



PATIENT PRESENTING CLINICAL SIGNS

- Stanley Rosellon
- Diabetes mellitus
 - The pet on Prozac 4 units BID

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BW-moderate to severe azotemia, normal bg, mild metabolic acidosis cPLI - positive

BREED

DSH

Urinary System

The urinary bladder is moderately distended. The wall is moderately-distended with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed.

SEX

Neutered Male

The left kidney is normal in size (3.86 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. Trace pyelectasia is present (0.18 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydronephrosis.

AGE

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The right kidney is normal in size (4.17 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Severe pyelectasia/emerging hydronephrosis is present (up to 1.05 cm in the transverse plane). There is suspected at least proximal hydronephrosis.

WEIGHT

13.2

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

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

Spleen

The spleen is contracted (0.48 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is homogenous. No focal lesions are observed. Splenic vasculature appears normal with no obvious evidence of thrombosis.

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Dr Sharkaway

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. Intrahepatic biliary stones are present. Hepatic vasculature is of normal volume with no evidence of congestion.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic- to mineralized, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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 mildly-thickened (up to 0.31 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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Pancreas

A few prominent mesenteric lymph nodes are visualized (one measuring 0.87 x 0.41 cm). Surrounding mesentery is mildly hyperechoic.



PATIENT *Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

Stanley Rosellon

Free Abdomen

There is no obvious evidence of free fluid.

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ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

DSH

- Bilateral chronic renal changes with pyelectasia (more severe in the right kidney) and suspected proximal right hydroureter.

SEX

Secondary Findings

Neutered Male

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's clinical history is recommended.

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- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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- Intrahepatic biliary stones. This is likely a benign incidental finding.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urinalysis with a culture and sensitivity are recommended.
- Also consider a UPC if proteinuria is present in the absence of infection.
- A baseline blood pressure measurement should also be obtained to assess for systemic hypertension.
- To further evaluate for a right ureteral obstruction (given the suspected right proximal hydroureter), consider an abdominal CT scan.
- IV fluid diuresis and supportive care should be initiated.
- Serial monitoring of the patient's renal values is recommended to assess progression of the azotemia.

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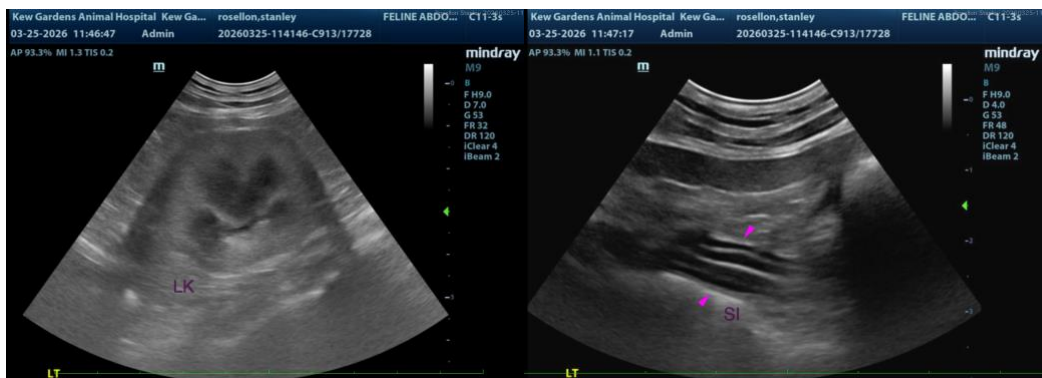
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PATIENT

Stanley Rosellon

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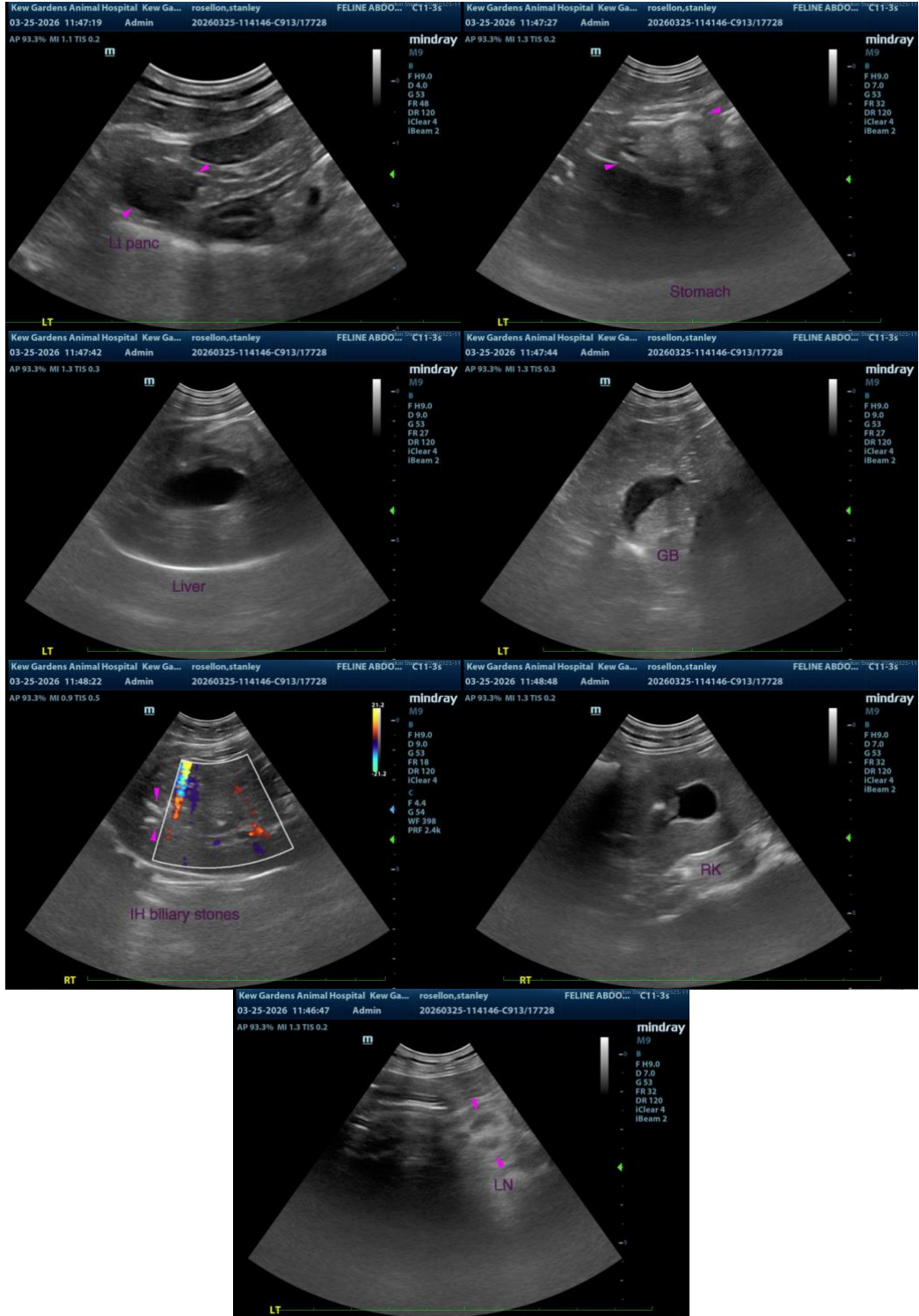
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PATIENT

Stanley Rosellon

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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Neutered Male

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