

PATIENT

Ziggy Shafer

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

6 Yrs.

WEIGHT

12 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Chloe Lowe

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Ashmore

INVOICE

13605

DATE
6/8/26

PRESENTING CLINICAL SIGNS

History: Painful abdomen after unblocking. Urethral obstruction. Abnormal PE/Chem/CBC/UA
Results: Pending

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 scant amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal. Retroperitoneal fat adjacent to the urinary bladder is hyperechoic. A small amount of retroperitoneal fluid is observed adjacent to the urinary bladder.

The left kidney is enlarged (5.52 cm in length) with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.57 cm in the longitudinal plane). At least one small non-obstructive mineralized focus is visualized. There is no evidence of infarcts. Renal vasculature is normal. Perirenal fat is hyperechoic. A small amount of retroperitoneal fluid is observed adjacent to the kidney.

The right kidney is enlarged (5.55 cm in length) with smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.52 cm in the longitudinal plane). At least one small non-obstructive mineralized focus is visualized. There is no evidence of infarcts. Renal vasculature is normal. Perirenal fat is hyperechoic. A small amount of retroperitoneal fluid is observed adjacent to the kidney.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is mildly enlarged (0.57 cm width) with smooth peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.73 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.

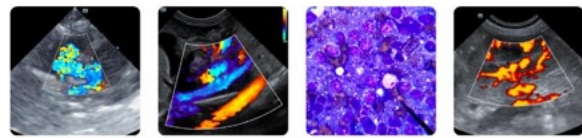
Liver

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 moderately fluid distended and hypomotile. In multiple video clips, a hyperechoic linear structure is observed within the fluid. 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. There is slight disruption of the normal 1:3



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muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

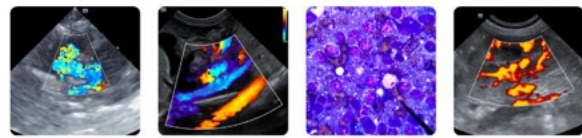
A small to moderate amount of peritoneal and retroperitoneal fluid is observed.

ULTRASONOGRAPHIC FINDINGS

- The bilateral renomegaly, in conjunction with the patient's clinical history, is most consistent with an inflammatory process (i.e., interstitial nephritis/pyelonephritis) with a lower possibility of emerging neoplasia. The bilateral pyelectasia may be secondary to the recent urethral obstruction, pyelonephritis, parenchymal remodeling, fluid therapy or some combination thereof. There is evidence of diffuse retroperitonitis.
- Gastric ileus. The linear structure within the gastric lumen may represent a linear foreign body or imaging artifact.
- The pancreatic changes could suggest mild pancreatitis or mild parenchymal remodeling.
- The small intestinal wall changes could be consistent with inflammatory bowel disease with a lower possibility of emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A minimum database including a CBC chemistry panel, urinalysis and T4 is recommended if not already performed.
2. Given the patient's clinical history, a urinalysis with culture and sensitivity are recommended.
3. Given the pancreatic changes, consider an fPLI to further evaluate for pancreatitis. A full GI panel can also be considered to also assess for maldigestion/malabsorption.
4. Given the gastric changes, consider serial sonographic monitoring (i.e., daily) of the stomach to assess for persistence of the linear structure. If it persists, an abdominal exploratory may be necessary to evaluate for a linear gastric foreign body.
5. While awaiting test results, supportive care is recommended.



