abnormal PE/Chem/CBC/UA Results: IRIS stage 1 CKD

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

The urinary bladder is moderately distended with mostly anechoic urine. A 0.53 x 0.34 cm irregular, echogenic, vascular nodule is arising from the dorsal wall. The remaining wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2.0-2.5 cm, are normal.

DSH

SEX

The left kidney is normal in size (3.31 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. A few, small, cortical cysts are seen. Moderate pyelectasia is present (0.42 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Female Spayed

AGE

17

The right kidney is normal in size (3.32 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the spleen. A few, small, cortical cysts are seen. Mild pyelectasia is present (0.21 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

4.3 kg

Adrenal Glands

INTERPRETED BY

The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING
PERFORMED BY

Dr Sarah Barthelemy

Spleen

The spleen is normal in size (0.82 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.

HOSPITAL NAME

McKnight VH

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.

REFERRING VET

Dr Gruffyd

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

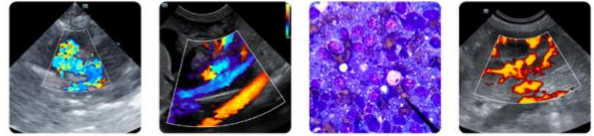
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The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness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

DATE

2-18-26



PATIENT *Pancreas*

Sparkle Demone

The base and left limb the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

SPECIES

Feline

Lymph Nodes

A 1.87 x 0.27 cm medial iliac lymph node us visualized. In addition, a 0.85 x 0.37 cm gastric lymph node is seen. A few prominent mesenteric lymph nodes are also seen (one measuring 1.31 x 0.24 cm).

BREED

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Free Abdomen

Trace free fluid is observed.

SEX

Female Spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- The dorsal urinary bladder wall lesion could be consistent with an emerging tumor (i.e., transitional cell carcinoma) or an inflammatory focus.
- Bilateral nonspecific age-related renal changes with cortical cysts and pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), or some combination thereof.
- Trace ascites

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Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the urinary bladder wall nodule, a cystotomy with excisional biopsy would be necessary to get a definitive diagnosis. Given the patient's age, three-view thoracic radiographs are recommended prior to anesthesia. If surgery is not pursued, palliative care is recommended as needed.

