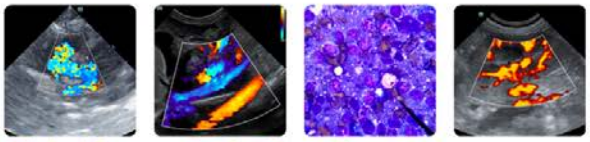


PATIENT

Tux Animal In Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12.8 Years

WEIGHT

12.1 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

72443

DATE

1/23/26

PRESENTING CLINICAL SIGNS

Most recent bloodwork: SDMA 13, Crea 0.9, BUN 45 . Similar results have been seen on last 2 panels. I am concerned about the elevated BUN with a low Crea. He does not have muscle wasting to explain the low Crea. Could there be occult blood loss from the GI tract?, poor cardiac output?? His last proBNP Jan 2026 was Normal 12/25 usg 1.038. He does have chronic constipation issue

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall appears thin and smooth. The urine is turbid, with suspended echoes and a small amount of mineral sediment layering dependently. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No discrete uroliths are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 5.40x3.00 cm, with a cortical thickness of 0.63 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. Multiple small hyperechoic foci consistent with developing nephroliths are identified within the calyceal region, the largest measuring 3.84 mm. The renal pelvis and diverticula appear mildly dilated; however, accurate pelvic measurement is not possible due to the absence of a transverse image. In any case, marked pyelectasia is not suspected.

The right kidney is small and mildly irregular in contour, measuring 2.57x1.98 cm, with a cortical thickness of 0.28 cm in the sagittal plane. The renal cortex is mildly hyperechoic relative to the liver parenchyma. A small triangular hyperechoic lesion is identified at the caudal pole. A nephrolith measuring 2.51 mm is present. No apparent pyelectasia is identified. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.29 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland measures 0.32 cm at the cranial pole and 0.30 cm at the caudal pole.

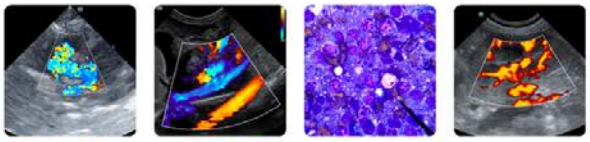
Spleen

Splenic thickness measures 0.94 cm. The splenic parenchyma demonstrates normal echogenicity with a fine, homogeneous echotexture and no focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

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

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.39 mm.

Duodenum: mural thickness 1.31 mm.

Jejunum: mural thickness 2.50 mm; mucosa 1.32 mm; submucosa 0.44 mm; muscularis propria 0.29 mm.

Ileum: mural thickness 1.92 mm; mucosa 0.37 mm; submucosa 0.61 mm; muscularis propria 0.20 mm, with preserved wall layering.

The ileocecal junction measures 4.34 mm, with muscularis thickness of 1.11 mm.

No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colon wall measures 0.56 mm. The descending colon contains abundant formed fecal material with moderate distal acoustic shadowing, consistent with fecal desiccation or impaction.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Free Abdomen

No abdominal effusion or sonographic evidence of peritonitis is identified. Cranial mesenteric and ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation has a normal appearance.

PRIMARY FINDINGS

- Small, irregular right kidney with mild cortical hyperechogenicity and nephrolithiasis.
- Left kidney with mild cortical hyperechogenicity and multiple small nephroliths.
- Mild renal pelvic/diverticular dilation on the left, without marked pyelectasia.
- Turbid urine with suspended echoes and mineral sediment.

SECONDARY FINDINGS

- Desiccated fecal material within the colon consistent with constipation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound demonstrates asymmetric renal changes, characterized by a small, irregular right kidney with mild cortical hyperechogenicity and nephrolithiasis, and a relatively enlarged left kidney with mildly increased cortical echogenicity and multiple small calyceal nephroliths. This pattern is most consistent with chronic unilateral renal disease affecting the right kidney, with compensatory hypertrophy of the left kidney. The small triangular hyperechoic lesion at the caudal pole of the right kidney is most compatible with focal scarring or fibrosis.

The gastrointestinal tract does not demonstrate ultrasonographic evidence of infiltrative, inflammatory, or obstructive disease. Intestinal wall thicknesses and muscularis-to-mucosa ratios are within expected

