



PATIENT

Kodi Bell

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

4/22/2013

WEIGHT

9.5

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

Ashley Pines AH

REFERRING VET

Dr. Savannah Lavallee

INVOICE

23011

DATE

5-14-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Kodi is a 13 y 1 d FS Domestic Shorthair (DSH) who presents for straining to urinate. Patient went to the ER approximately one month ago for UTI symptoms. Was treated empirically with a one-week-course of Clavamox, but clinical signs did not improve. Bloodwork April 24th revealed a normal CBC. Chemistry panel revealed globulins of 6.1. T4 2.0. T4 2.0. USG 1.021 with trace proteinuria, hematuria, and pyuria.

Eating (Type of Food, Quantity, Frequency): Friskies or FF canned SID; Science Diet indoor dry free fed; pt is turning her nose at the canned food, but may be eating the dry food

Drinking: wnl

Vomiting/Diarrhea: vomited once on 4.19; one pile of vomitus found this morning, but multiple cats in the household, owner unsure who vomited

Coughing/Sneezing: none

Urinating/Defecating: straining to urinated since 4.19, producing small amounts of urine, frequent trips to the litter box; BMs wnl

Meds in the past 24hrs: Cerenia 24 mg 1/4-tab SID, Gabapentin 100mg/ml suspension- 0.4 ml po BID
Prevention (Product/Last Dose): Cheristin topical

Concerns: Owner noticed pt straining to urinate and producing small amounts of urine on 4.19. Owner brought pt to Acute Pet, had a UA run, WBCs and RBCs noted in the urine. Treated symptomatically with Clavamox (owner states she did not receive abx), Cerenia, SQF and Ondantestron. Owner is seeing slight improvement, though pt is still producing small amounts of urine. No further vomiting that owner is aware of. Unsure if pt is eating. No changes around the home, no stressors noted. No previous hx of urinary issues

Attitude: QAR

Integument: Skin appears normal, no petechiae or ecchymosis. Hair coat in good condition. No evidence of ectoparasites.

Oral Cavity: MM pink and tacky with CRT less than 2 seconds.

Ocular: Pupils and globes are symmetrical in size and shape. Normal menace, palpebral response, and PLR. Cornea, lens, scleral vessels all appear normal. No ocular discharge present.

Aural: Clean and free of debris AU, tympanic membranes intact AU

Cardiovascular: Heart auscultated normal with no murmurs. Strong and synchronous pulses

Respiratory: Normal pulmonary auscultation. No nasal discharge. No wheezes auscultated within all lung fields.

Abdomen: No masses or organomegaly. No pain on abdominal palpation. Doughy abdomen on palpation.

Urinary/Reproductive: External genitalia appear normal. Bladder is normal on palpation.

Musculoskeletal: Normal range of motion. No crepitus or pain on flexion or extension of joints.

Neurologic: Mentally appropriate. Cranial nerves are normal. No peripheral nerve deficits noted. Full neurological exam not performed.

Peripheral Lymph Nodes: Within normal parameters

Endocrine: Enlarged thyroid not appreciated.

Rectal: Not performed

Problem List:

Irregularly marginated kidneys

Hematuria

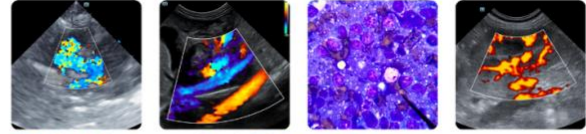
Lethargic

Intermittent anorexia

Grade 3 pd

Gingival hyperplasia vis mass on 109

Overgrooming alopecia caudal abdomen



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ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly- to 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 (3.56 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 hydronephrosis. Renal vasculature is normal. The perirenal fat is hyperechoic.

The right 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 mild- to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. The perirenal fat is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.24 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.

Spleen

The spleen is normal in size (0.74 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 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.

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 (3.36 cm in width).

Gastrointestinal

The gastric lumen is mildly distended with ingesta and gas. 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 gas and chyme. 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. The colonic lumen contains some shadowing fecal material. There is no obvious 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.



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Free Abdomen

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There is no obvious evidence of free fluid.

SPECIES

Other

Feline

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

ULTRASONOGRAPHIC FINDINGS

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DSH

Bilateral nonspecific age-related renal changes with bilateral cranial retroperitonitis. The retroperitonitis is likely secondary to an inflammatory nephropathy (i.e., interstitial nephritis, pyelonephritis) with a lower possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the renal changes, a urinalysis with a culture and sensitivity are recommended. In the meantime, consider initiation of antibiotic therapy while awaiting culture results. If the patient culture is positive for infection, a minimum of a 2-week-antibiotic course is recommended, followed by a repeat urine culture of 5-7 days after the last dose of antibiotics.

