



PATIENT PRESENTING CLINICAL SIGNS

Mini Pardoe History: 3-4 days lethargy, inappetance, hiding
Was given prednisolone yesterday and ate after that. Described as brighter this morning
SPECIES Pyrexia – mild. Retroviral negative.
Abnormal PE/Chem/CBC/UA Results: Mild elevated globulins Normal CBC Proteinuria

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder is moderately distended with anechoic urine. In the region of the apex, at least two smooth nodules are arising from the mucosal surface (the largest measuring 0.49 cm in length). The remaining urinary bladder wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

SEX

Female Spayed

The left kidney is normal in size (3.41 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

13

The right kidney is normal in size (3.33 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

3 kg

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is normal size (0.36 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.

IMAGING PERFORMED BY

Dr Sarah Barthelemy

Spleen

The spleen is normal in size (0.76 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Britannia Kingsland VC

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.

REFERRING VET

Dr Wu

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

INVOICE

22881

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly- to moderately-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 normal- to mildly-thickened (up to 0.32 cm). 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.

DATE

4-17-26



PATIENT

Mini Pardoe

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SPECIES

Feline

Lymph Nodes

A 0.77 x 0.23 cm medial iliac lymph node is visualized. One- to two prominent mesenteric lymph nodes are also seen (one measuring 0.71 x 0.33 cm).

BREED

DSH

Free Abdomen

There is no obvious evidence of free fluid.

SEX

Female Spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The mucosal nodules at the apex of the urinary bladder could be consistent with focal cystitis or emerging neoplasia.
- 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.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

AGE

13

WEIGHT

3 kg

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**An obvious cause for the patient's fever and other clinical signs is not definitively identified in this study. Broad considerations include infectious, inflammatory, immune-mediated, and neoplastic diseases.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland VC

REFERRING VET

Dr Wuu

INVOICE

22881

DATE

4-17-26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
- Consider a urine culture and sensitivity to evaluate for infection.
- Orthopedic and neurologic examinations are also recommended.
- Consider further infectious disease testing (if indicated).
- Depending on the results of the above diagnostics and the patient's clinical progression, further work-up may be indicated.
- Regarding the urinary bladder lesions, histopathology would be necessary to make a definitive diagnosis. If tissue sampling is not pursued at this time, consider a recheck ultrasound in 3-4 weeks to assess progression.



