



PATIENT

Mack Suttles

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11/02/2011

WEIGHT

8.7 lb

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

Kind Care AH

REFERRING VET

Dr. Marino

INVOICE

22848

DATE

4-8-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Blood in urine not resolved after antibiotics or anti-inflammation medication. No other clinical signs at this time.

Abnormal lab-work values: U/A (cysto): pH 6.0, USG 1.021, proteinuria 30 mg/dL, hematuria >50 RBC/hpf, 1-2 non-squamous epith/hpf
Current Medications: None
Radiographic Findings: None

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 mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.50 cm in length) with an irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. Several cortical infarcts are seen. Moderate pyelectasia is present (0.34 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal perfusion appears reduced.

The right kidney is enlarged (4.74 cm in length) with an irregular shape. At the caudal pole, a 2.7 x 2.0 cm hypoechoic, slightly vascular expansile mass is visualized. In the remainder of the kidney, the cortex is variably thickened, with moderate loss of corticomedullary distinction. A few cortical infarcts are suspected. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.84 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 peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.75 x 0.42 cm ill-defined hypoechoic nodule is observed approximately mid-liver. The remaining parenchyma exhibits minor changes consistent with age-related parenchymal remodeling. A few intrahepatic biliary stones are present. Hepatic vasculature is 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 moderate amount of gravity-dependent mineralized sand vs a distinct cholelith is observed within the lumen. The cystic and common bile ducts are normal.



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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 segmentally dilated with chyme. The small intestinal wall is normal to borderline thickened (up to 0.26 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. There is no evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely 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

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

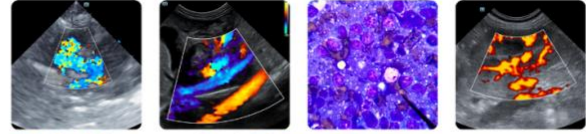
- Right renal mass at the caudal pole. Neoplasia (i.e., carcinoma, round cell tumor, sarcoma) is suspected, with a lower possibility of a focal inflammatory process or other benign lesion. Bilateral chronic renal changes are present with cortical infarcts and pyelectasia. The pyelectasia may be secondary to parenchymal remodeling, pyelonephritis, PU/PD (if applicable), or some combination thereof.

Secondary Findings

- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma. Correlation with the patient's clinical history is recommended.
- The pancreatic changes are suggestive of chronic pancreatitis.
- The hepatic nodule could be consistent with a benign focus (i.e., inflammation, lymphoid hyperplasia, other) with a lower possibility of a metastatic lesion or emerging primary hepatic tumor.
- Gallbladder sand +/- distinct cholelith (nonobstructive)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease and the patient's lab-work is unremarkable, consider fine-needle aspiration of the right renal mass (assuming normal clotting status). A 25-gauge needle should be used. Depending on the results, consultation with a board-certified oncologist may be indicated.
- Consider a urine culture and sensitivity to rule out secondary infection.



