PATIENT

Gizmo Berry

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Female, spayed

AGE

1/29/2010

WEIGHT

2.14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr. Pruitt

INVOICE

13436

DATE

12/16/25

PRESENTING CLINICAL SIGNS

- P presents for decreased appetite. Eating wood litter chips (pica).
- weight loss
- h/o keratitis chronic and conjunctival herpes
- intermittent cheek breathing
- intermittent cough w/ h/o of concern for feline asthma

-Hematocrit 28%. BUN is in the 90s, creatinine 3.3, phosphorus elevated, SDMA elevated, T4 2.6 which Is in the gray zone.

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 and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is borderline small in size (3.13 cm in length) with a slightly irregular shape. The cortex is thickened and there is poor corticomedullary distinction. Moderate pyelectasia is present (0.46 cm in the longitudinal plane). Small non-obstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size (3.14 cm in length) with a slightly irregular shape. The cortex is thickened and there is poor corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the longitudinal plane). Small non-obstructive nephroliths are visualized. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.54 cm width) with swollen peripheral contours. Pinpoint hyperechoic foci are observed throughout the gland. Surrounding vasculature appears normal.

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.58 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.

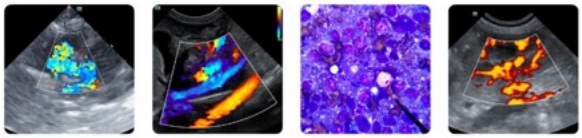
Liver

The liver is subjectively normal in size with normal 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. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.26 cm in width).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. A small (0.53 cm) shadowing structure is observed within the lumen. The pyloric outflow



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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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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

1-2 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 0.56 x 0.51 cm.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral chronic nephropathy with non-obstructive nephrocalcinosis. The bilateral pyelectasia (more pronounced in the left kidney) could be consistent with parenchymal remodeling, pyelonephritis, PU/PD (if applicable) or some combination thereof. Given the clinical history, an acute on-chronic presentation is possible.
- 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.

Secondary Findings:

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The shadowing structure within the gastric lumen likely represents foreign material (i.e., medication, other). It appears non-obstructive at the time of this study.
- The mild right adrenomegaly may be secondary to stress hyperplasia or less likely, an emerging tumor. The hyperechoic foci within the gland likely present a benign age-related incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of azotemia and the sonographic renal changes, consider the following:

1. Urine culture and sensitivity
2. UPC if proteinuria is present in the absence of infection
3. Baseline blood pressure measurement
4. Supportive care including fluid therapy as needed, broad-spectrum antibiotics (while awaiting culture results), appetite stimulants and other symptomatic measures with close monitoring of the patient's renal values to assess progression of the azotemia. If the patient's appetite improves, consider transitioning to a prescription renal diet.

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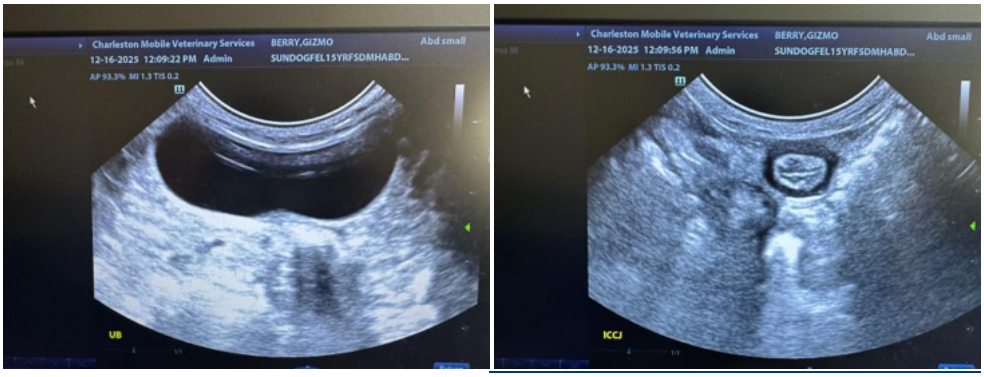

