



PATIENT

Squirt Zois

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

1-1-15

WEIGHT

7.5lb

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Animal Hospital of SC

REFERRING VET

Dr. Matthew Stone

INVOICE

22793

DATE

4-1-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Weight loss
Abnormal lab-work values: Decreased K (3.4), elevated neutrophils (12.92)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. A small amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is enlarged (5.58 cm in length) with swollen peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.30 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present. Perirenal fat is hyperechoic. A scant amount of retroperitoneal fluid is suspected.

The right kidney is enlarged (5.47 cm in length) with swollen peripheral contours. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present (0.16 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present. Perirenal fat is hyperechoic. A scant amount of retroperitoneal fluid is suspected.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.63 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 lumen is moderately distended. The wall is thin and smooth. A scant amount of aggregated, echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.23 cm in width).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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Pancreas

The base and limbs of 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.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace retroperitoneal fluid is suspected.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

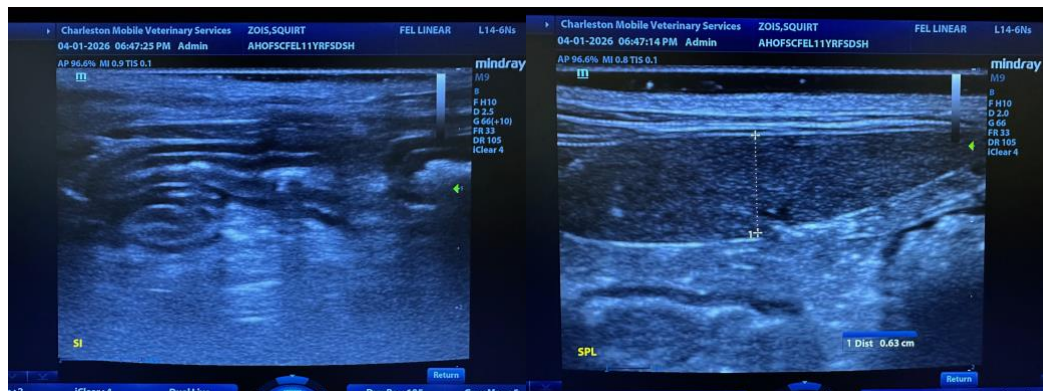
- The bilateral renal changes could be consistent with infiltrative neoplasia (i.e., lymphoma), feline infectious peritonitis, interstitial nephritis, pyelonephritis, other. Adjacent retroperitonitis is present.

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.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma. A benign process is favored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia FIV, and FIP testing is recommended (if not already performed).
- Consider a baseline blood pressure measurement.
- A urinalysis with a culture and sensitivity should also be performed.
- Consider renal aspiration (assuming normal clotting status). A 25-gauge needle should be used.
- Depending on the results of the above diagnostics, further work-up may be indicated.





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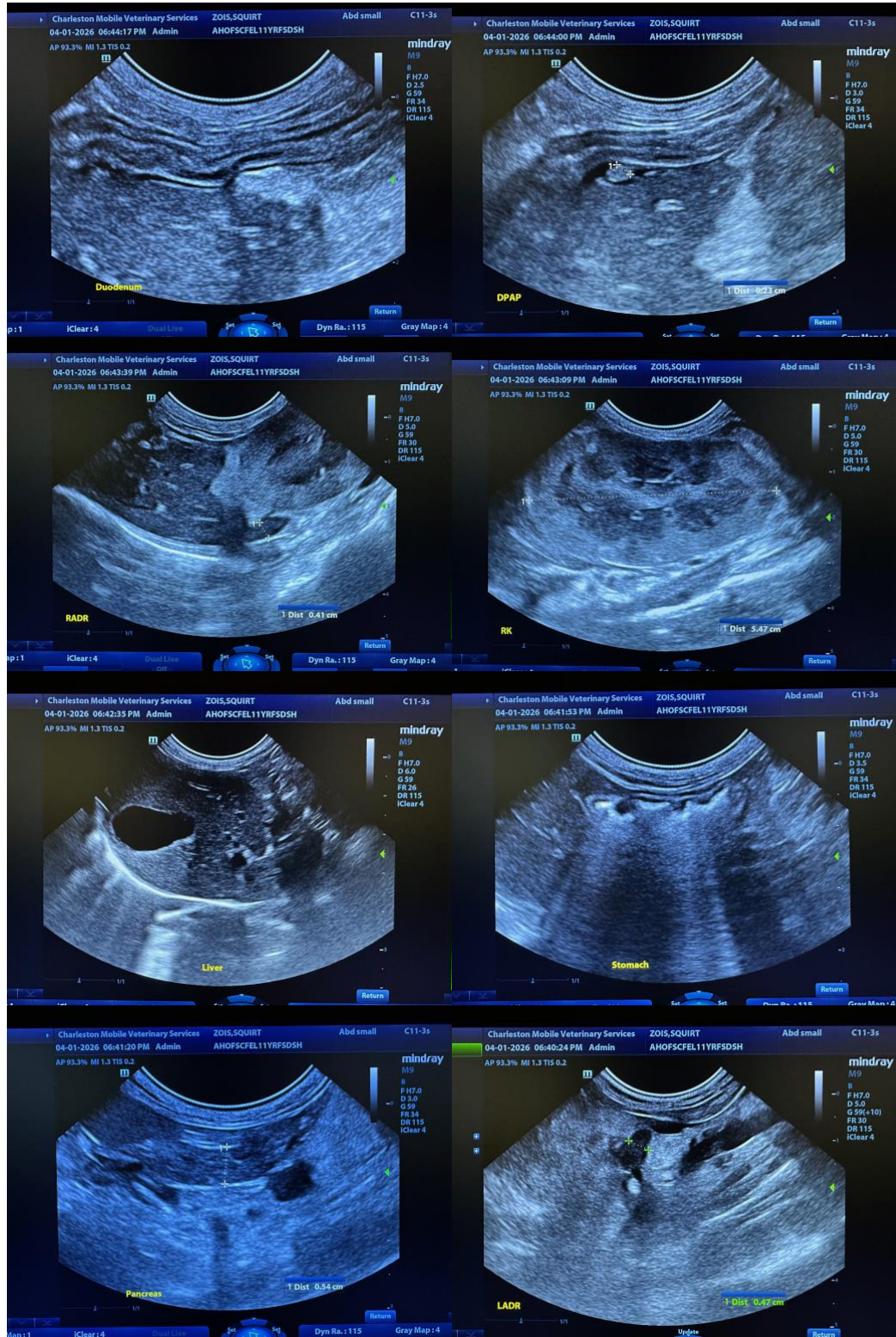
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastrò, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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