



**PATIENT**

Britt Patten

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

07/02/13

**WEIGHT**

12.15

**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**

Cats Meow VH

**REFERRING VET**

Kate Gibson

**INVOICE**

22953

**DATE**

5-1-26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: P is in diabetic remission and still PU/PD. Urine culture negative. CBC chem unremarkable. USG 1.028, inactive sediment. T4 normal.

Current Medications: Gabapentin 100mg/ml - 1.5ml night before and 1-2 hours prior

**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 (4.29 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts 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 (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.68 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.36 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 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. No obstructive disease is noted.



**PATIENT**

Britt Patten

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

***Pancreas***

The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

***Lymph Nodes***

A few prominent mesenteric lymph nodes are visualized (one measuring 1.15 x 0.60 cm).

***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**

**AGE**

07/02/13

**WEIGHT**

12.15

**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**

Cats Meow VH

**REFERRING VET**

Kate Gibson

**INVOICE**

22953

**DATE**

5-1-26

- 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.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Bilateral nonspecific age-related renal changes

\*\*An obvious cause for the patient's persistent PU/PD is not definitively identified in this study. Considerations include occult urinary tract infection, early renal disease, unregulated diabetes (i.e., Somogyi phenomenon), diabetic insipidus, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Quantification of the patient's water consumption can be considered to confirm true polydipsia.
- An antibiotic trial can also be considered to evaluate for an occult urinary tract infection. However, if the PU/PD is not improved within 5-7 days of initiating therapy, antibiotics should be discontinued.
- A 24-48-hour glucose curve would be beneficial in evaluating for the Somogyi phenomenon.