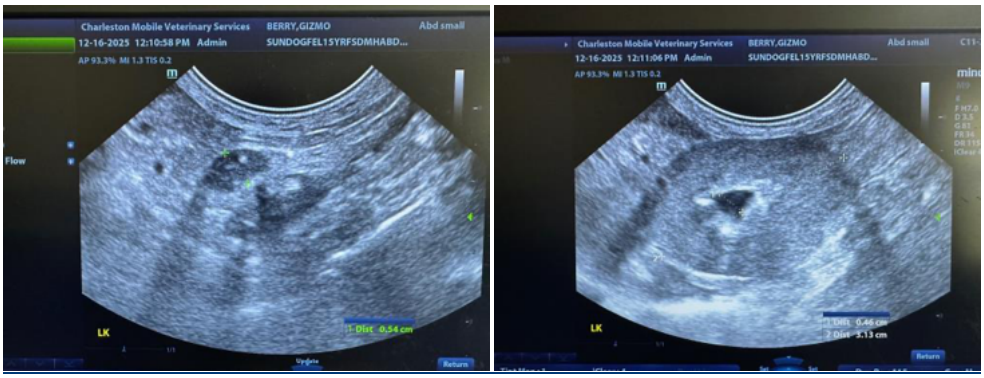

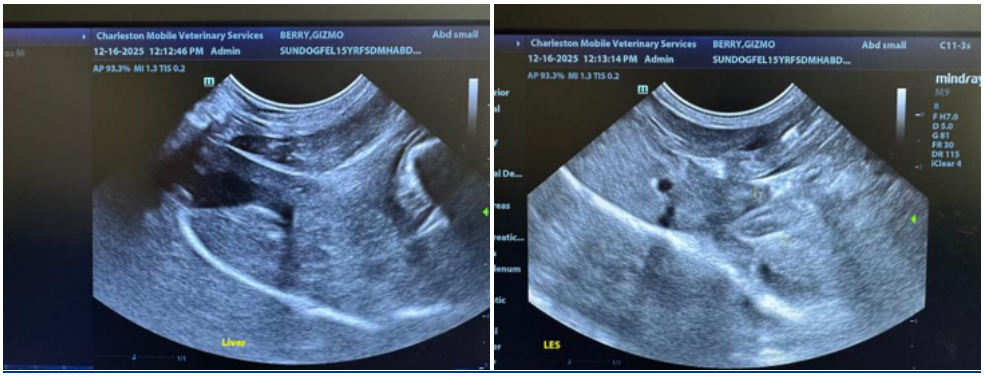

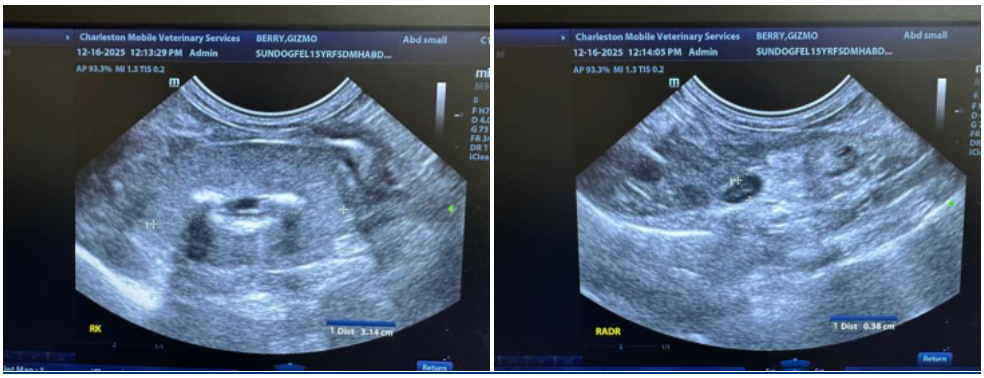

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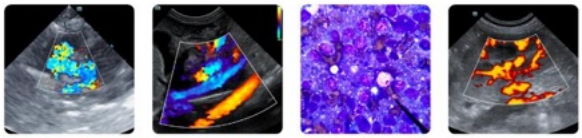

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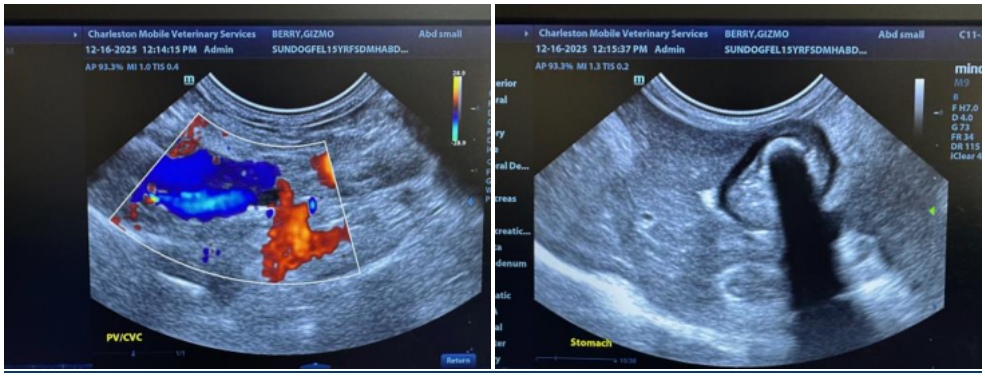

