



**PATIENT**

Gizmo Davis

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Weight loss (2.5lbs). Lethargy.

**SPECIES**

Feline

Abnormal lab-work values:  
HCT 79.5% (59% last year)  
RBC 14.61  
Proteins within normal limits  
Reduced to normal with IV fluids

**BREED**

Ragdoll

Current Medications: None  
Radiographic Findings: None taken  
Patient sedated with butorphanol for this study.

**SEX**

Female Spayed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

10-22-14

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**WEIGHT**

12.5

The left kidney is normal size (4.41 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and isoechoic- to hyperechoic relative to the spleen, with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

The right kidney is normal in size (4.76 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and isoechoic- to hyperechoic relative to the spleen, with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

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**Adrenal Glands**

The left adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Animal Hospital of SC

The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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**Spleen**

The spleen is mildly enlarged (1.01 cm in width at the level of the hilus) with smooth peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**INVOICE**

22906

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. 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.

**DATE**

4-24-26

The gallbladder lumen is mildly distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.



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***Gastrointestinal***

The gastric lumen is 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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

***Pancreas***

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. 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.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.

**Secondary Findings**

The mild splenomegaly is likely secondary to sedation. However, other considerations include lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, emerging neoplasia.

\*An obvious cause for the patient's polycythemia is not definitively identified in this study. Considerations include polycythemia vera vs secondary polycythemia (i.e., secondary to respiratory or cardiac disease, other).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Additional recommendations should be based on the echocardiogram report.