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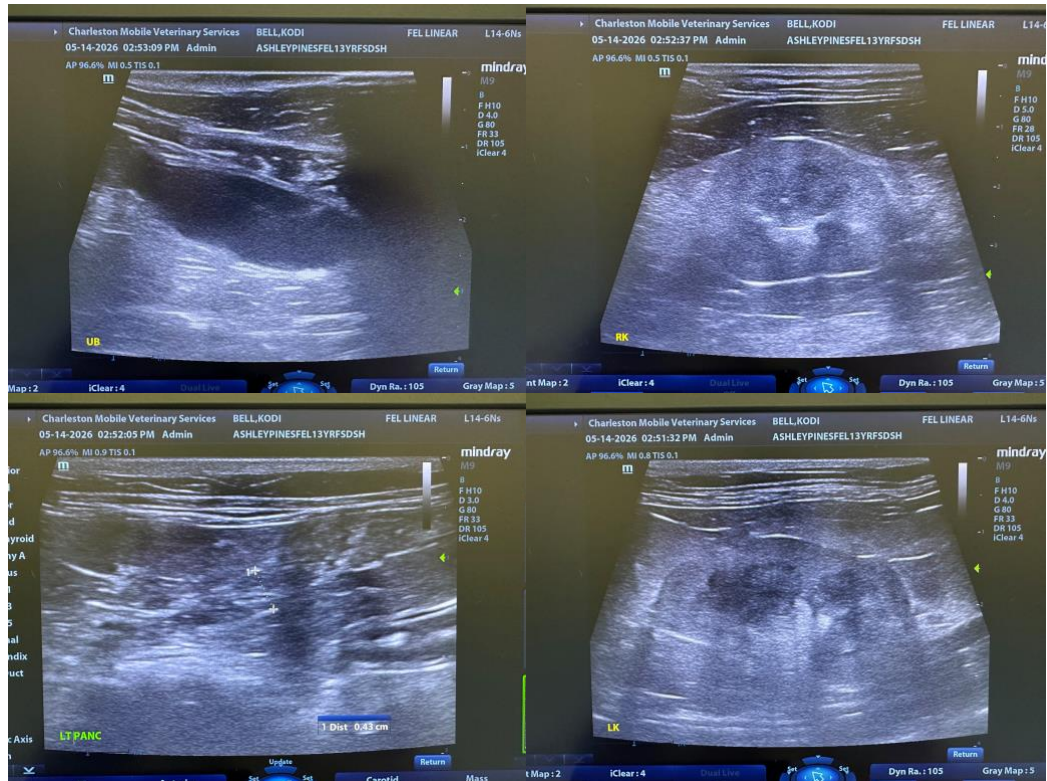
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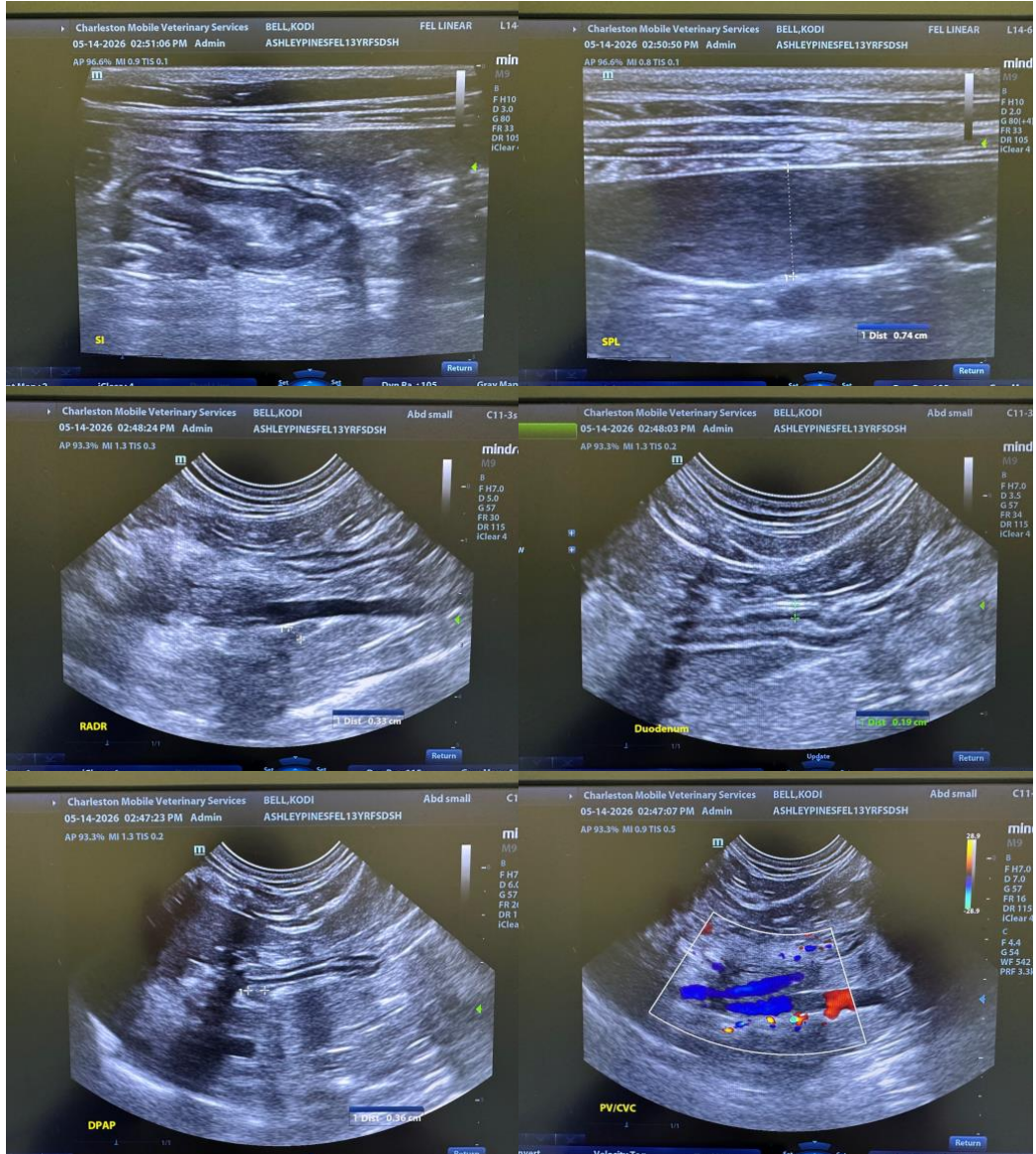