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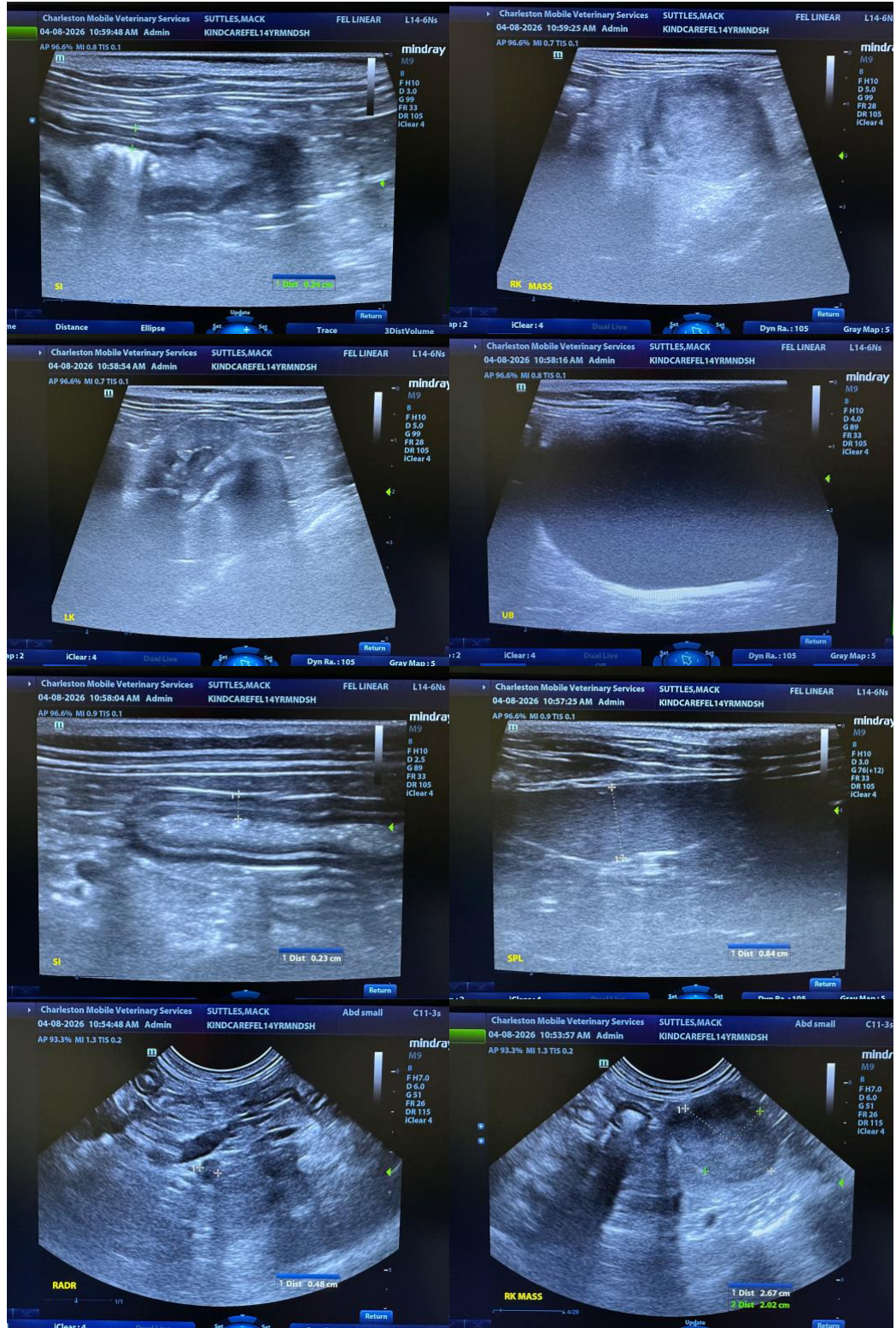
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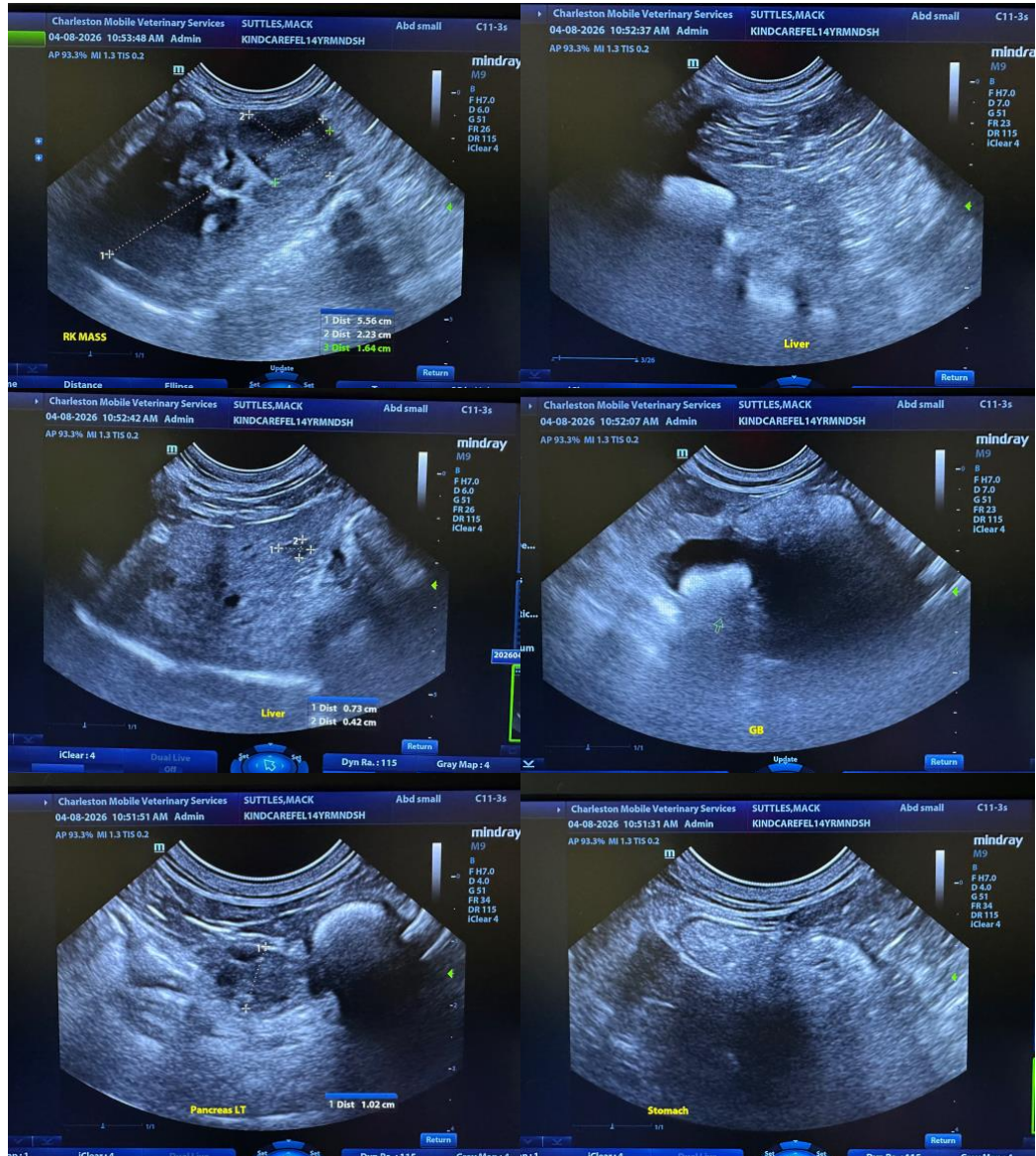