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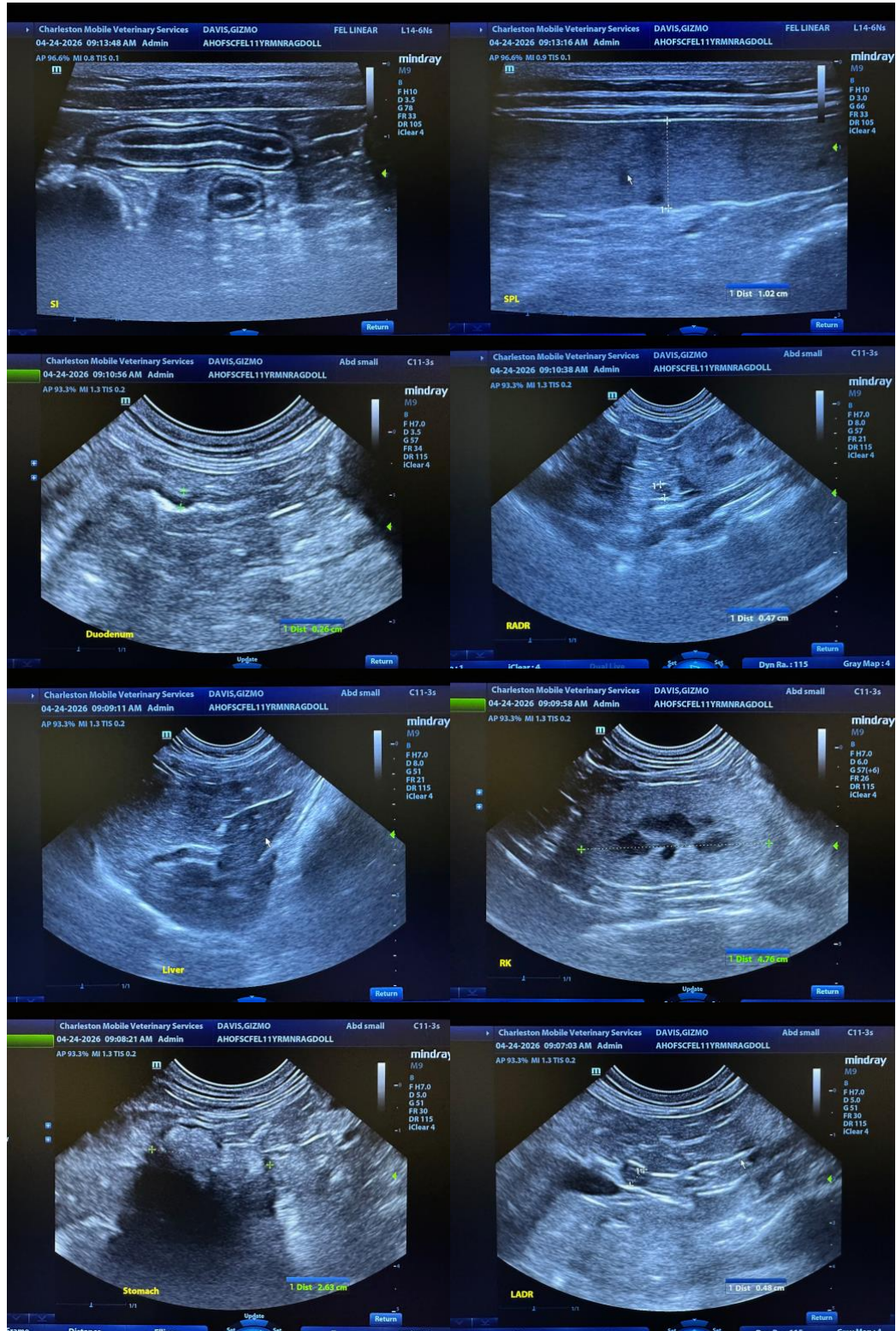
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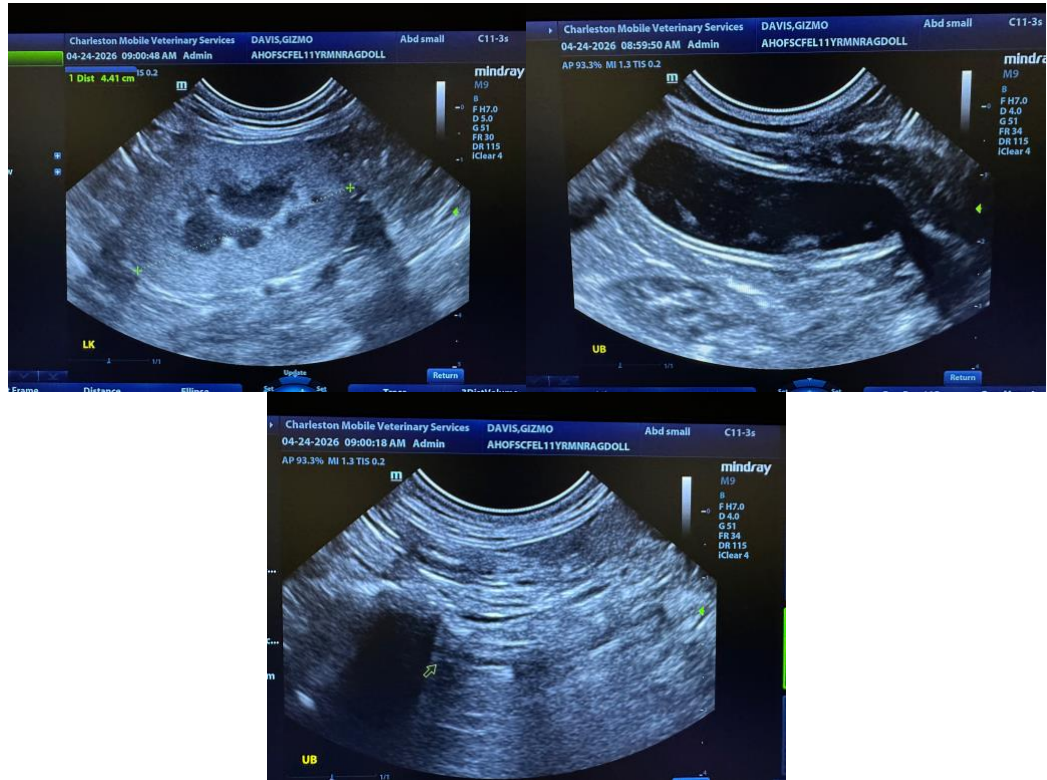
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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