**PATIENT**

Britt Patten

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

07/02/13

**WEIGHT**

12.15

**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**

Cats Meow VH

**REFERRING VET**

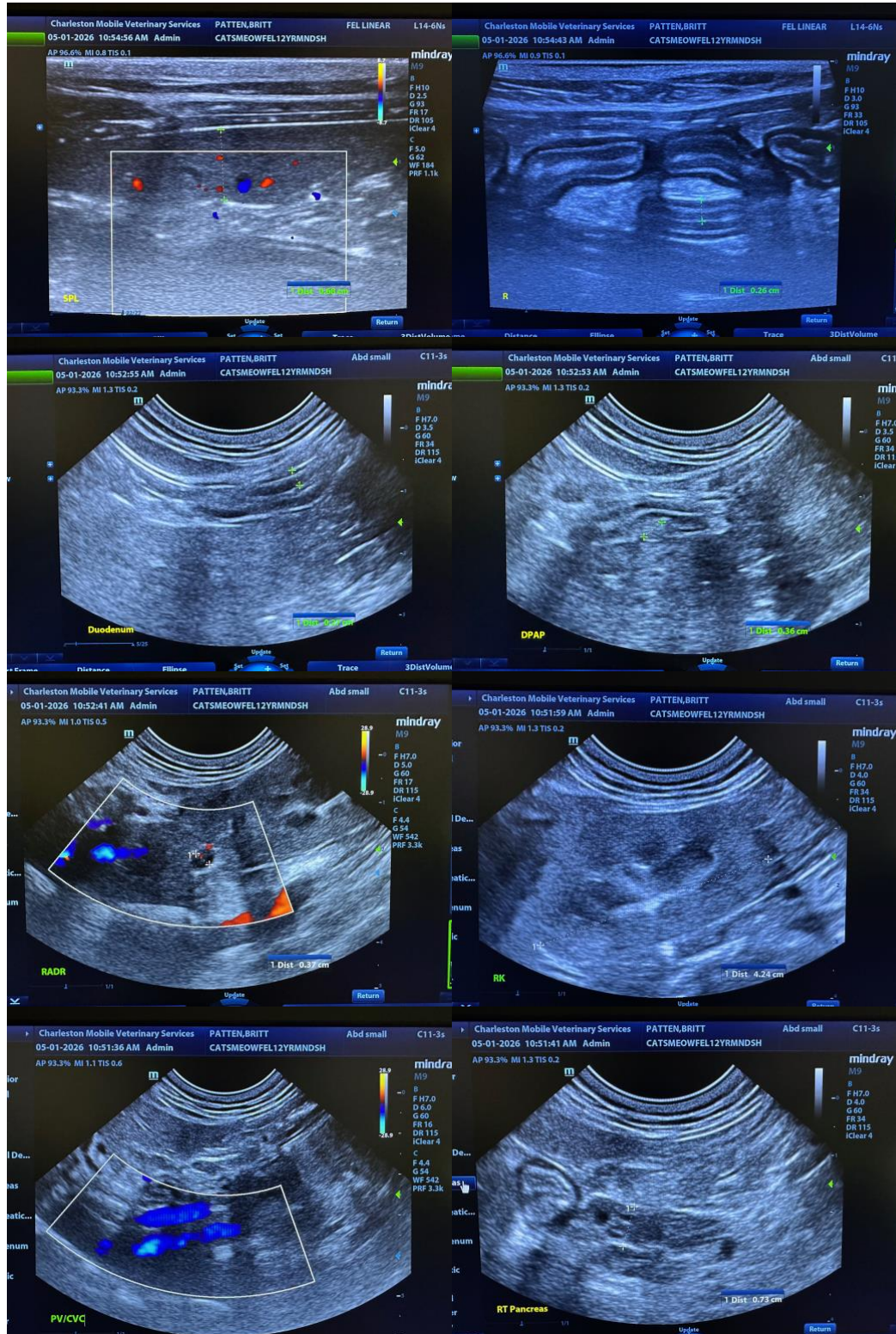
Kate Gibson

**INVOICE**

22953

**DATE**

5-1-26





**PATIENT**

Britt Patten

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

07/02/13

**WEIGHT**

12.15

**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**

Cats Meow VH

