



**PATIENT**

Fritt Allen

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

17

**WEIGHT**

9.06 lbs

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

VCA Westbury AH

**REFERRING VET**

Heather Caughey DVM

**INVOICE**

22869

**DATE**

4-16-26

**PRESENTING CLINICAL SIGNS**

Patient has a history of weight loss and decreased appetite. Some oral pain. Bloodwork revealed a BUN of 50. Creatinine 3.2. Mild hypercalcemia. Urinalysis pending. Patient sedated with Dexdomitor, Ketamine and butorphanol for this study.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.46 cm in length) with a slightly irregular shape. The cortex is variably thickened, with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate pyelectasia is present (0.42 cm in the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.75 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction.

Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**Spleen**

The spleen is normal in size (0.88 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 small- to moderate amount of aggregated, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

**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 is normal- to borderline thickened (up to 0.28 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in several 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**

The base and limbs of the pancreas are normal-in-size 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**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

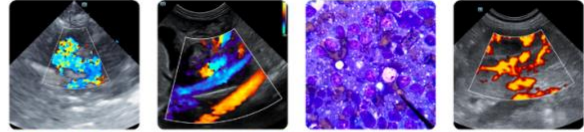
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long-term clinical history is recommended.
- Bilateral nonspecific age-related renal changes with dystrophic mineralization and pyelectasia (more pronounced in the left kidney). The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), or some combination thereof.

**Secondary Findings**

- Minor pancreatic parenchymal remodeling

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the azotemia, a urinalysis with a culture and sensitivity are recommended, along with a baseline blood pressure measurement.
- Other considerations to further evaluate for weight loss include the following:
  1. GI panel including serum cobalamin and folate, TLI and PLI
  2. Fecal evaluation for ova and Giardia
  3. Three-view thoracic radiographs to assess cardiopulmonary status
  4. Depending on the results of the above diagnostics, further work-up may be indicated.



