



**PATIENT**

Miss Kitty Hallacy

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

16 Yrs. 1 month

**WEIGHT**

**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**

Northwoods

**REFERRING VET**

Dr. Jagocki

**INVOICE**

13358

**DATE**

12/30/25

**PRESENTING CLINICAL SIGNS**

Pt has recently been exhibiting urinary incontinence. Recent urinalysis revealed hematuria on a free catch sample. Treated with broad-spectrum antibiotics but no improvement. Pt seems painful along the spine. No neurologic deficits. Bladder expresses easily like a lower motor neuron bladder. Pt sedated with Butorphanol for this study.

**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 small to moderate amount of suspended echogenic debris is observed within the lumen. 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 normal in size (3.27 cm in length) with an irregular shape. The cortex is variably thickened with moderate to severe loss of corticomedullary distinction. Cortical infarcts are suspected. Mineralized foci are visualized. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.83 cm in length) with an irregular shape. The cortex is variably thickened with moderate loss of corticomedullary distinction. At least 1-2 cortical infarcts are suspected. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is prominent in size (1.08 cm in width at the level of the hilus) with smooth peripheral contours. 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. Luminal contents are anechoic. 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 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 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.



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***Pancreas***

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

***Lymph nodes***

The abdominal lymph nodes are normal/not visible.

***Free Abdomen***

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

***Other***

In the left mid-abdomen just caudal to the left kidney, a 2.8 x 1.8 cm ill-defined hyperechoic to heterogeneous structure is visualized.

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous and/or lipid droplets.
- Bilateral chronic renal changes with cortical infarcts and left non-obstructive nephrocalcinosis.

**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 mild splenomegaly may be secondary to sedation, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation or less likely, emerging neoplasia.
- The origin and significance of the ill-defined hyperechoic to heterogeneous structure in the left mid-abdomen is unclear. It may represent an intraabdominal lipoma, liposarcoma, granuloma, other.

\*An obvious cause for the patient's urinary incontinence is not identified in this study. Considerations include primary neurologic disease (i.e., spinal tumor, disc herniation), occult urinary tract infection, other

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. A urine culture and sensitivity is recommended to assess for occult infection.
2. Consider consultation with a board-certified neurologist +/- spinal MRI.
3. If further diagnostics are not pursued, palliative care is recommended.



