

**PATIENT**

Molly Ouachi

**SPECIES**

Feline

**BREED**

Domestic longhair

**SEX**

Female, spayed

**AGE**

15 Yrs.

**WEIGHT**

4 kg.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Fairview AC

**REFERRING VET**

Dr. Combe

**INVOICE**

13508

**DATE**

3/2/26

**PRESENTING CLINICAL SIGNS**

History:

- Recently diagnosed with hyperthyroidism. Persistent hematuria. Trace renal mineralization present on radiographs
- No pain on abdominal palpation, no palpable masses. Hypertension.
- Has been on Felimazole 2.5mg BID and Amlodipine 0.625 SID

Abnormal PE/Chem/CBC/UA Results: Mild increase SDMA, mild increased ALP(improved on Felimazole) last TT4 94.5 after only two weeks of Felimazole U/A - by cystocentesis 2+ protein, 6-10WBCs/hpf, RBCs greater than 100/hpf, no crystals, no bacteria, USG 1.016, pH 6.5

**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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.74 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. A few small non-obstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.75 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. 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 (0.91 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**

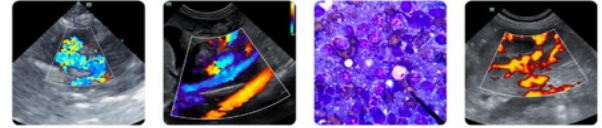
The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 thickness is normal 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**



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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**

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

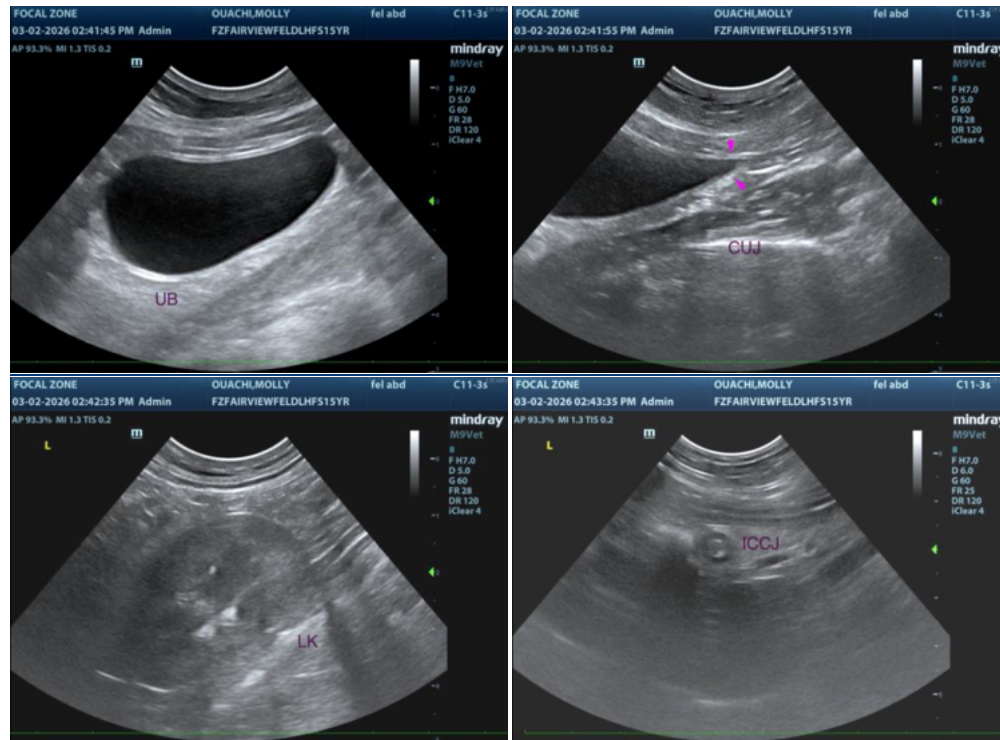
**ULTRASONOGRAPHIC FINDINGS**

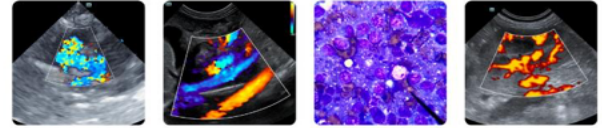
- Bilateral nonspecific, age-related renal changes with subtle dystrophic mineralization.

\*It is unclear whether the patient's clinical signs are secondary to a urinary tract infection, renal mineralization, idiopathic cystitis, benign renal hematuria, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the urinalysis findings, a urine culture and sensitivity is recommended.





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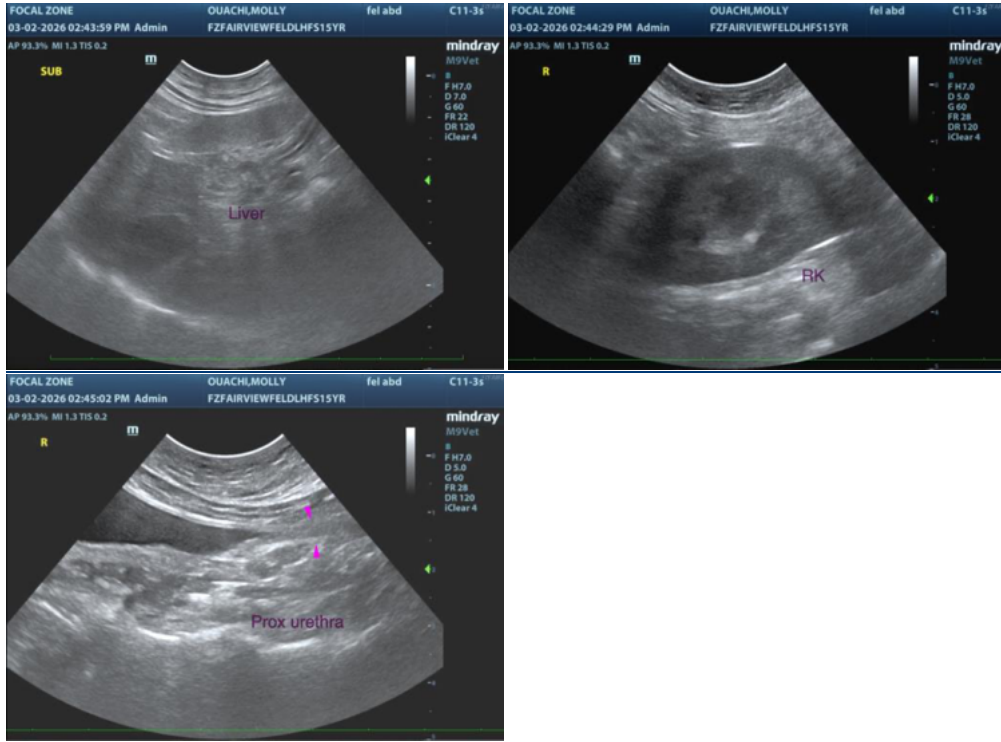
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)