PATIENT

Mini Pardoe

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13

WEIGHT

3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland VC

REFERRING VET

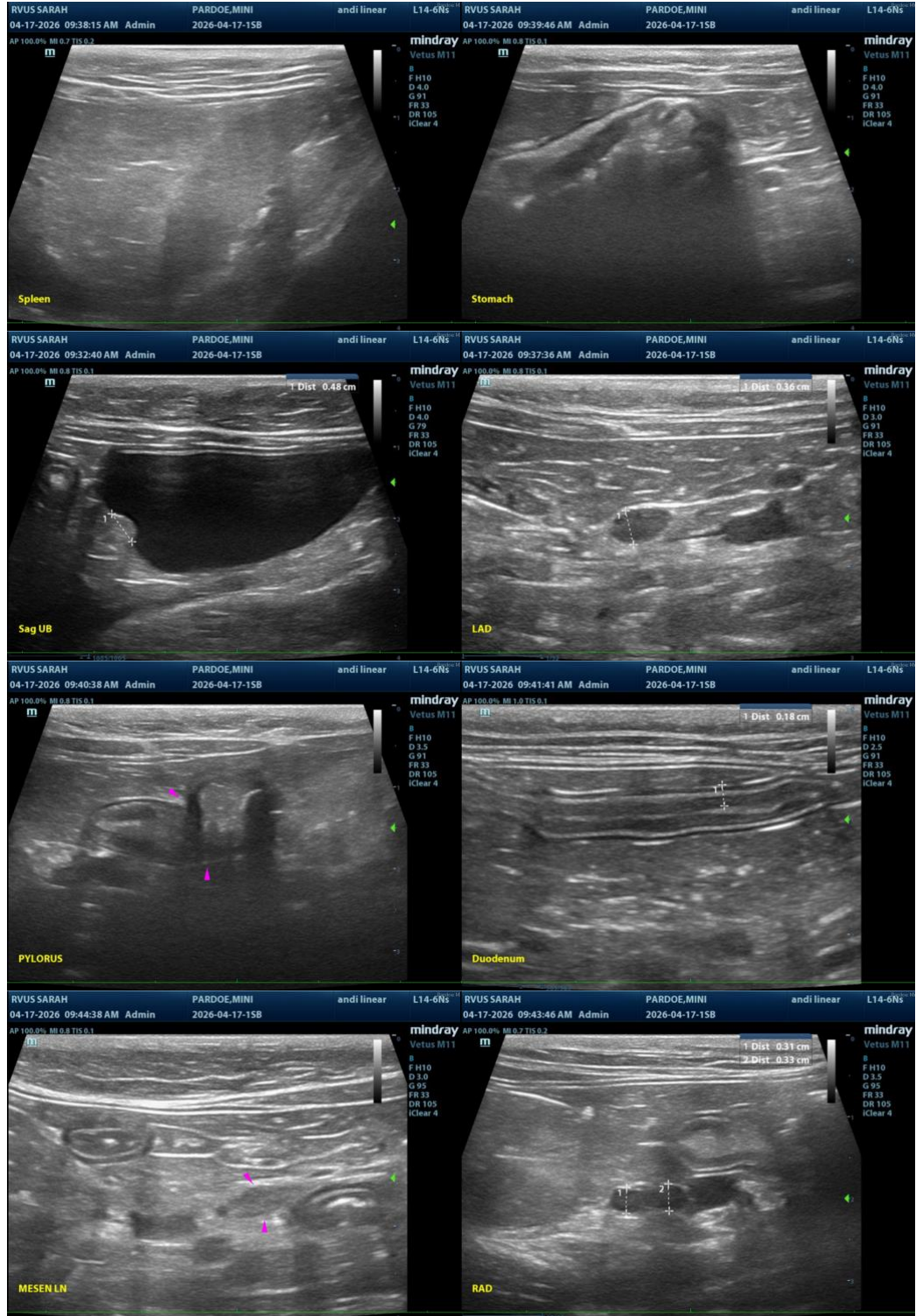
Dr Wuu

INVOICE

22881

DATE

4-17-26





PATIENT

Mini Pardoe

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13

WEIGHT

3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland VC

REFERRING VET

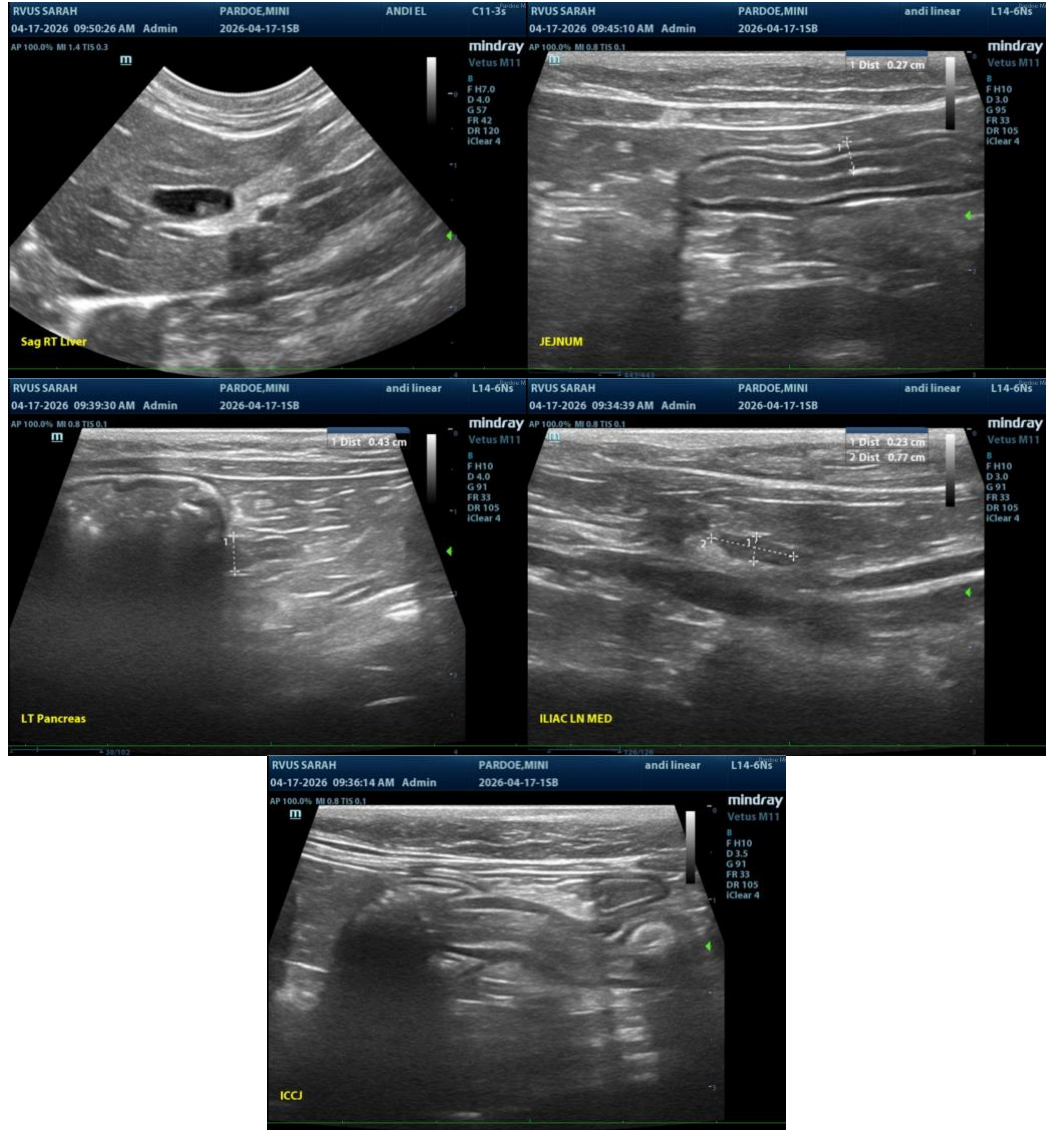
Dr Wuu

INVOICE

22881

DATE

4-17-26



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