



## PATIENT PRESENTING CLINICAL SIGNS

**Charlie Roy** History of renal disease per O and previous DVM. Recently lethargic, seems a bit uncomfortable...+/- more vocal. Sedated with 0.1ml Dexdomitor 0.5mg/ml IM, 0.1ml butorphanol 10mg/ml IM, and 0.08ml ketamine 100mg/ml IM for sonogram.

## SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Referral labs (from 5/12/2026) show a normal phosphorus (3.6), normal creatinine = 1.7, BUN= 31. Their Antech Precision PSL was slightly increased at 32 (8-26). Today a UA (cysto) revealed a SG of 1.032. Sediment was nsf

## BREED

DSH

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## SEX

### Urinary System

Neutered Male

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. There is a suspected 0.28 cm cystic calculus within the lumen. The remaining luminal contents are anechoic. The region of the trigone and visible portion of the proximal urethra are normal.

## AGE

14

The left kidney is normal in size (3.85 cm in length) with a slightly irregular shape. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

## WEIGHT

10.5 lbs

The right kidney is normal in size (3.30 cm in length) with a slightly irregular shape. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is a suspected cortical infarct at the caudal pole. There is no evidence of hydronephrosis. Renal vasculature is normal.

## INTERPRETED BY

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

### Adrenal Glands

The left adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

## IMAGING PERFORMED BY

Dr Michael  
Wasserman

### Spleen

The spleen is normal in size (0.88 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.

## HOSPITAL NAME

Highlands AH

### 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.

## REFERRING VET

Dr. Cindy Wasserman

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.34 cm in width).

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### Gastrointestinal

## DATE

5-16-26

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly- to 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 segmentally dilated with chyme. The small intestinal wall is normal- to mildly-thickened (up to 0.30 cm). There is



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disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### **Pancreas**

The right limb is visible with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is dilated (up to 0.33 cm). There is no obvious evidence of peripancreatic inflammation or effusion.

### **Lymph Nodes**

A few prominent mesenteric lymph nodes are visualized (one measuring 0.90 x 0.32 cm).

### **Free Abdomen**

There is no obvious evidence of free fluid.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Bilateral nonspecific age-related renal changes with dystrophic mineralization, trace pyelectasia, and a suspected right cortical infarct

### **Secondary Findings**

- 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 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 are suggestive of mild chronic pancreatitis with minor age-related parenchymal remodeling.
- Suspected tiny cystic calculus

\*An obvious cause for the patient's clinical signs is not definitively identified in this study.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the borderline azotemia, a urine culture and sensitivity, along with a baseline blood pressure measurement are recommended.
- Given the concern for patient discomfort, also consider orthopedic and neurologic examinations +/- whole-body radiographs to assess for bony abnormalities.
- Depending on the results of the above diagnostics, further work-up may be indicated.
- In the meantime, symptomatic care is recommended.



