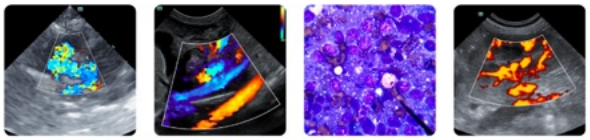


PATIENT

Clementine Taylor

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Amy Isaac

HOSPITAL NAME

Valley West & Elk VH

REFERRING VET

Dr. Isaac

INVOICE

70926

DATE

1/26/26

PRESENTING CLINICAL SIGNS

- Owner brought pet in last week for presenting complaint of urinating outside of the litterbox. Owner reports pet appears to be eating normally, but has lost 1.5 pounds since last visit in 2023
- Cr. 2.7 , BUN 67, phos 6.4. Calcium 15.8 USPG 1.019 with trace protein and calcium oxalate crystals. No stones seen on radiograph. No obvious abnormalities on radiographs other than poss mineralization of kidneys. Calcium malignancy panel pending (ionized calcium, PTH and PTHrp)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear unremarkable. No uroliths are identified. There is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 4.23×2.20 cm, with a cortical thickness of 0.42 cm measured in the sagittal plane. The right kidney measures 3.94×2.31 cm, with a cortical thickness of 0.39 cm measured in the sagittal plane. In both kidneys, the renal cortex is diffusely hyperechoic relative to the liver parenchyma. The corticomedullary ratio is preserved, with mildly decreased corticomedullary definition. There is no evidence of pyelectasia, nephrolithiasis, hydronephrosis, or pelvic dilation.

Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.21 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland measures 0.21 cm at the cranial pole and 0.19 cm at the caudal pole.

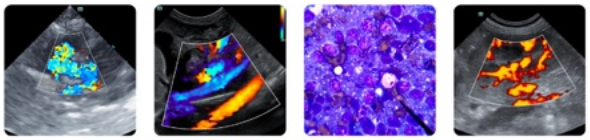
Spleen

The spleen has a thickness of 0.49 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture. No focal parenchymal lesions are identified. 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 homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The gallbladder wall is thin. The contents are predominantly anechoic with a small amount of biliary sludge. The common bile duct measures 1.85 mm proximally, 1.73 mm at the mid portion, and 1.62 mm distally.



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Gastrointestinal

The stomach is empty and folded, containing a small amount of fluid. Gastric mural thickness is 1.71 mm, with preserved wall layering. The pylorus measures 2.36 mm.

Duodenum wall thickness is 2.19 mm.

Jejunum wall thickness is 2.39 mm, with the following layer measurements: mucosa 1.01 mm, submucosa 0.56 mm, muscularis propria 0.73 mm.

Ileum wall thickness is 2.14 mm, with the following layer measurements: mucosa 0.69 mm, submucosa 0.80 mm, muscularis propria 0.60 mm. Wall layering is preserved.

The ileocecal junction measures 2.25 mm, with a muscularis layer thickness of 0.70 mm.

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

The colon measures 0.76 mm in wall thickness, with formed fecal material within the descending colon.

Pancreas

The evaluated portions of the pancreas show no ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric and ileocecal lymph nodes are not visualized; the surrounding mesentery appears unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal cortical hyperechogenicity.
- Mildly decreased corticomedullary definition in both kidneys.
- Small amount of biliary sludge within the gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The predominant ultrasonographic abnormality in this study is bilateral diffuse renal cortical hyperechogenicity with mildly reduced corticomedullary definition, in the absence of renal pelvic dilation, urolithiasis, or obstructive changes. In the context of documented azotemia, hyperphosphatemia, isosthenuria, and weight loss, these renal findings are most consistent with chronic renal parenchymal disease. Diffuse cortical hyperechogenicity reflects nonspecific parenchymal change and may be associated with chronic interstitial fibrosis, or tubular degeneration.

No ultrasonographic evidence of urinary tract obstruction or cystolithiasis is identified to explain the reported inappropriate urination. Functional or behavioral causes, metabolic polyuria, or lower urinary tract disease without structural change cannot be excluded sonographically.