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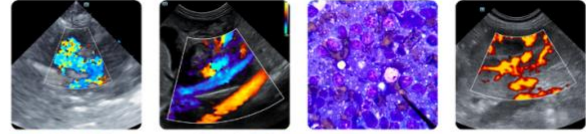
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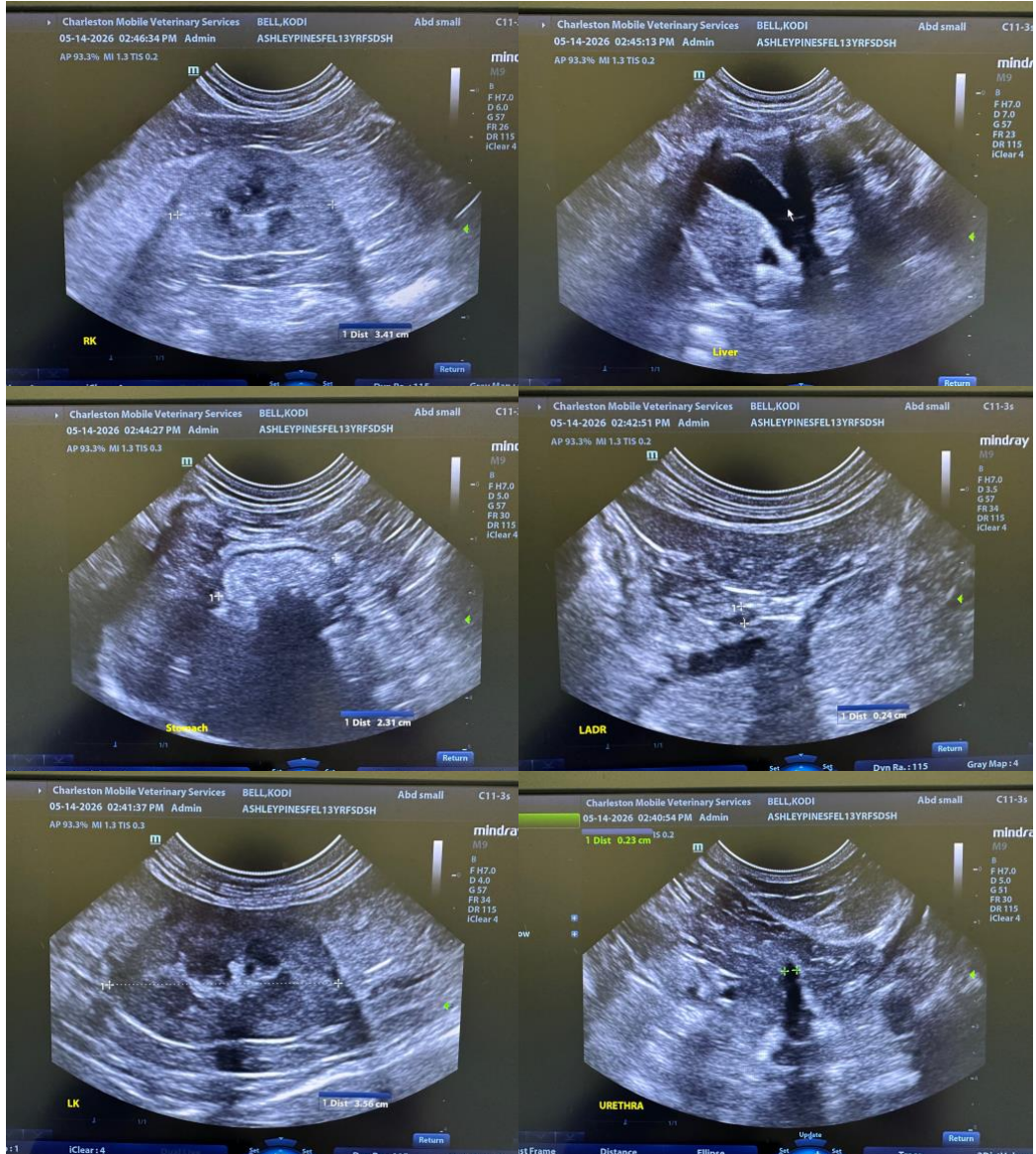