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**SEX**

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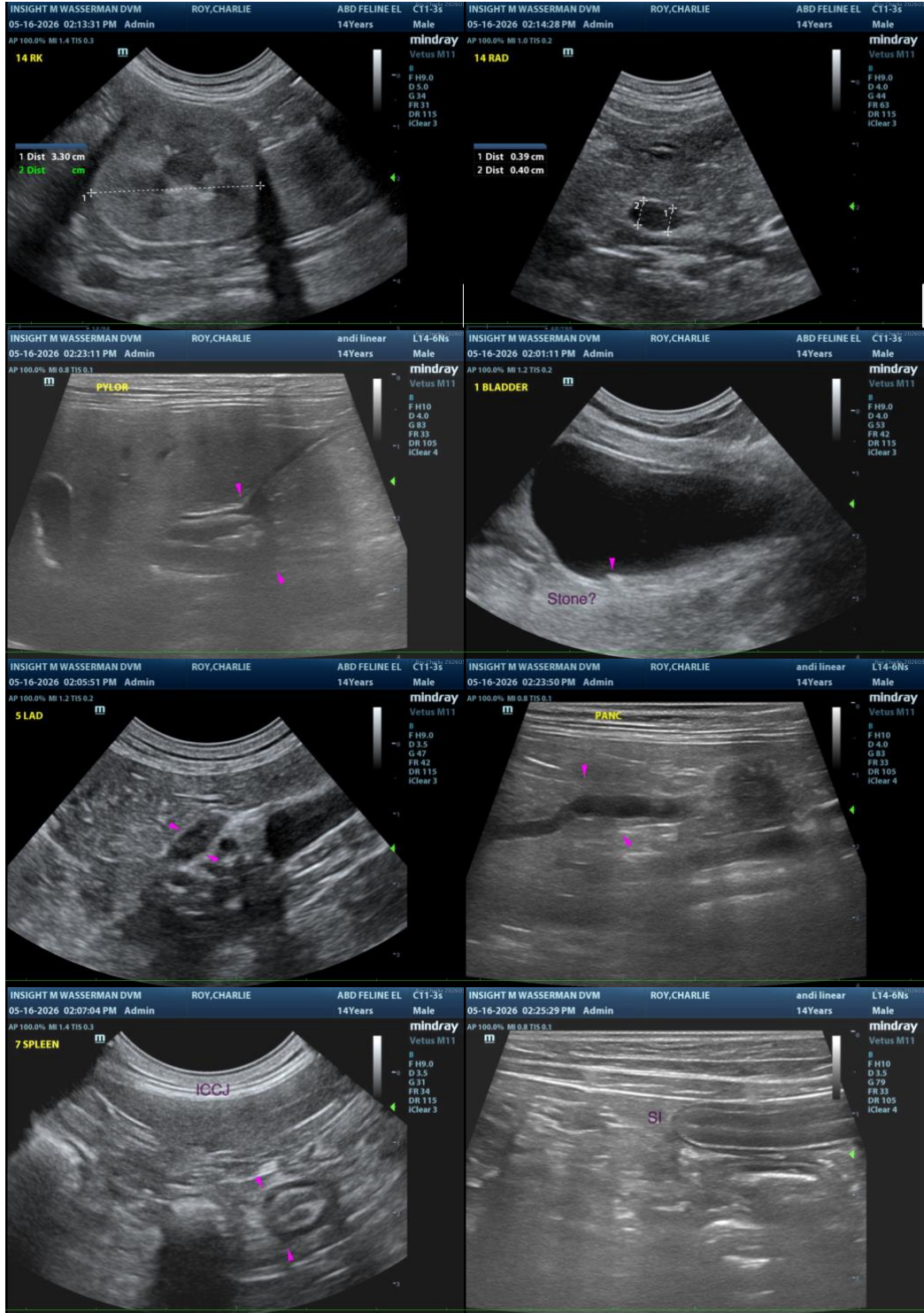
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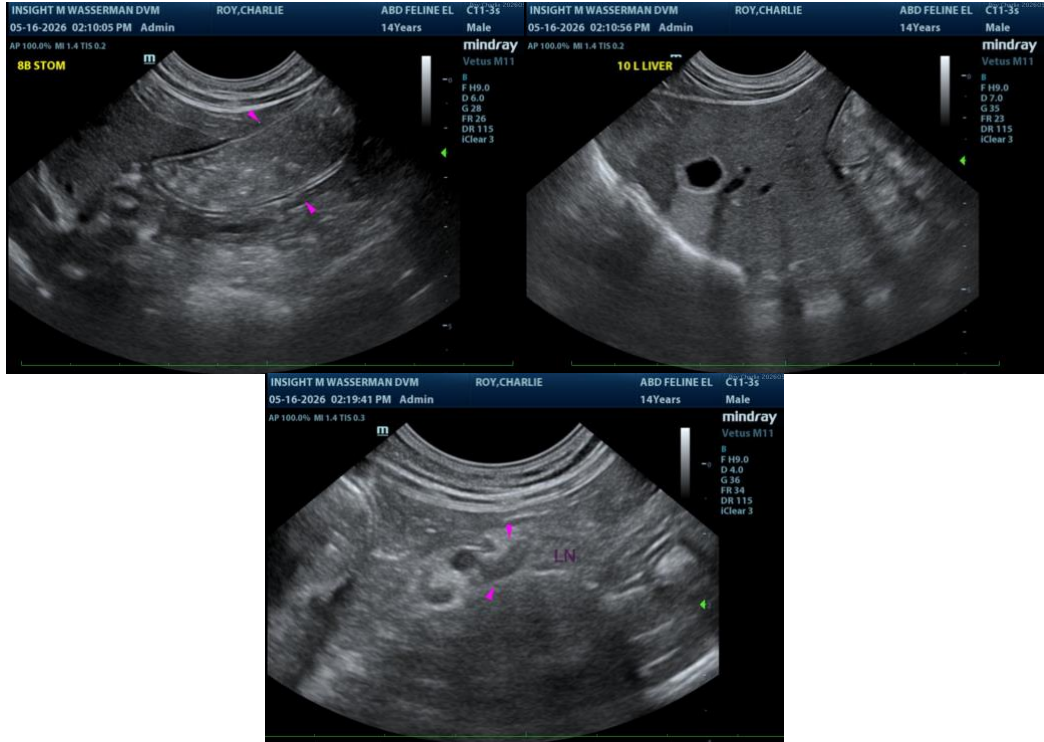
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
[info@SonoPath.com](mailto:info@SonoPath.com)