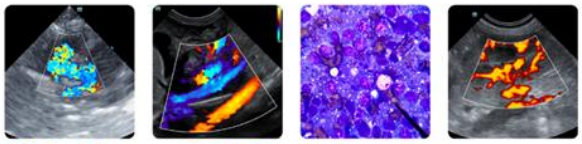


PATIENT

Caedus Pascucci

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13

WEIGHT

14.8

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American Animal Hospital

REFERRING VET

Melissa Pascucci

INVOICE
23931

DATE
02/19/2026

PRESENTING CLINICAL SIGNS

- No clinical signs.
- Preventative AUS. Vet's pet
- Constipation started 6 mo ago- managed with miralax and fiber diet
- On fluoxetine
- Abnormal PE/Chem/CBC/UA Results: new bw pending. Last bw 6/2025- wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length.

Right kidney adequate size, asymmetrical contour and diffusely hypoechoic parenchyma with potential cortical infarcts. The right kidney is contained in a moderately sized anechoic cyst like cavity consistent with a perinephric pseudocyst measuring 5.5 cm in diameter. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

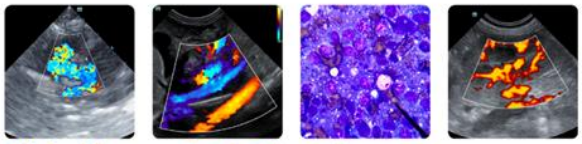
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Ventral mid liver hypoechoic intra-parenchymal nodule measuring 0.7 cm diameter was present. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor non-organized debris. The cystic and common bile ducts were normal.



PATIENT

Caedus Pascucci

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13

WEIGHT

14.8

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American Animal Hospital

REFERRING VET

Melissa Pascucci

INVOICE
23931

DATE
02/19/2026

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing pylorus ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Urinary bladder sediment
- Chronic renal changes more prominent in the right kidney with right kidney perinephric pseudocyst
- Hypoechoic liver nodule-suggestive of benign criteria i.e. nodular hyperplasia or lipogranuloma, minor potential for emerging low-grade neoplasia
- Minor gallbladder debris
- Normal gastrointestinal tract with mild gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending lab work and UA +/- C/S, if evidence of inflammatory sediment or UPC level if non-inflammatory proteinuria for renal staging is suggested. The right kidney perinephric pseudocyst is benign and potentially incidental if no current evidence of azotemia, however as needed drainage of the pseudocyst may be considered as pressure on the right kidney may lead to progressive chronic degenerative renal changes. Sonographic monitoring of the liver nodule for evidence of progression is recommended.