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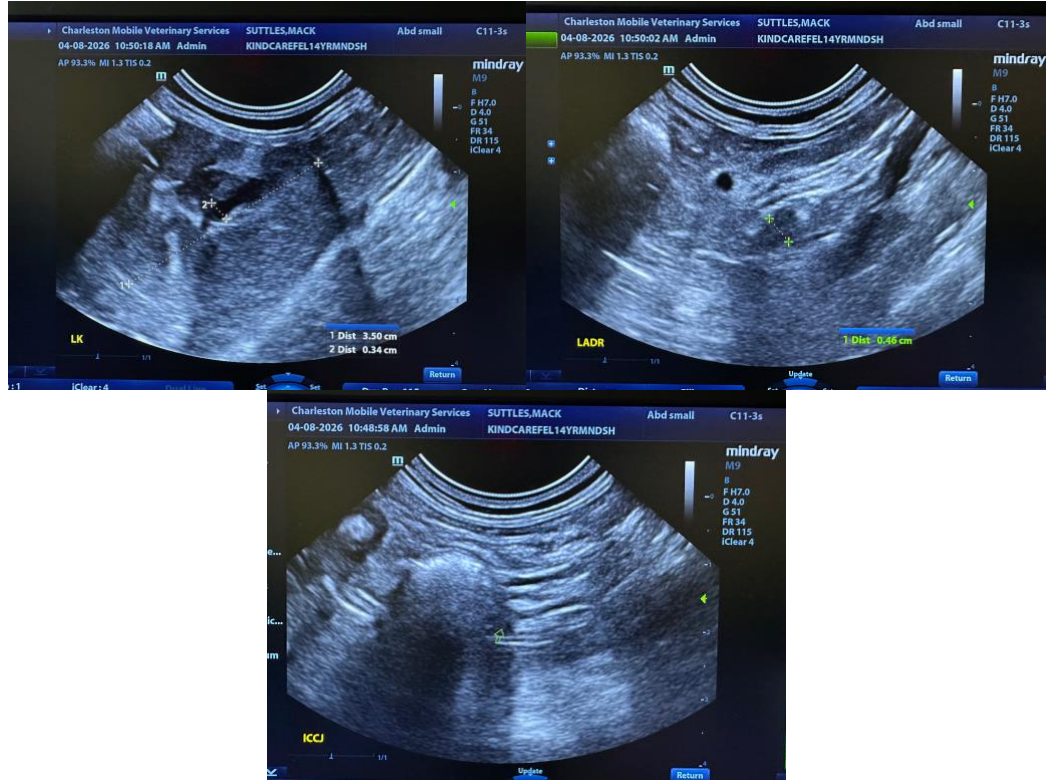
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastrò, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com