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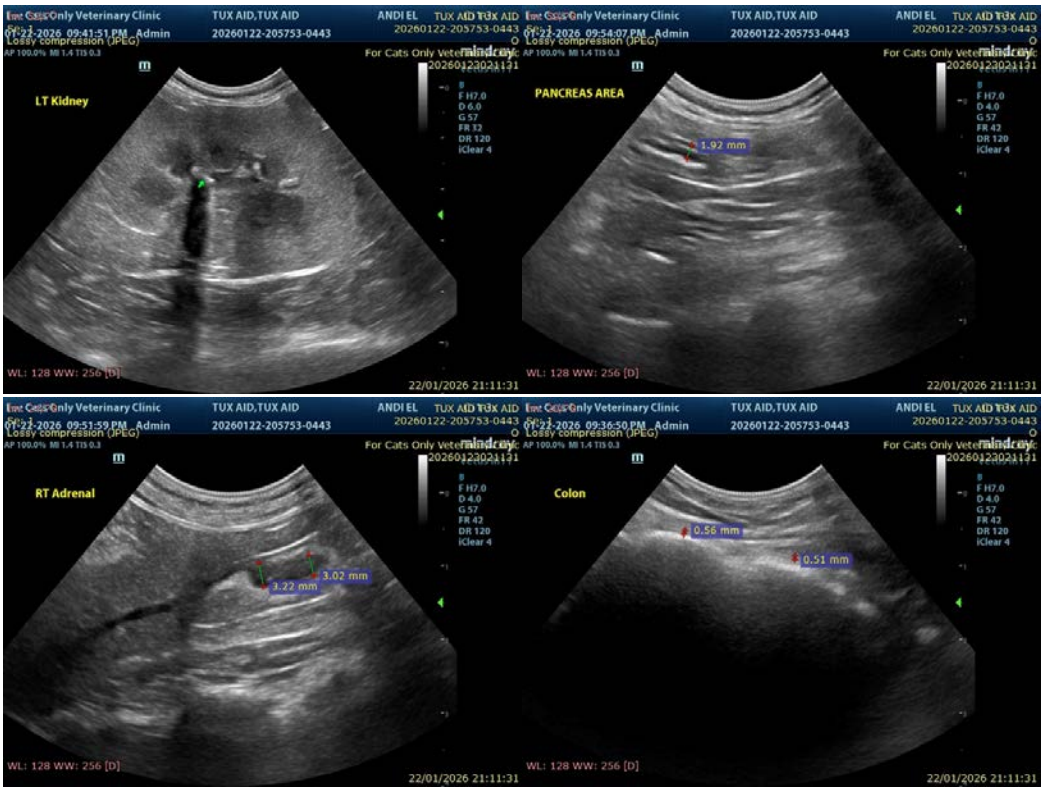
limits. The colon contains desiccated fecal material, consistent with the history of chronic constipation, which may contribute to prerenal azotemia or increased urea reabsorption.

Overall, the ultrasonographic findings support chronic renal disease with unilateral predominance, nephrolithiasis, and significant constipation, without evidence of a primary gastrointestinal source of occult blood loss on imaging.

Recommendations

- Correlate ultrasonographic renal findings with serial renal biomarkers, including SDMA, creatinine, BUN, and urinalysis trends.
- Monitor nephrolithiasis conservatively unless clinical signs of obstruction or infection develop, with consideration of dietary and hydration strategies.
- Address chronic constipation, as colonic fecal retention may contribute to relative dehydration, increased urea reabsorption, and patient discomfort.



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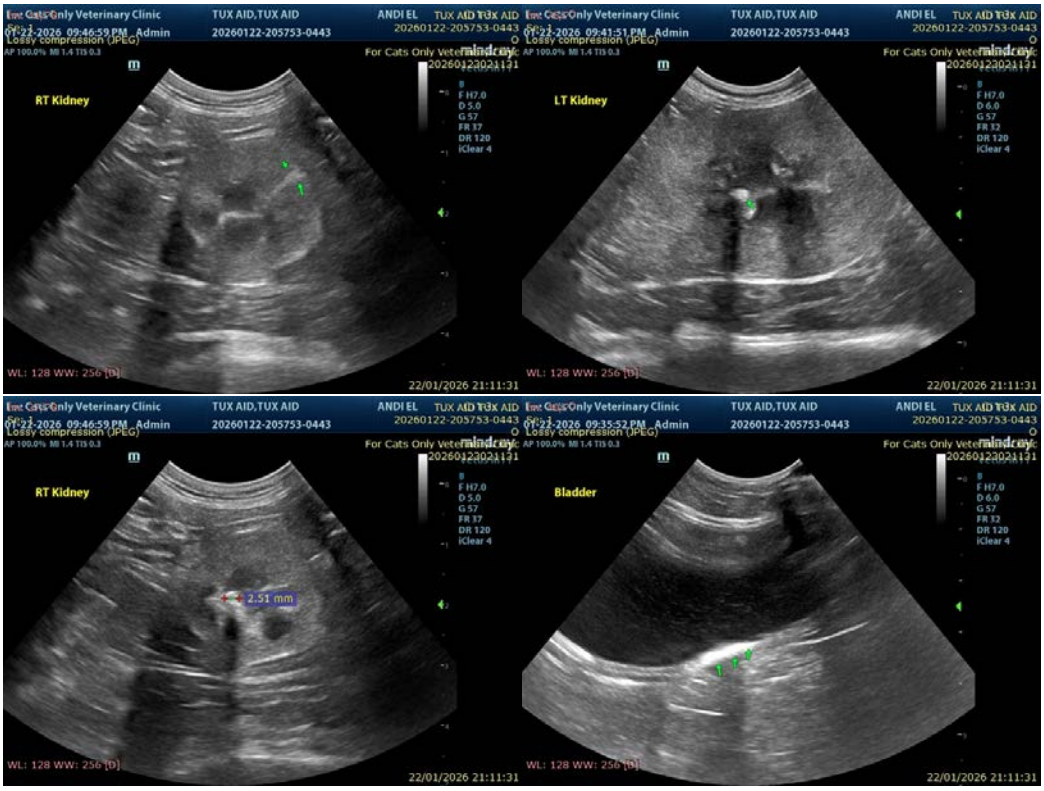

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com