HOSPITAL NAME

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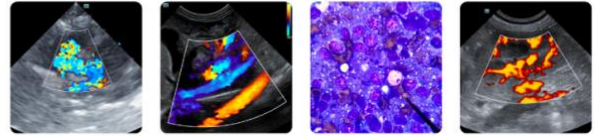
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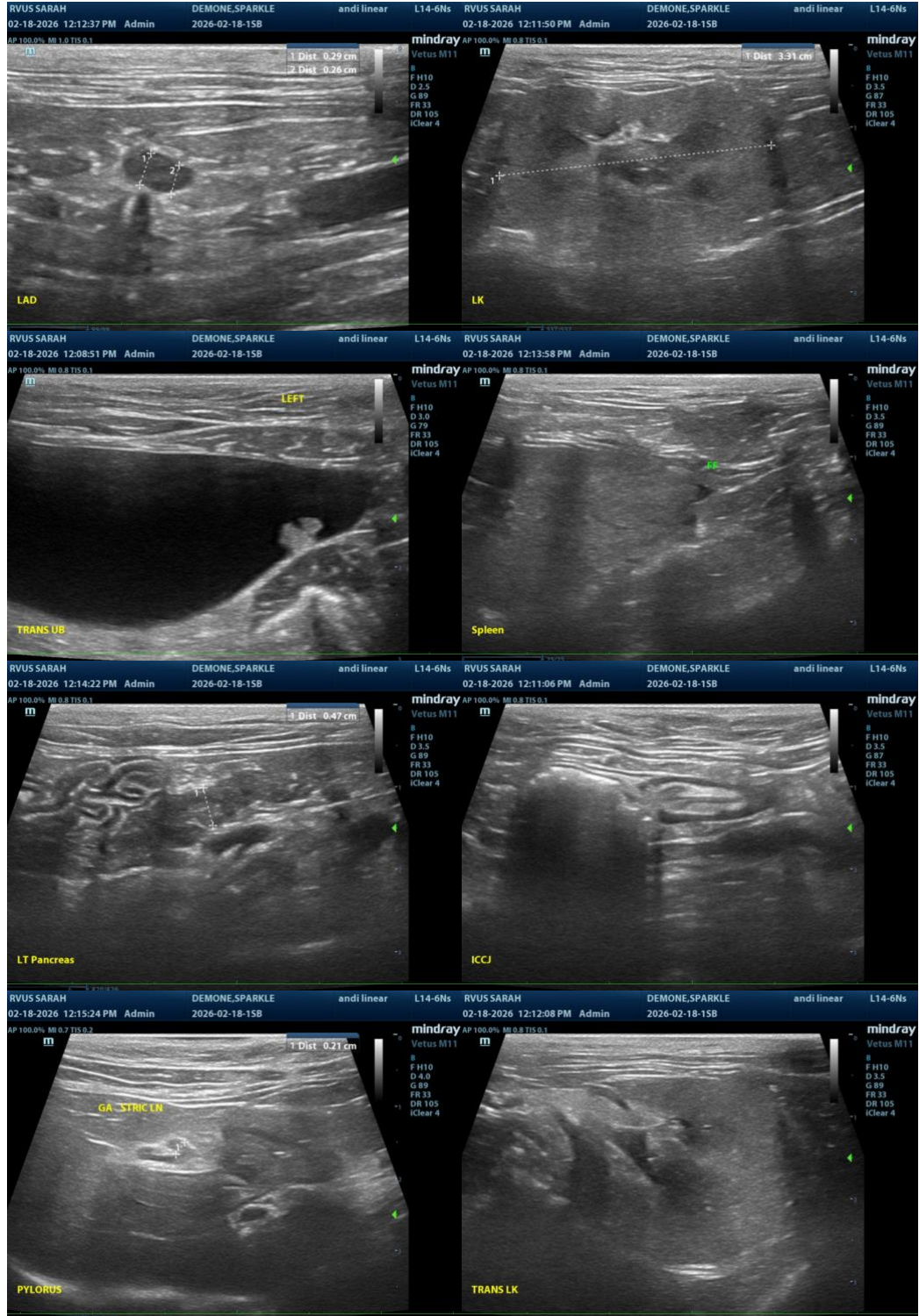
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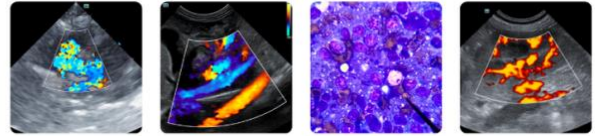
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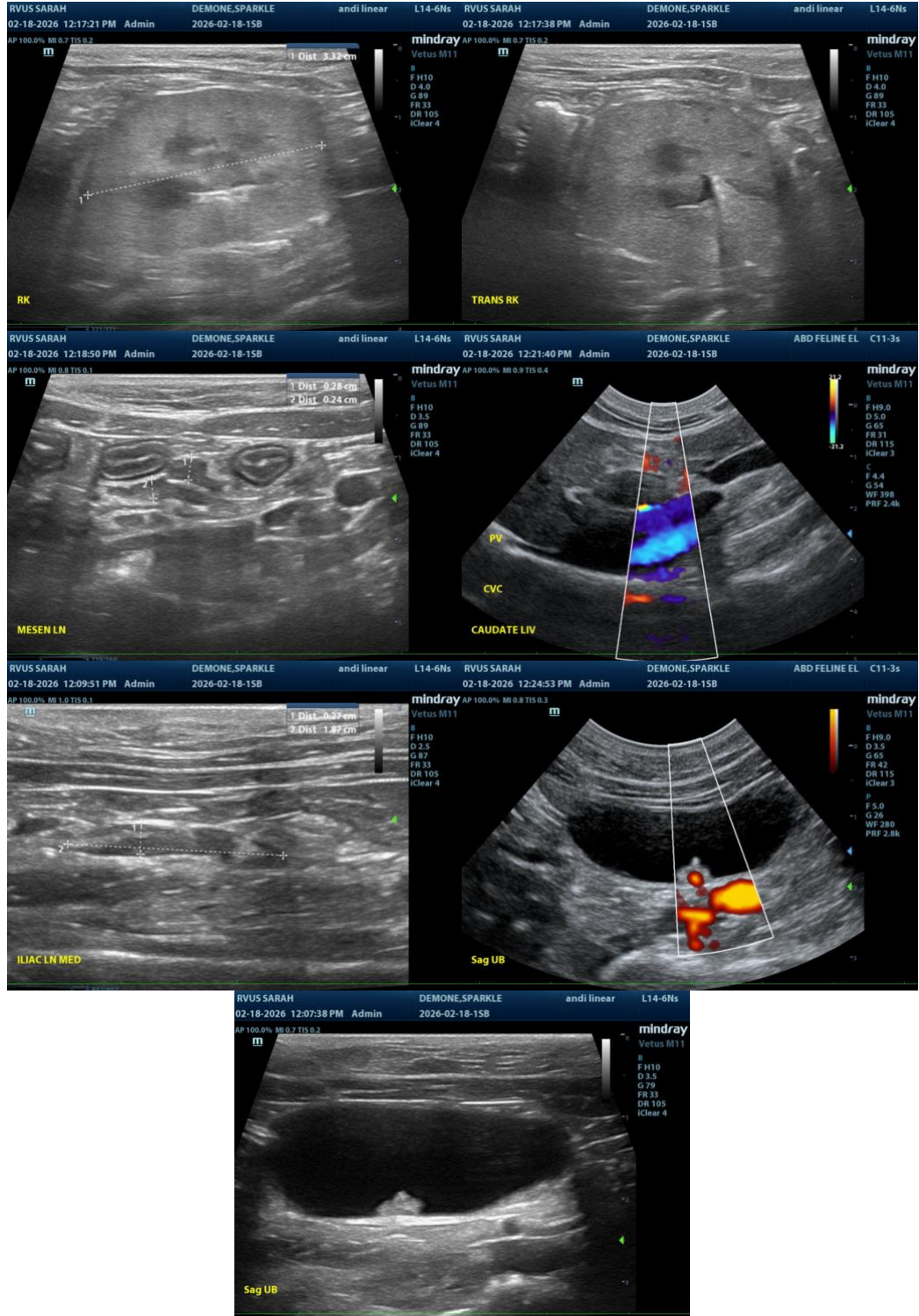
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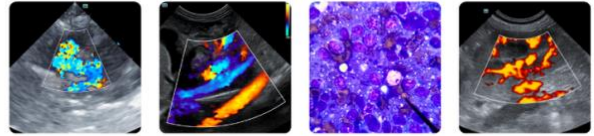
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PATIENT

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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.

SPECIES

Feline

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.

BREED

DSH

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