

DATE

2-7-26

PRESENTING CLINICAL SIGNS

PATIENT

Simba Navarro

Patient History: Patient transferring from RDVM for increased kidney values. Pt was seen two days ago for decreased appetite, weight loss and some lethargy. snap PBNP abnormal no medications currently
Date: 02-06-2026 Notes: Presenting Complaint: Simba presents as referral from primary veterinarian for elevated kidney values and elevated cardiac biomarker on recent blood work Patient History: - Referred for abnormal blood work results from 2/4/26: - BUN 208 (reference range <37) - Creatinine 5.9 (approximately 2x upper limit of normal) - NT-proBNP >1500 (normal <100, concerning >270) - Possible rodenticide exposure during trip to New York approximately 2 weeks ago (rat poison present at location) - Client no longer uses rodenticides at home - Ionized calcium test performed by referring veterinarian (results pending) - Plays with water, enjoys watching cat TV/iPad videos.

SPECIES

Feline

BREED

DSH

Current Medications: N/A.

Labwork Results: Labwork submitted. Reported as PCV/TS= 20%/7.6

CBC = HCT 21.9% [L], non-regenerative anemia. Neut 10.77 [sl H], Eos 0.04K [sl L]

Chem 17= BUN >130 [226 after 1:10 dilution], Crea 5.5, Phos >16.1 [24.9 after 1:10 dilution], Glob 5.4 [sl H] Lytes = wnl

SEX

Neutered Male

Blood pressure 230 systolic (tail with #2 cuff).

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

AGE

4-5-22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

7.6 lbs.

Urinary System

The urinary bladder wall is normal in thickness, and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The left kidney is mildly enlarged (4.31 cm in length) with slightly swollen peripheral contours. The cortex is hyperechoic relative to the spleen, and diffusely thickened, with poor corticomedullary distinction. Moderate-to-severe pyelectasia is present (0.63 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

HOSPITAL NAME

Animal
Emergency Hospital

The right kidney is normal in size (4.39 cm in length) with slightly swollen peripheral contours. The cortex is hyperechoic relative to the spleen, and diffusely thickened, with poor corticomedullary distinction. Moderate pyelectasia is present (0.43 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

REFERRING VET

Jones

Adrenal Glands

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

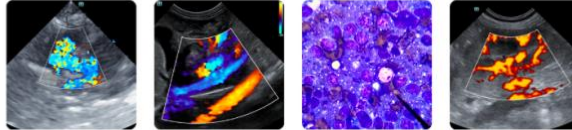
INVOICE

22527

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

Spleen

The spleen is normal in size (0.61 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.



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Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Intrahepatic biliary tracts are normal. There is suspected mild dilation of hepatic veins. The portal vein to caudal vena cava ratio is approximately 1: 1.

PATIENT

Simba Navarro

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.

SPECIES

Feline

Gastrointestinal

The gastric lumen is mildly gas-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 colonic wall is normal. There is no evidence of an obstructive pattern.

BREED

DSH

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

SEX

Neutered Male

Lymph nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

WEIGHT

7.6 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral chronic nephropathy. Considerations include prior insult (i.e., infection, toxicity, hypotensive event). Alternatively, emerging neoplasia (i.e., lymphoma) is possible. Given the clinical history and sonographic changes, an acute-on-chronic presentation is a consideration.

Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Equivocal hepatic vein dilation. This may be a normal variant for this patient or may be secondary to increased hydrostatic pressure.

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

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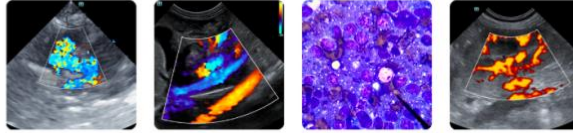
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- A urinalysis with a culture and sensitivity are recommended.
- Also consider a UPC if proteinuria is present in the absence of infection.
- Consider renal aspiration (assuming normal clotting status). A 25-gauge needle should be used.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, particularly if IV fluid diuresis is to continue.
- Continued fluid therapy and other symptomatic measures are recommended with close monitoring of the patient's renal values to assess progression of the azotemia.