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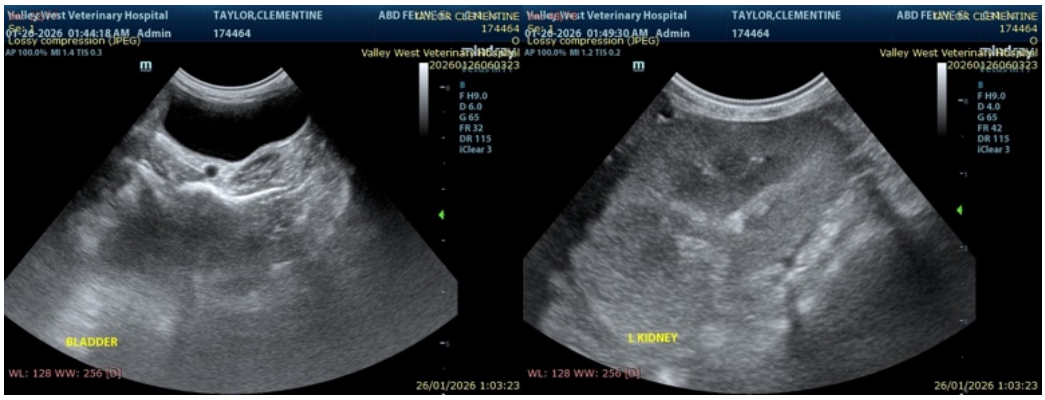
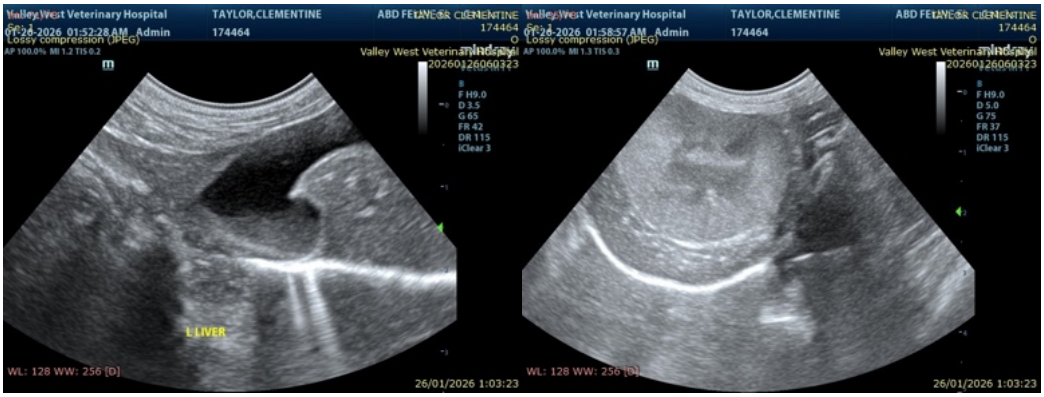
Despite the presence of marked hypercalcemia, no focal renal masses, nephroliths, or overt soft tissue abnormalities are identified on this examination. Importantly, ultrasonography has limited sensitivity for detecting early infiltrative renal disease, or systemic causes of hypercalcemia.

Recommendations

- Interpret renal ultrasonographic changes in conjunction with serial renal values and urinalysis to better characterize chronicity and progression of renal disease.
- Correlate with pending calcium malignancy panel results (ionized calcium, PTH, PTHrP) to further investigate the cause of hypercalcemia.





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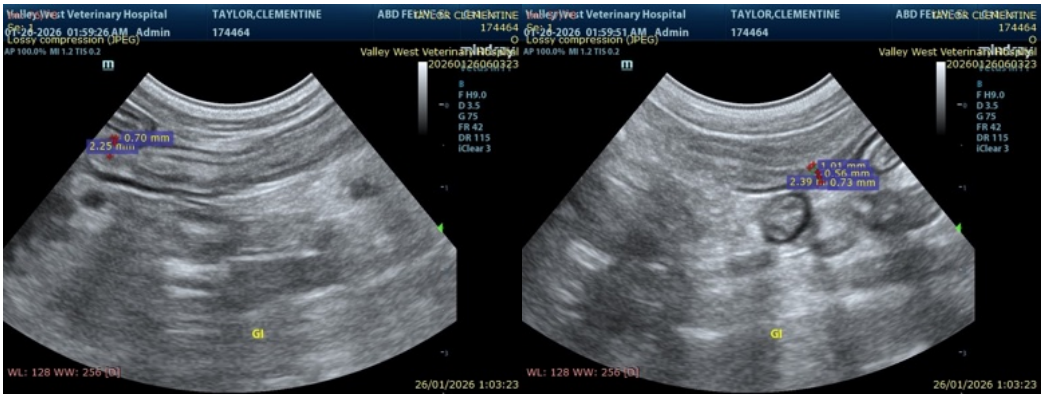

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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