



PATIENT

Rocky Viquiera

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male

AGE

6 Yrs.

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassidy Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

Dr. Cassidy Stranzl

INVOICE

13758

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: P is not eating.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.85 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present. Peri-renal fat is hyperechoic.

The right kidney is borderline enlarged (4.51 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is present. Peri-renal fat is hyperechoic.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.83 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 enlarged with swollen/irregular 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

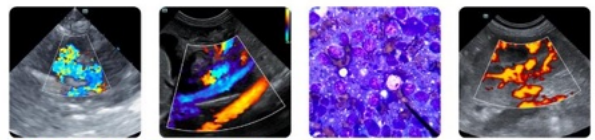
Pancreas

The region of the pancreas is difficult to evaluate due to omental pathology.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen



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The mesentery throughout the abdomen is hyperechoic to heterogeneous and nodular in appearance. A moderate to large amount of echogenic free fluid is present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The subcapsular fluid seen in both kidneys along with the borderline right renomegaly are concerning for inflammatory disease (i.e., interstitial nephritis, pyelonephritis, feline infectious peritonitis) or infiltrative neoplasia (i.e., lymphoma).
- Diffuse peritonitis with ascites. These changes could be consistent with feline infectious peritonitis, carcinomatosis, sterile panniculitis, reactive change, other.
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.

Secondary Findings:

- Urinary bladder debris
- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging lymphoma, or may be a normal variant for this patient. Correlation with the patient's long term clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A minimum database including a CBC chemistry panel, urinalysis and T4 is recommended.
2. Given the renal changes, a urine culture and sensitivity should also be considered.
3. Cytologic evaluation of the abdominal fluid is also recommended. Depending on results, further testing for feline infectious peritonitis may be indicated.
4. Also consider renal aspiration assuming normal clotting status and blood pressure. 25-gauge needles should be used.
5. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
6. Depending on the results of the above diagnostics, further workup may be indicated.





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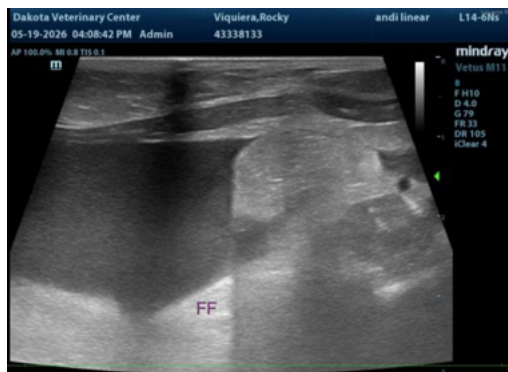
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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