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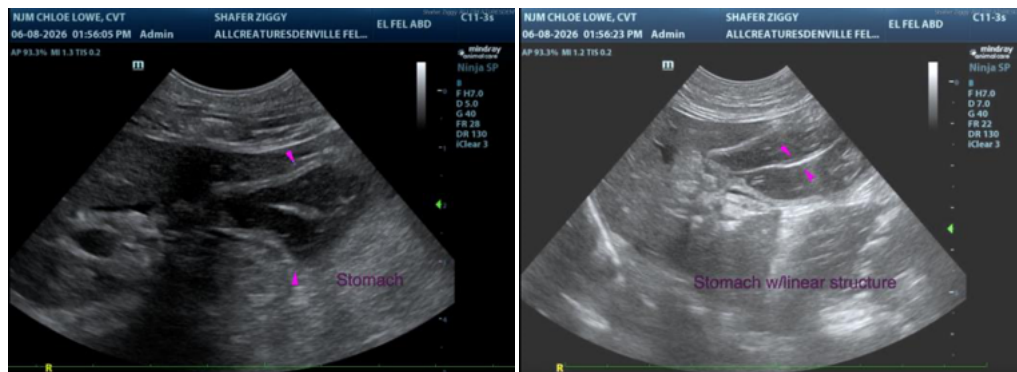
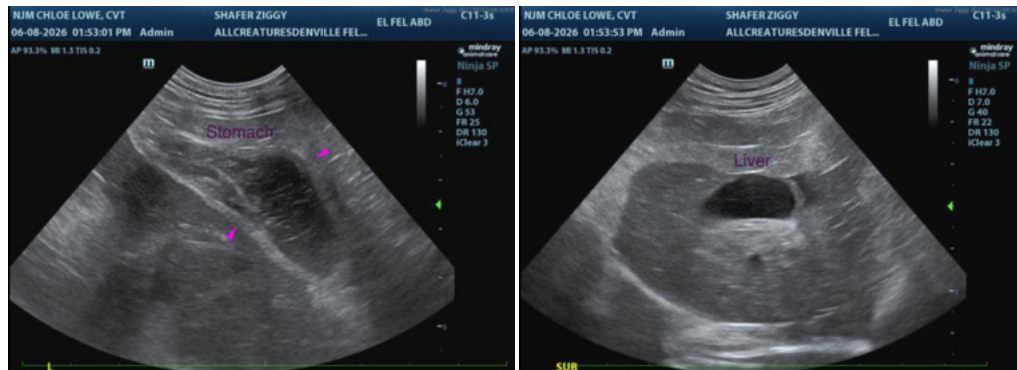
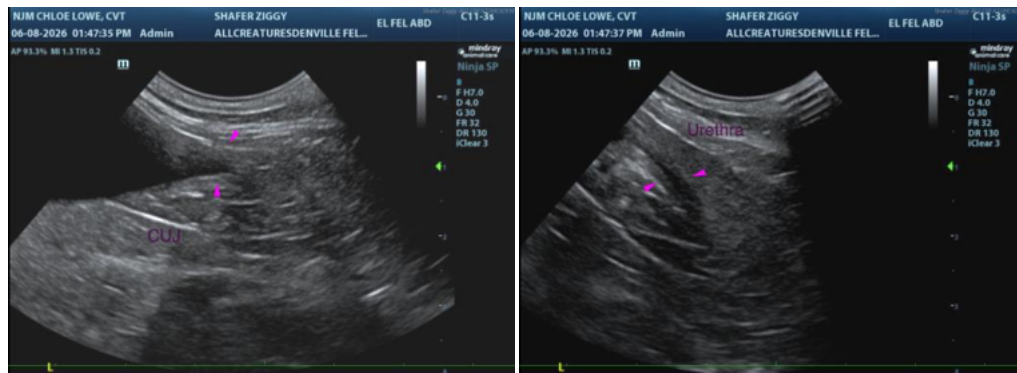
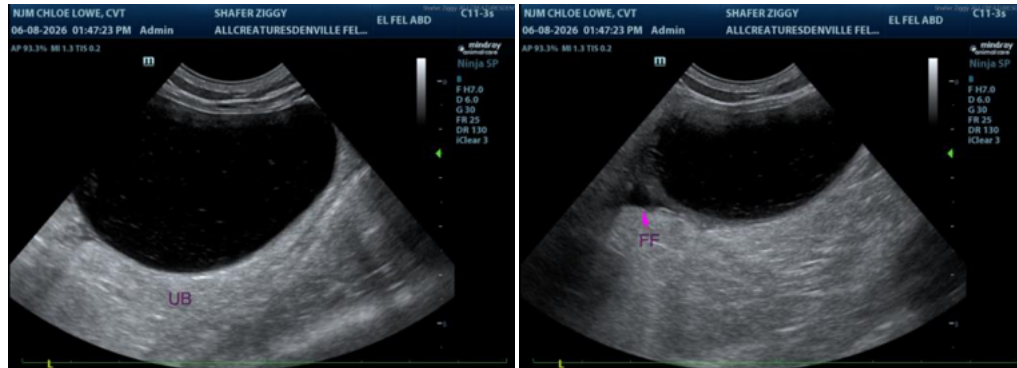
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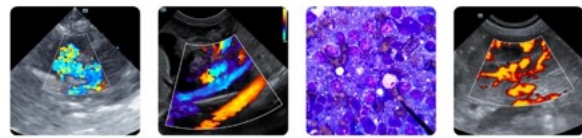
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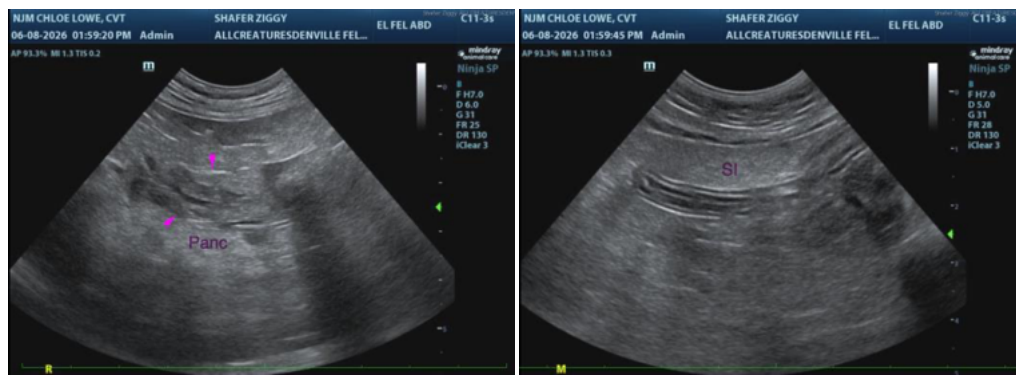
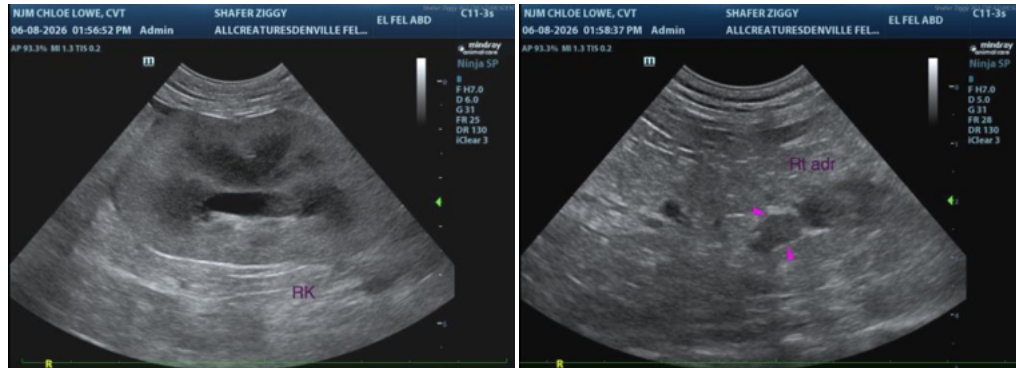
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
 info@SonoPath.com