PATIENT

Caedus Pascucci

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13

WEIGHT

14.8

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

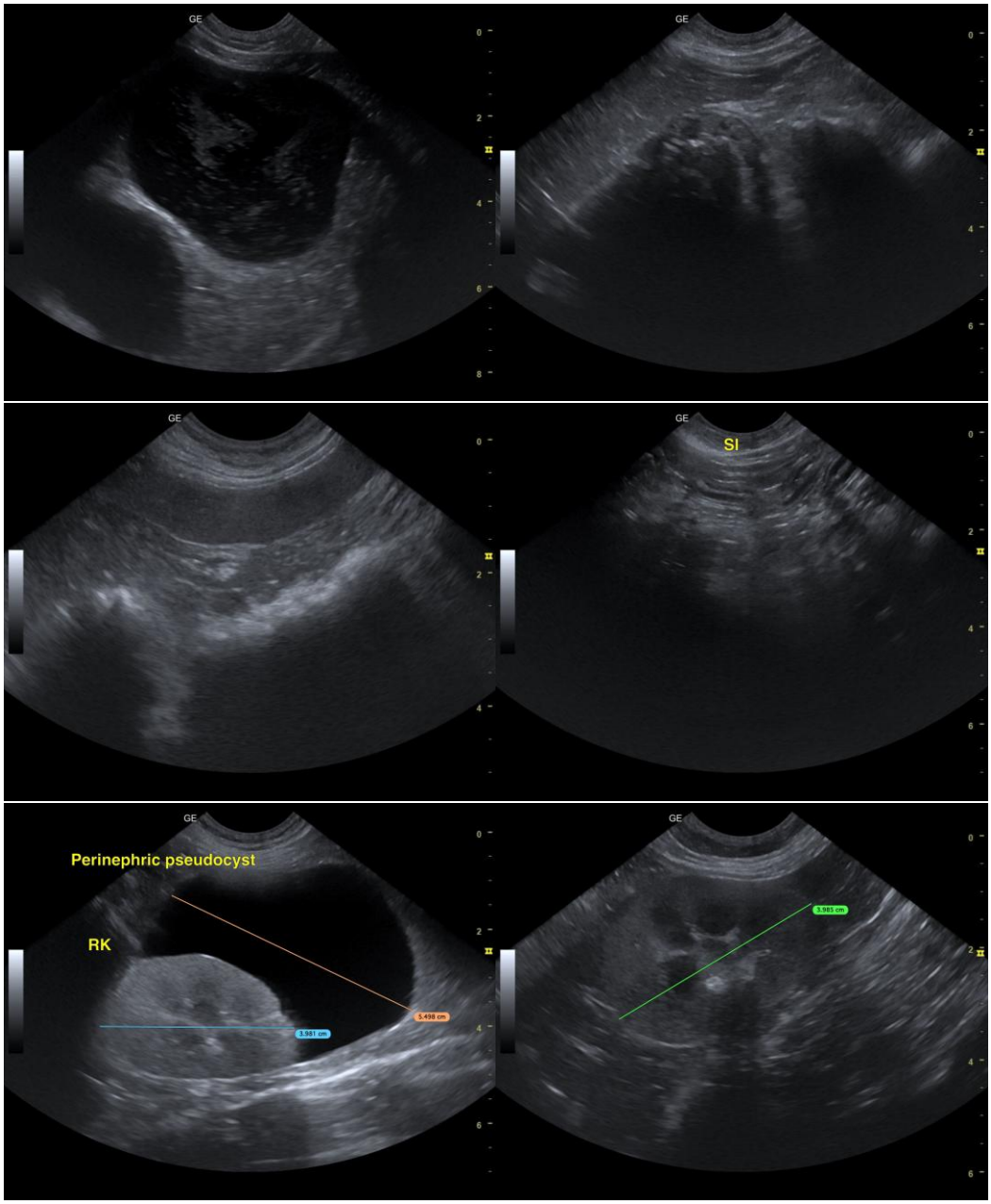
American Animal Hospital

REFERRING VET

Melissa Pascucci

INVOICE
23931

DATE
02/19/2026



PATIENT

Caedus Pascucci

SPECIES

Feline

BREED

DSH

SEX

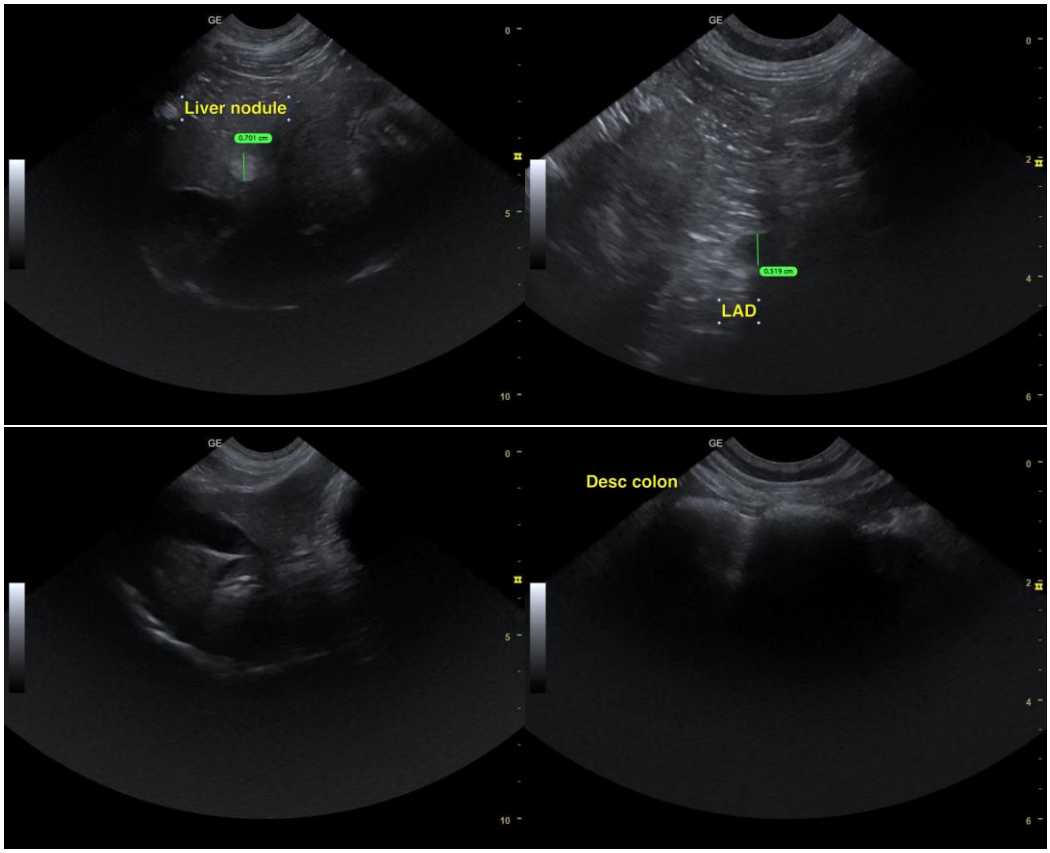
MN

AGE

13

WEIGHT

14.8



INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American Animal Hospital

REFERRING VET

Melissa Pascucci

INVOICE
23931

DATE
02/19/2026

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com