

PATIENT

Puffy Good

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

2006

WEIGHT

16.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Klemp

INVOICE

13594

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Hematuria with intermittent stranguria began 5/17, intermittently "normal" yellow in color since 5/25 Initial in-house UA on 5/18 detected rods, rbcs and wbcs Urine culture negative (and was repeated in lab) Previous UTI in Oct 2025 (E.coli) and March 2025 (Enterococcus; hematuria was only clinical sign and improved with Amoxicillin) History of diabetes mellitus and IRIS Stage II CKD Intermittent, chronic loose stools History of grade II-III/VI left parasternal systolic murmur; normotensive Medication: Lantus 5 units SQ q12h Solensia Provable DC Hill's K/D + mobility diet. Creatinine 2.7, BUN 49.

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. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.08 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Mild pyelectasia is present (0.20 cm in the longitudinal plane). A few small non-obstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter. Perirenal fat is hyperechoic.

The right kidney is small in size (2.53 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few pinpoint mineralized foci are visualized. There is no evidence of pyelectasia or hydroureter. Perirenal 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 (0.75 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.

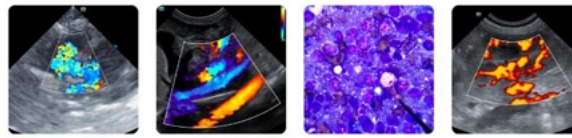
Liver

The liver is subjectively normal in size with normal contours and structure. The parenchyma is isoechoic relative to the spleen. A 0.68 x 0.42 cm cyst is observed on the left side. The remaining parenchyma is relatively homogeneous. 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 moderate amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

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 not dilated. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obvious obstructive disease is noted.



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Pancreas

The pancreas is diffusely visible/prominent with irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and mildly heterogeneous in appearance. A few ill-defined hypoechoic nodules are observed in the left limb, one of the lesions measuring 0.88 x 0.86 cm. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bilateral nonspecific, age-related renal changes with non-obstructive nephrolithiasis, mild left pyelectasia and retroperitonitis. The retroperitonitis is suggestive of an inflammatory nephropathy (i.e., interstitial nephritis, pyelonephritis) with a lower possibility of emerging neoplasia.

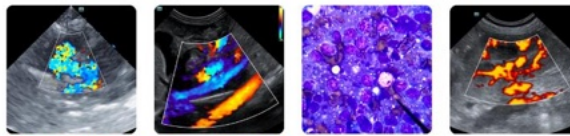
Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. The hypoechoic pancreatic nodules could be consistent with benign nodular hyperplasia with a lower possibility of emerging neoplasia.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the presence of retroperitonitis, consider empirical treatment for pyelonephritis (despite the negative urine culture results). A fluoroquinolone should be considered due to its good renal tissue penetration. A recheck ultrasound is recommended in 2-3 weeks to assess for resolution of the retroperitonitis.





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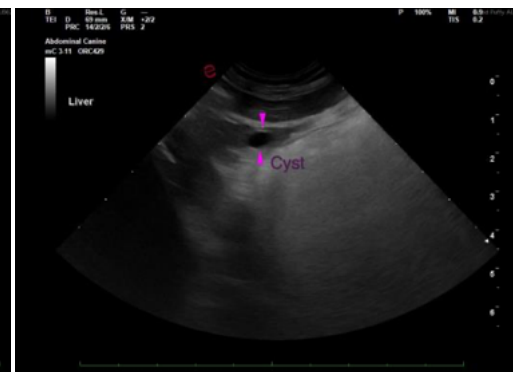
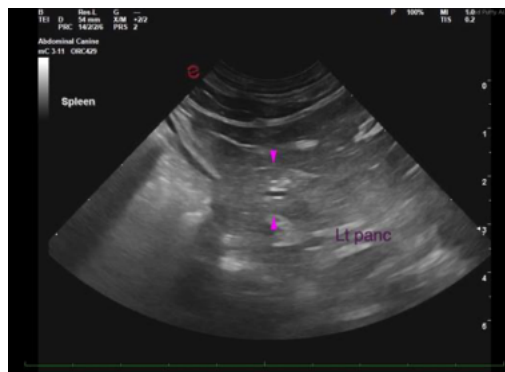
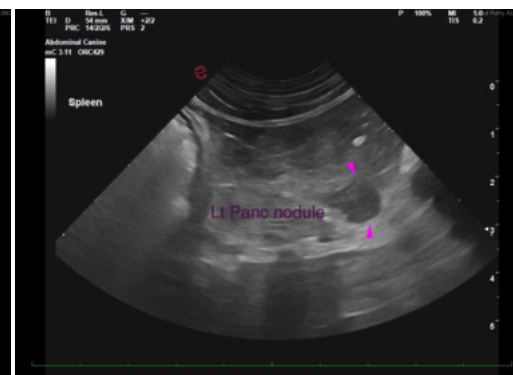
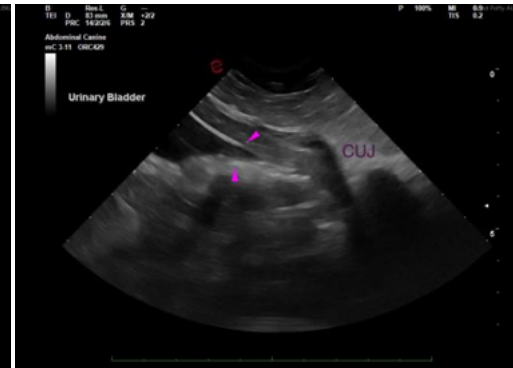
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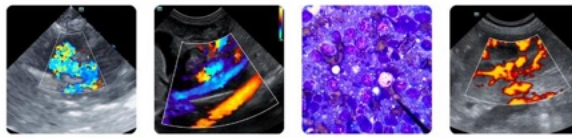
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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