



PATIENT

Nikka Brick City Kitty

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

4 Yrs.

WEIGHT

5.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

Dr. Maniar

INVOICE

13580

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: lethargy, anorexia Abnormal PE/Chem/CBC/UA Results: RBC 3.86 HCT 16.3% WBC 18.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is slightly irregular. The bladder is minimally to mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.98 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. 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 (4.51 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is hyperechoic relative to the spleen. 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.

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 (0.51 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 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.

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 colonic wall is 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



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The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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ULTRASONOGRAPHIC FINDINGS

SPECIES

- Bilateral nonspecific chronic renal changes

Feline

*An obvious cause for the patient's anemia is not identified in this study. Regenerative causes (i.e., hemolysis and blood loss) vs non-regenerative causes (i.e., anemia of chronic disease, bone marrow disease, vector borne illness, other) should be considered.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Female, spayed

- Feline leukemia and FIV testing is recommended if not already performed.
- A CBC with a reticulocyte count, clinical pathology review and slide agglutination test are also recommended.
- Vector borne disease testing should also be considered.
- Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
- Depending on the results of the above diagnostics, a bone marrow aspirate may be warranted.
- While awaiting test results, symptomatic care is recommended.

AGE

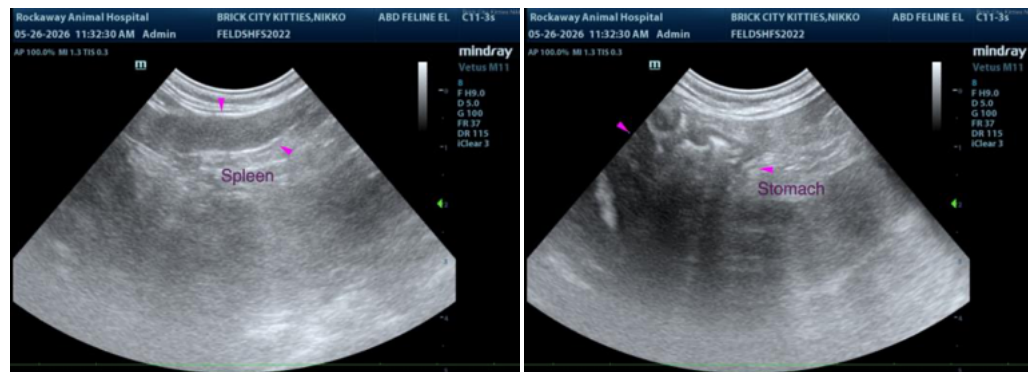
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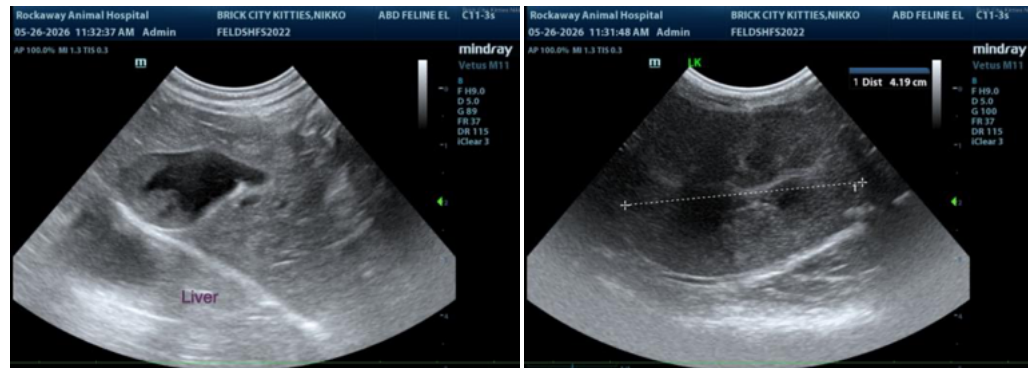
Dr. Maniar

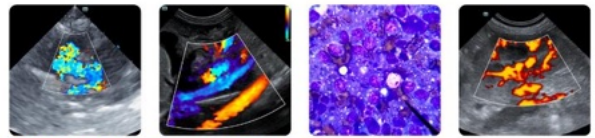
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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