



PATIENT

Bart Nagy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12/10/2017

WEIGHT

9lbs

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

Jessica Cantrell

INVOICE

23009

DATE

5-14-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient presented for anorexia and weight loss for the last couple of months, went from 9.8lbs to 9lbs. Last bloodwork 11/2025 showed some elevation in BUN and lower than normal USPG for a cat, normal creat/normal SDMA and blood pressure screening was all normal. Abdominal mass vs irregular kidney found on abdominal palpation. Bw completed 5/12 with pt/PTT, felv FIV

Abnormal lab-work values:
BUN 50 H
USPG 1.032 RBC in urine 21-50 3+
SDMA 15.8 H
Eosinophilia
Normal PT/PTT

Current Medications: Mirataz
Radiographic Findings: None taken

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is 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.

The left kidney is normal in size (3.26 cm in length) with a slightly irregular shape. The cortex is variably thickened with moderate- to severe loss of corticomedullary distinction. A few cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Renal vasculature is normal.

The right kidney is borderline small-in-size (3.09 cm in length) with an irregular shape. The cortex is variably thickened with moderate- to severe loss of corticomedullary distinction. Several cortical infarcts are present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

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 (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is overall normal in size (0.51 cm in width at the level of the hilus) with slight rounding/swelling of the caudal pole. 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.



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Gastrointestinal

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

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.

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

Bilateral chronic nephropathy with cortical infarcts

Secondary Findings

The rounding/swelling of the caudal pole of the spleen may represent normal variation in this patient or may be secondary to hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or less likely, emerging neoplasia.

*It is unclear whether the patient's weight loss is secondary to renal disease or another etiology (i.e., primary enteropathy, occult neoplasia, other).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the renal changes and the elevated BUN, consider the following:
 1. Urinalysis with culture and sensitivity
 2. UPC if proteinuria is present in the absence of infection
 3. Baseline blood pressure measurement
 4. Transition to a prescription renal diet (if the patient will tolerate it)
 5. Serial monitoring of the patient's renal values to assess progression of the azotemia

- To further evaluate for other causes of the weight loss, consider the following:
 1. Fecal evaluation for ova and Giardia
 2. GI panel including serum cobalamin and folate, TLI and PLI
 3. Three-view thoracic radiographs
 4. +/- further work-up