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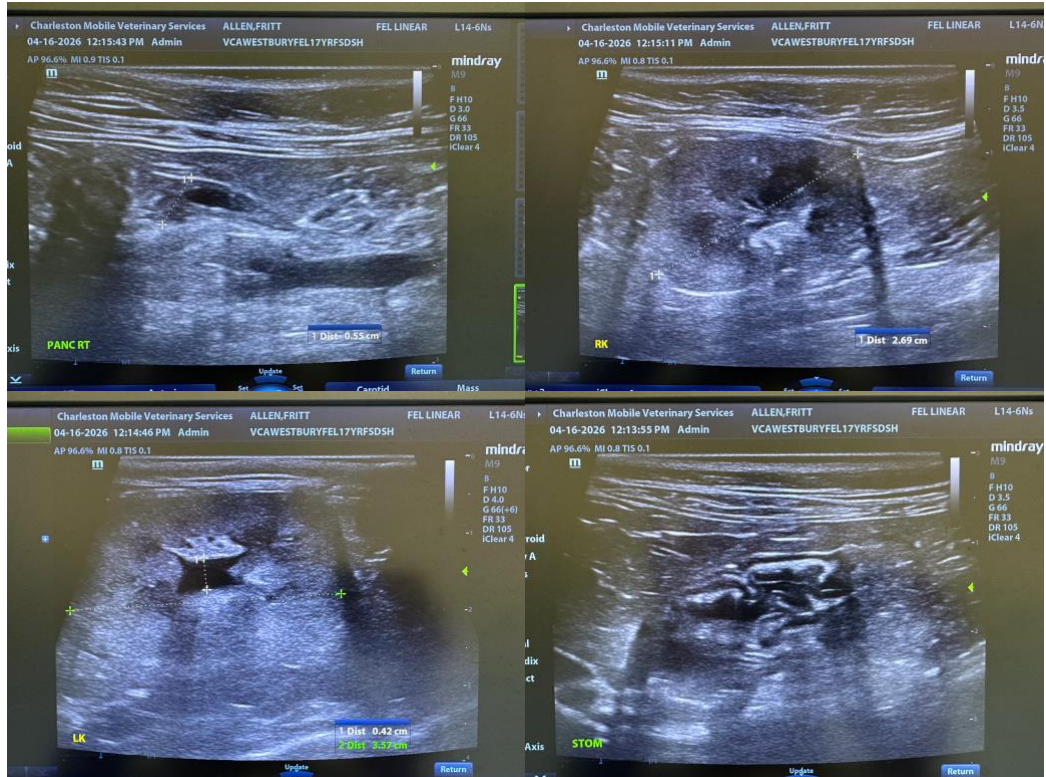
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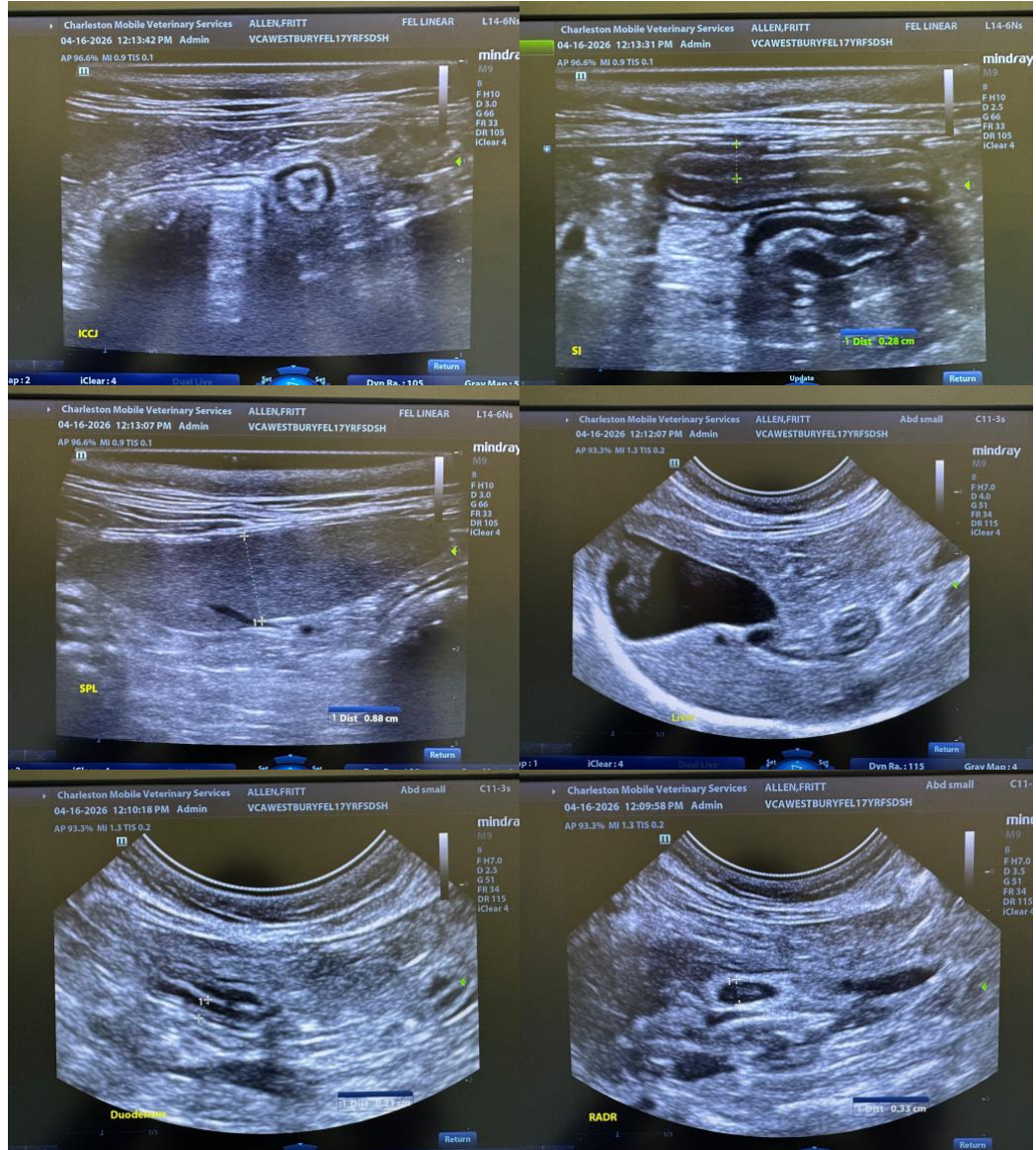
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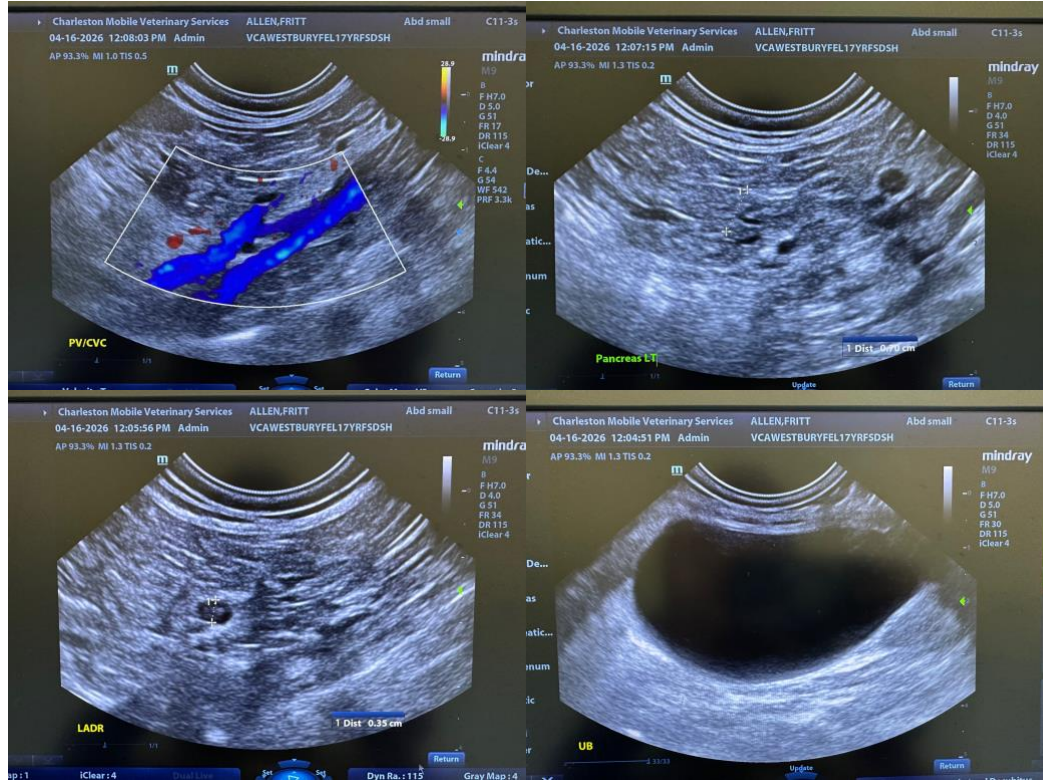
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)