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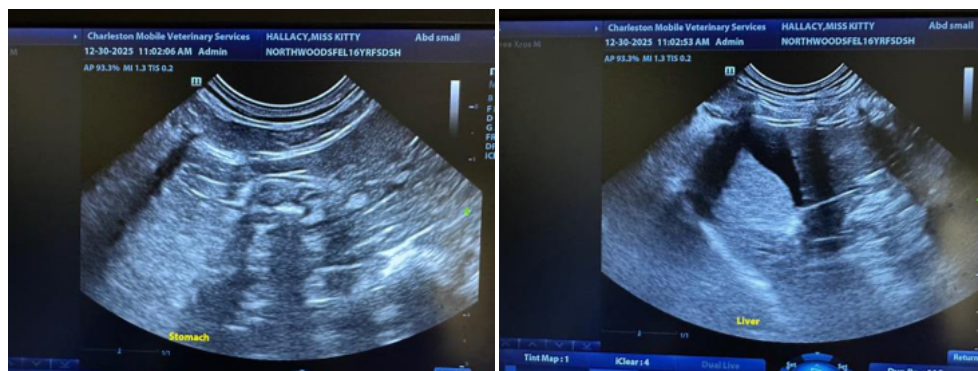
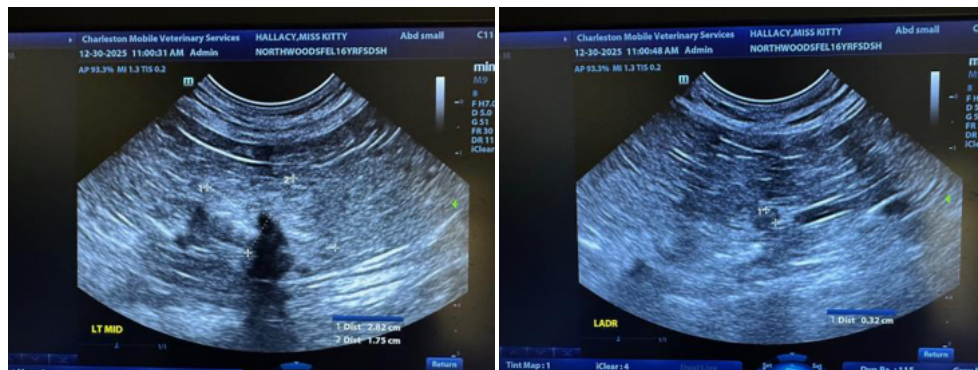
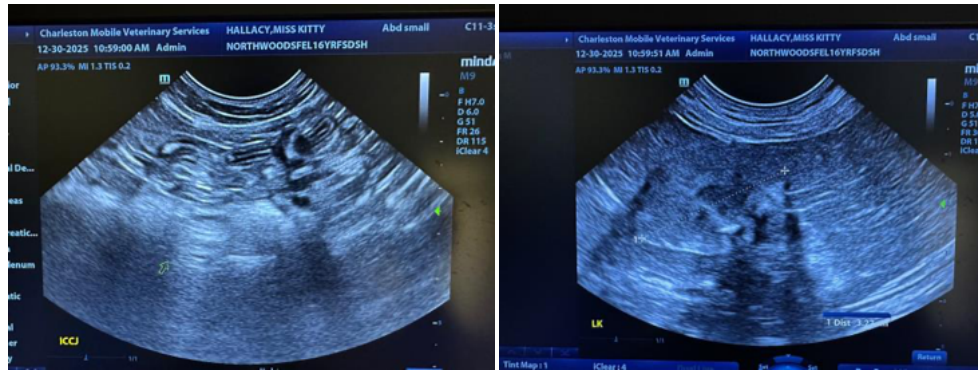
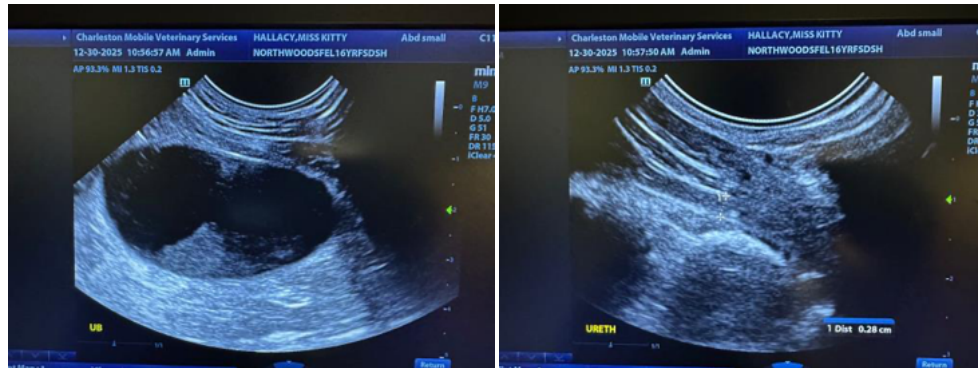
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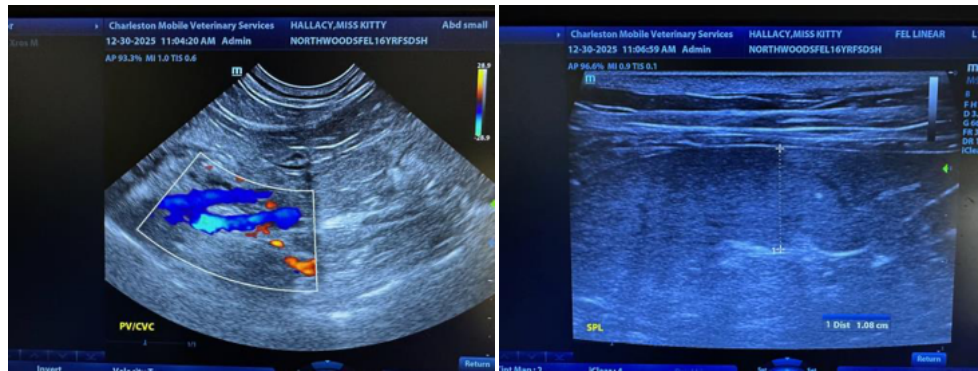
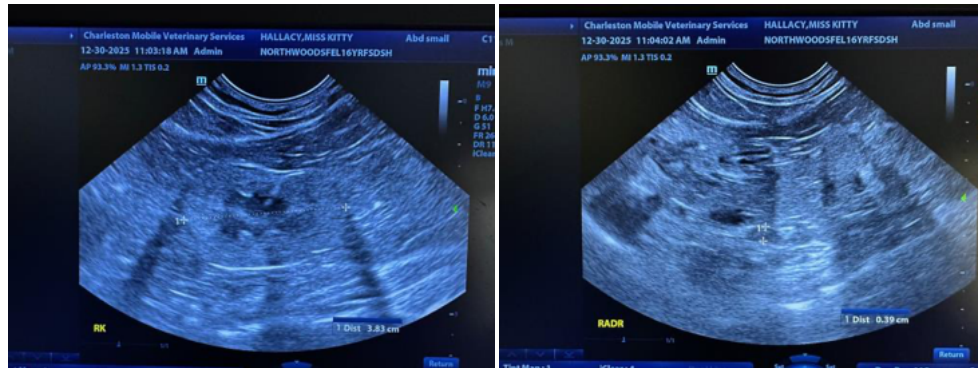
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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