Imaging performed by



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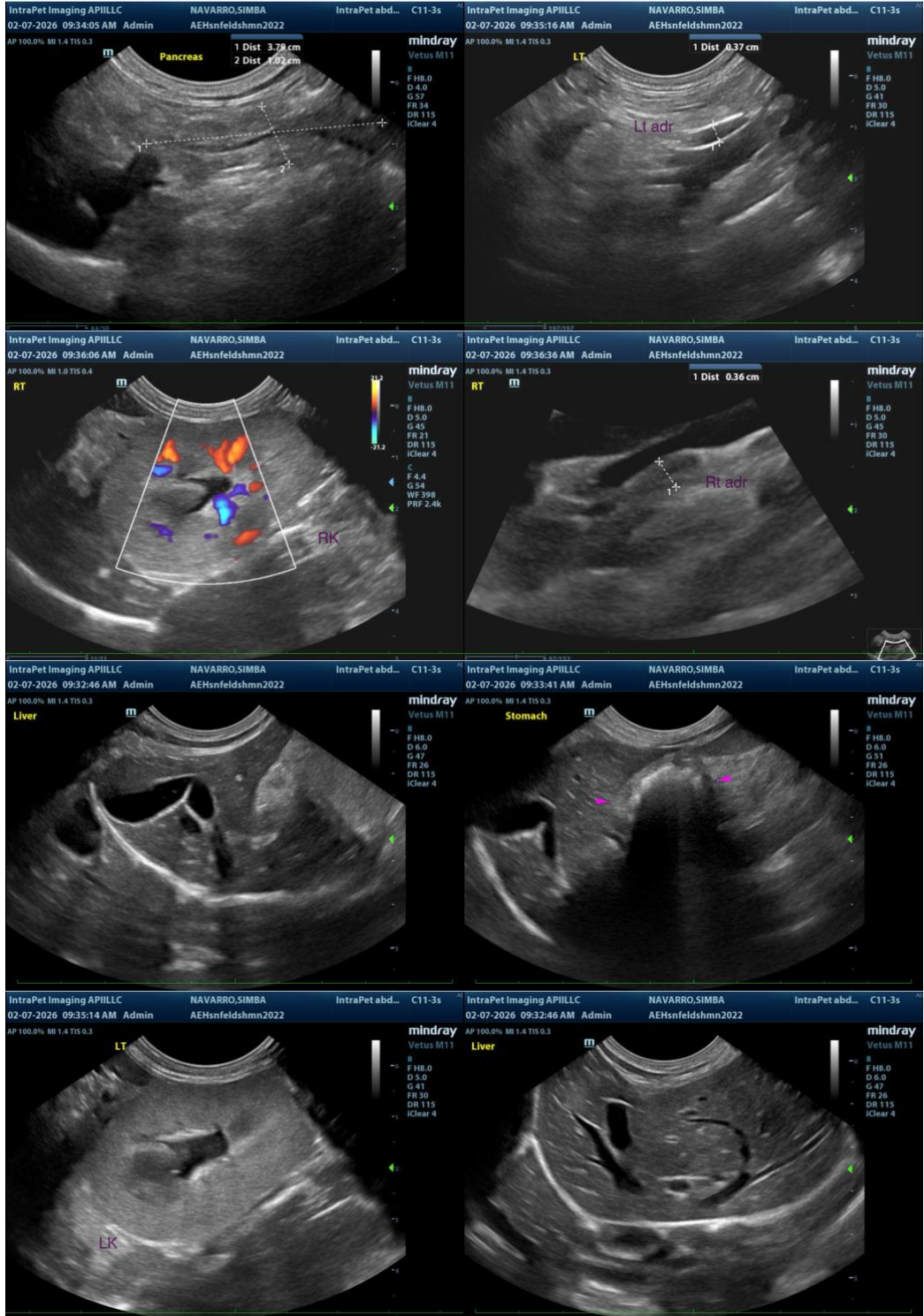
Animal
Emergency Hospital

REFERRING VET

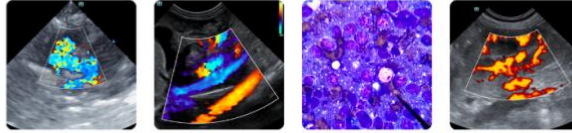
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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