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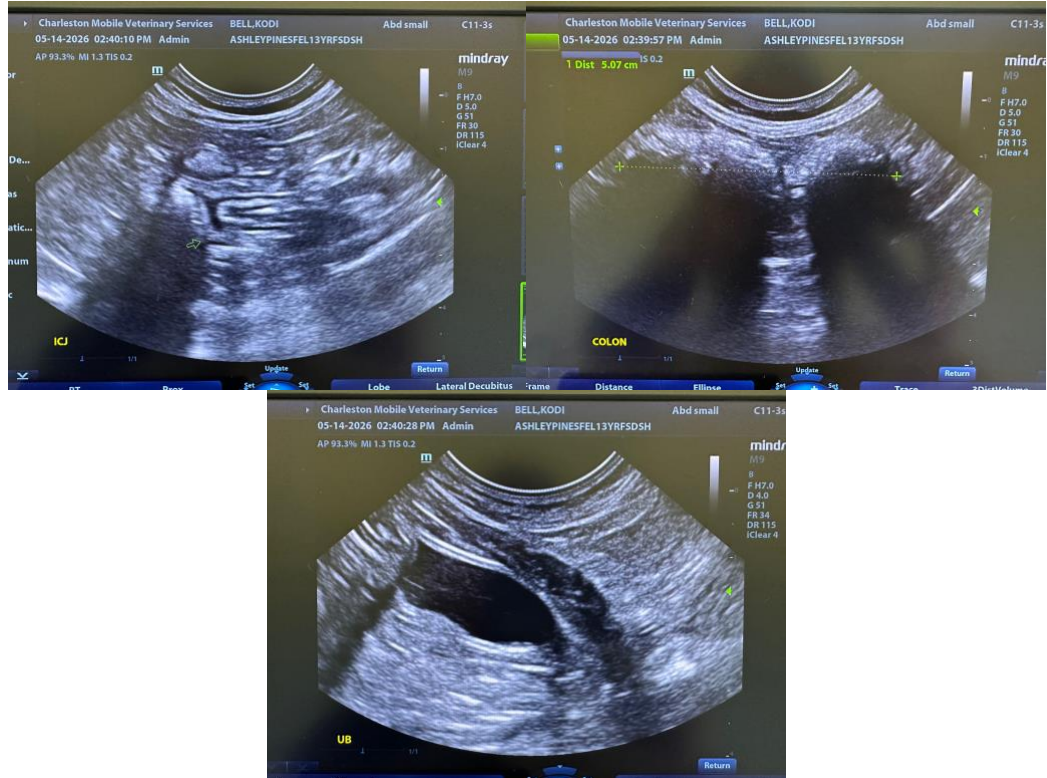
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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