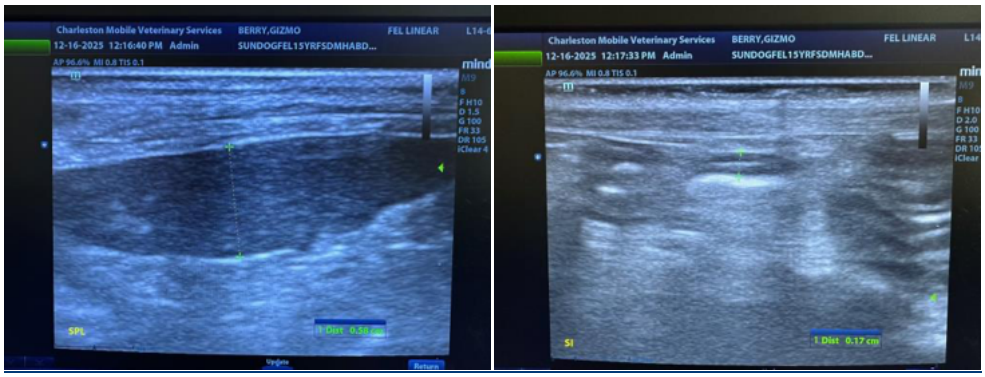

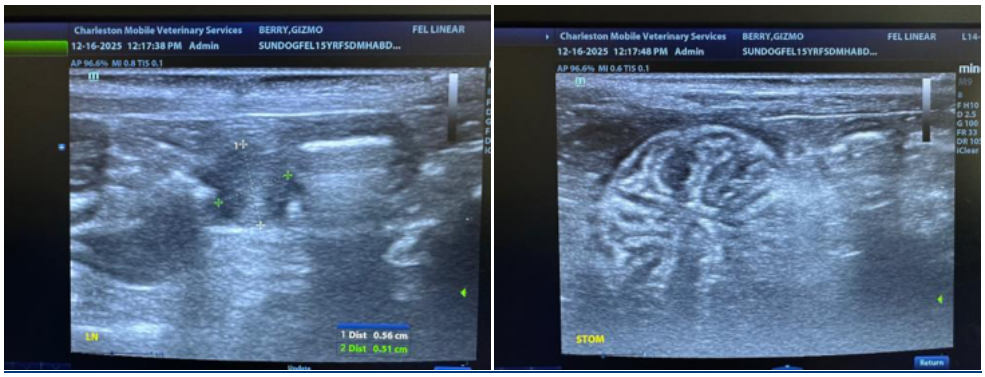

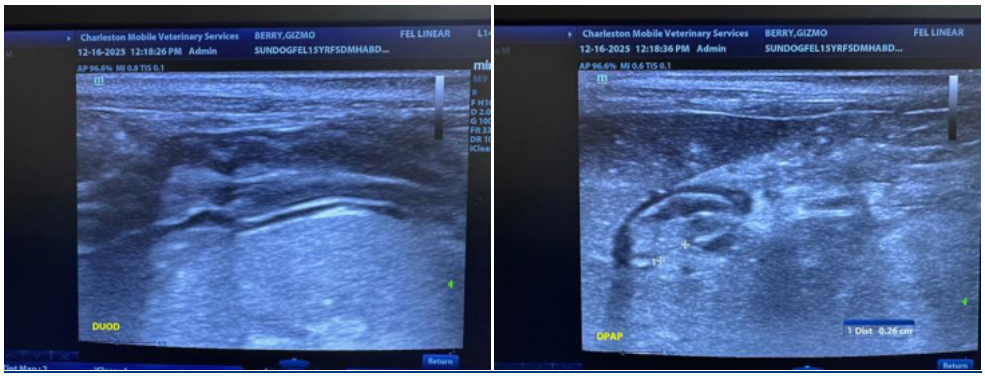

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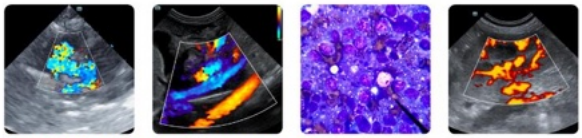

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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