**REFERRING VET**

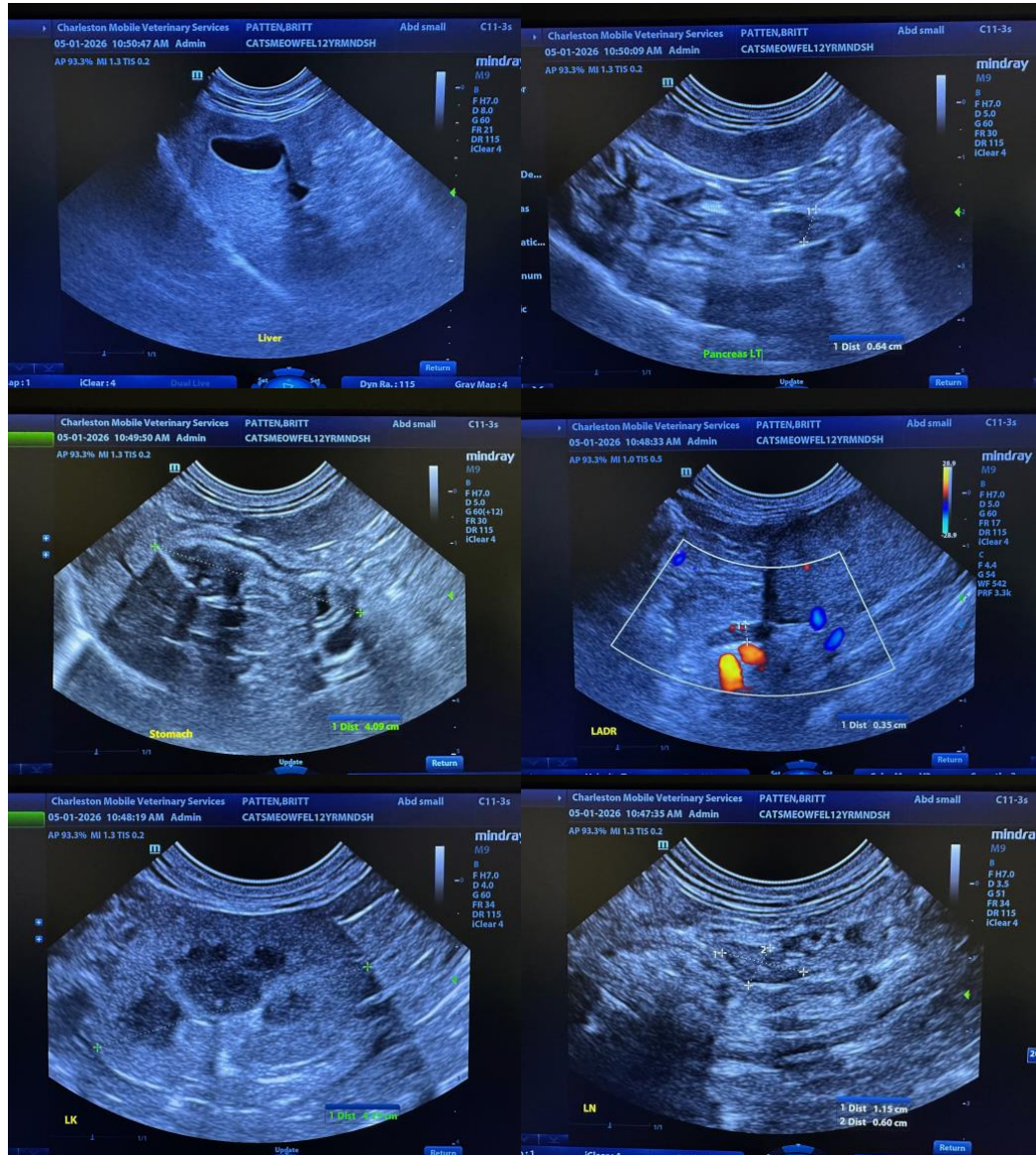
Kate Gibson

**INVOICE**

22953

**DATE**

5-1-26





**PATIENT**

Britt Patten

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

07/02/13

**WEIGHT**

12.15

**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**

Cats Meow VH

**REFERRING VET**

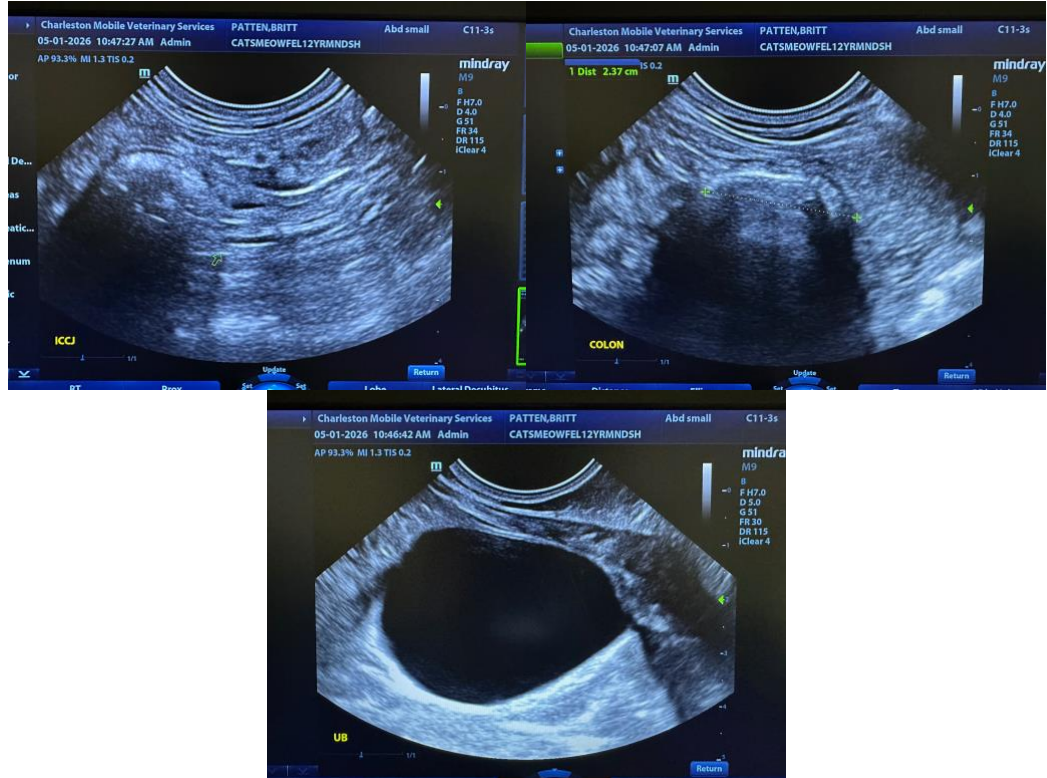
Kate Gibson

**INVOICE**

22953

**DATE**

5-1-26



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](mailto:info@SonoPath.com)