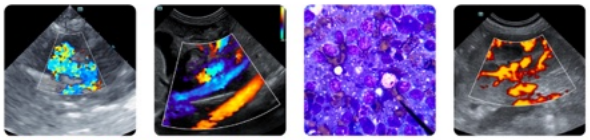


PATIENT

Pepper Metcalf

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

7.11 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Renee Ziegler Post

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Ziegler Post

INVOICE

70281

DATE

1/19/26

PRESENTING CLINICAL SIGNS

Weight loss, vomiting frequently- most recent time vomited blood. T4 1.8 SDMA 28, Crea 4.3, BUN 72, Phos 7.7 potassium 4.5 neutrophilic, monocytic leukocytosis 30.78

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

No sonographic images or video clips of the urinary bladder were available for evaluation; therefore, the urinary bladder could not be assessed in this examination.

The left kidney is markedly abnormal in size and architecture, measuring approximately 5.14×3.43 cm. A small portion of the renal parenchyma appears relatively preserved; however, the majority of the kidney is severely distorted, with marked loss of normal renal architecture, poor to absent corticomedullary differentiation, marked, irregular cortical thickening and renal pelvic dilation. No discrete nephroliths are identified.

The right kidney measures approximately 4.63×2.60 cm, with a cortical thickness of 0.38 cm in the sagittal plane. Portions of the renal parenchyma retain a normal corticomedullary ratio and definition. However, there are focal regions of corticomedullary indistinction, the renal contour appears locally altered, giving a nodular or mass-like appearance in some areas. In addition, renal pelvic dilation (pyelectasia) measuring approximately 5.4 mm is present, and scant mineral material is suspected within some calyces.

Adrenal Glands

The right adrenal gland measures approximately 0.27 cm at both the cranial and caudal poles and appears unremarkable.

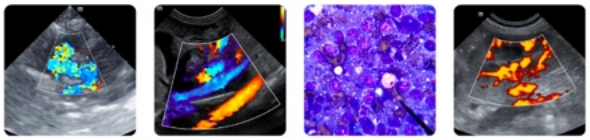
The left adrenal gland is not clearly visualized. A static image labeled as the left adrenal gland may instead represent a lymph node; definitive identification cannot be made based on the provided image.

Spleen

The spleen measures approximately 0.72 cm in thickness. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal lesions. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.



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The gallbladder is normally distended. The gallbladder wall is thin, and the lumen contains a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures approximately 1.82 mm, with preserved wall layering.

- Duodenum: 1.61 mm
- Jejunum: 1.91 mm
    - Mucosa: 0.68 mm, Submucosa: 0.61 mm, Muscularis propria: 0.47 mm
- Ileum: 2.01 mm
    - Mucosa: 0.66 mm, Submucosa: 0.62 mm, Muscularis propria: 0.62 mm

The ileocecal junction measures approximately 1.47 mm.

Several small intestinal segments demonstrate mild dilation with accumulation of fluid and gas, accompanied by subjectively decreased peristalsis, without evidence of a discrete mechanical obstruction.

The colon measures approximately 0.86 mm, appears largely empty, and contains gas.

Pancreas

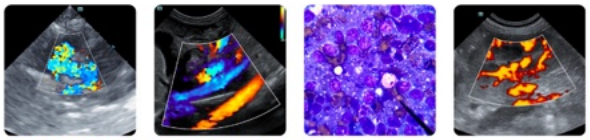
No sonographic abnormalities are identified in the pancreatic regions evaluated.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed.

The cranial mesenteric lymph nodes appear mildly enlarged and reactive. Other abdominal lymph nodes are unremarkable.

The iliac trifurcation is normal.



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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Severe, asymmetric bilateral renal structural disease. Loss of corticomedullary differentiation and renal architectural distortion. Bilateral pyelectasia.

SECONDARY FINDINGS

- Mild small intestinal ileus.
- Mildly reactive cranial mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal findings are not typical of end-stage chronic kidney disease alone. In cats with long-standing chronic renal failure, the kidneys are most often reduced in size due to chronic fibrosis and parenchymal loss. In this case, both kidneys—particularly the left—are enlarged and markedly distorted, with severe architectural disruption, irregular cortical thickening, loss of corticomedullary differentiation, and renal pelvic dilation.

This pattern raises significant concern for a superimposed active infiltrative or inflammatory renal process, rather than uncomplicated chronic kidney disease. The asymmetric enlargement, mass-like distortion of renal architecture, and focal regions of corticomedullary indistinction are especially concerning for renal infiltration, with renal lymphoma considered a leading differential diagnosis in this species. Severe inflammatory disease, such as advanced or chronic pyelonephritis, may produce overlapping ultrasonographic changes and therefore remains a differential consideration; however, the degree of renal enlargement and architectural distortion is less typical of chronic renal disease alone.

Color Doppler evaluation suggests preserved to increased intrarenal vascularization, which is less typical of end-stage chronic renal atrophy and supports the presence of an active renal process.

Overall, the ultrasonographic appearance of the kidneys, in combination with the marked azotemia, supports advanced renal dysfunction with suspected concurrent infiltrative or inflammatory pathology, and cannot be fully characterized based on imaging alone.

The gastrointestinal findings are most compatible with secondary ileus, likely related to uremia and systemic illness, rather than a primary obstructive gastrointestinal disorder. The history of hematemesis may be explained by uremic gastropathy, although no discrete gastric wall lesions are identified.

Mildly reactive cranial mesenteric lymph nodes support the presence of systemic inflammatory or infiltrative disease.