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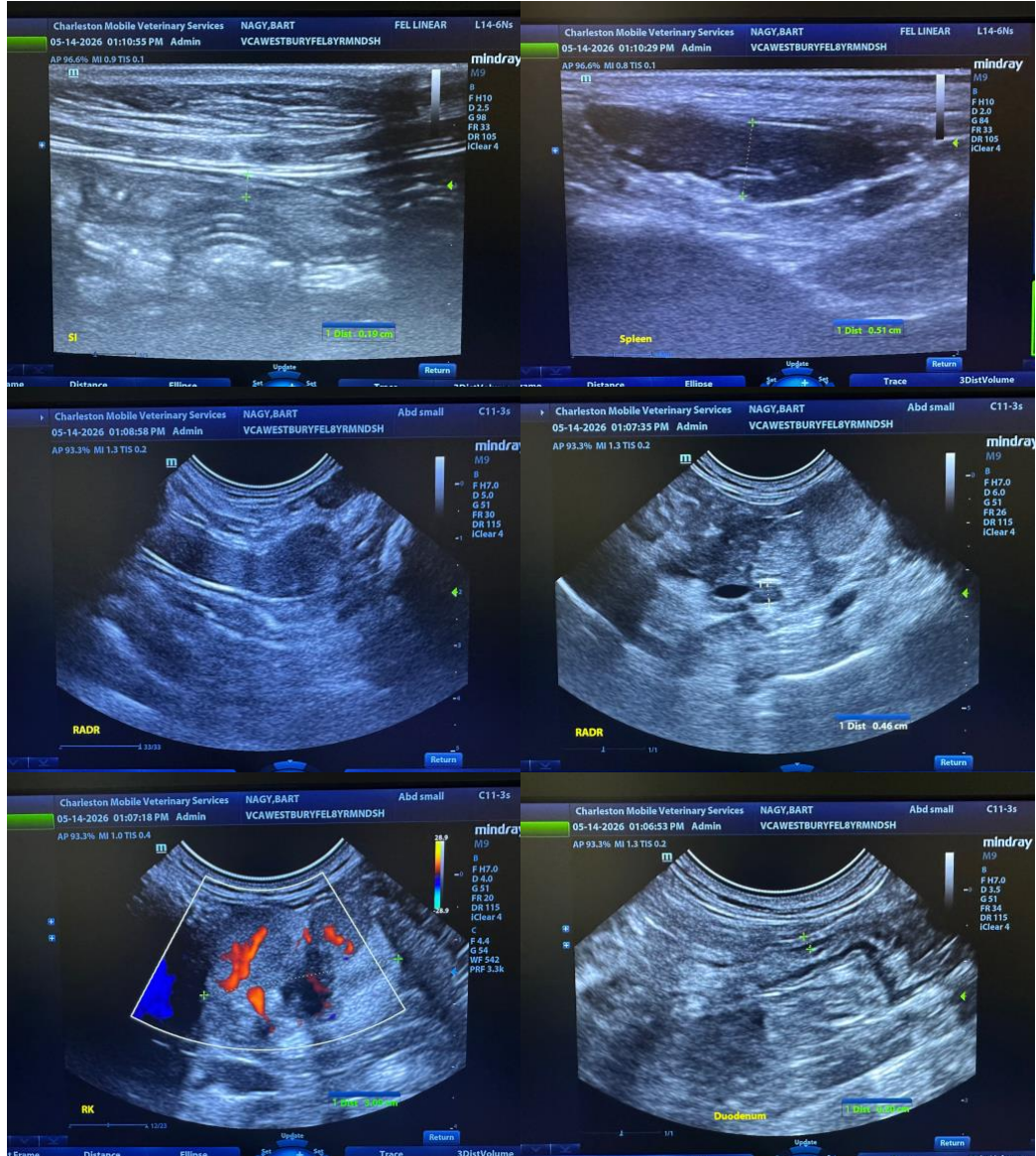
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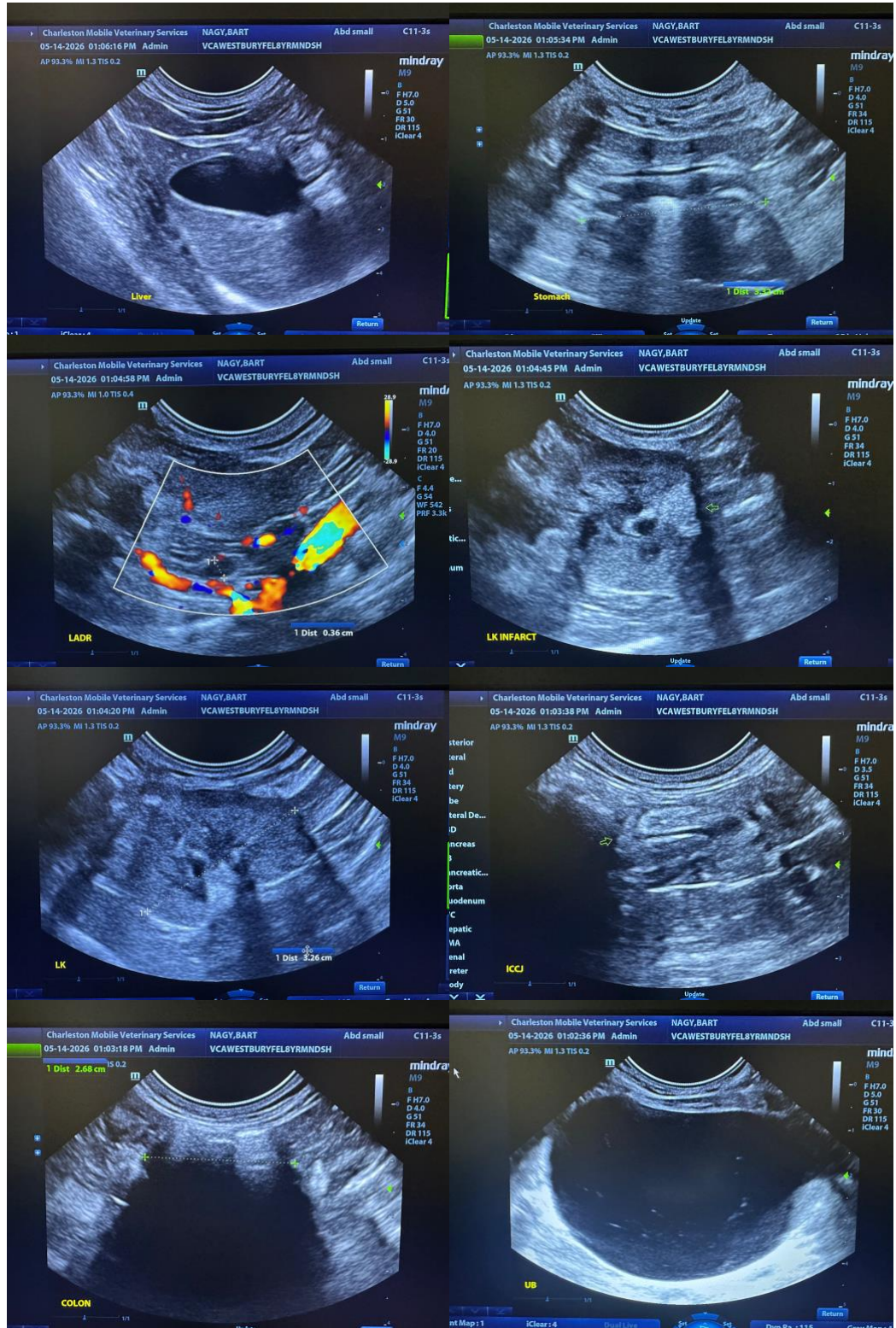
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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