Recommendations

- Urinalysis with culture and sensitivity (if not already performed) is advised to assess for concurrent infection or pyelonephritis.
- Blood pressure measurement is recommended, given the severity of renal disease.

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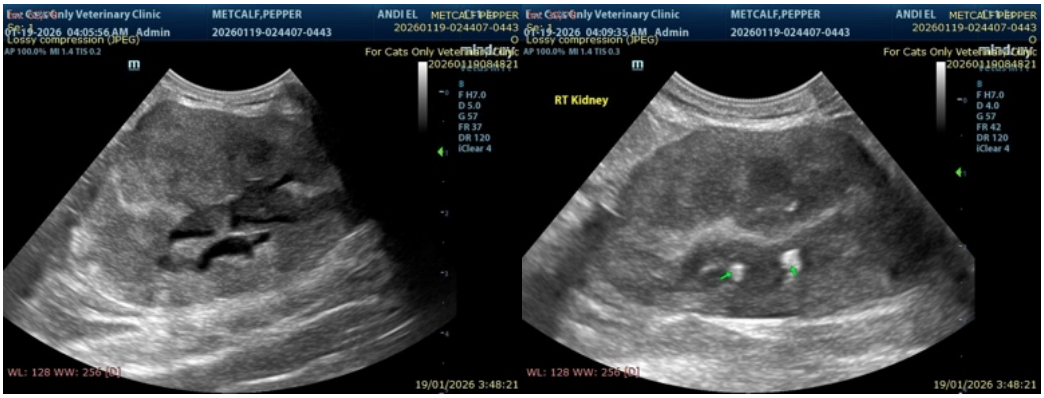
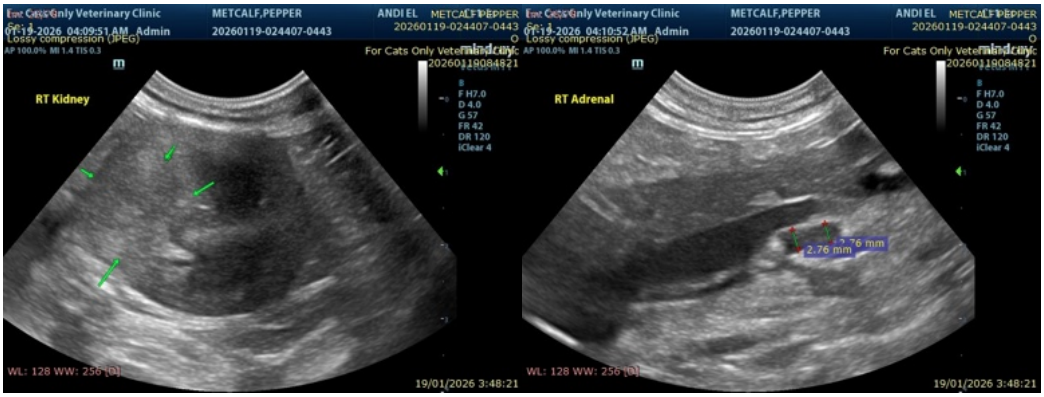
- If clinically appropriate and consistent with owner goals, ultrasound-guided renal fine-needle aspiration or biopsy may be considered to further characterize the renal pathology, recognizing the risks associated with advanced renal disease.
- Clinical correlation with renal parameters is strongly recommended, including serial creatinine, SDMA, phosphorus, and electrolyte monitoring.
- Continued supportive management for advanced chronic kidney disease is indicated, including antiemetic and gastroprotective therapy to address suspected uremic gastritis.





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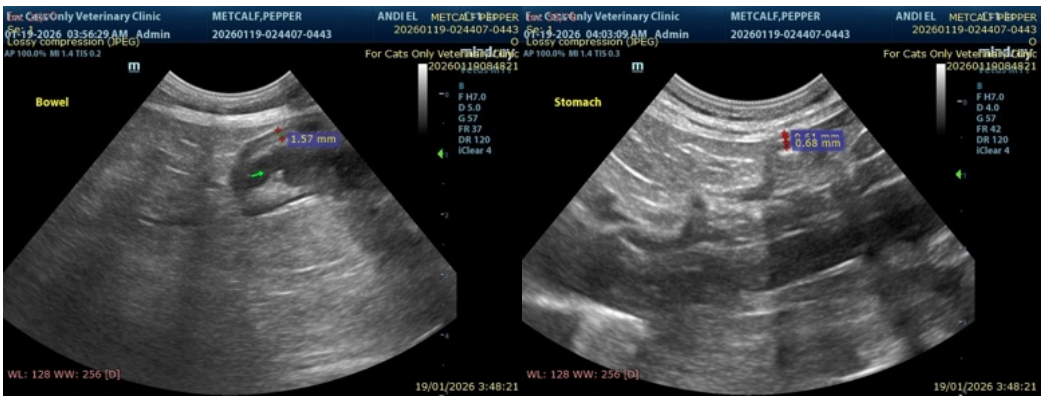

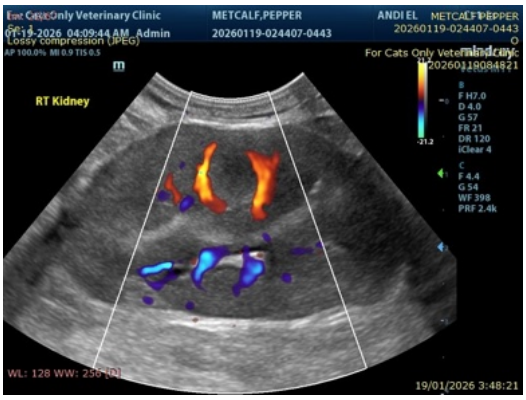

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com