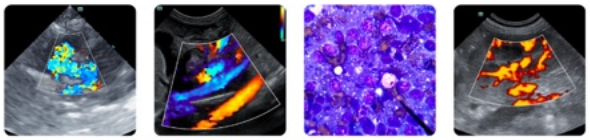


PATIENT

Hazel Lesher

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

18 years

WEIGHT

10.16 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Dr. Hou

INVOICE

69945

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: History of intermittent hematuria for the past few months.
Abnormal PE/Chem/CBC/UA Results: Nov 2025: negative urine culture, USG=1.016. Oct 2025: BUN=46, Creatinine 3.8, Calcium= 11.7. PE: grade 2/6 parasternal heart murmur, remainder unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.08×1.97 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.53×2.13 cm; cortical thickness could not be accurately measured. Bilaterally, the renal cortex is increased in echogenicity, with mildly reduced corticomedullary distinction. A subtle medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

The left adrenal gland measures 0.23 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland could not be reliably measured.

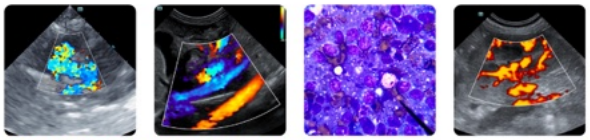
Spleen

Splenic thickness measures 0.77 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. 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 normally distended. The gallbladder wall is thin, and the contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness ranging from 1.62 to 2.01 mm and preserved wall layering. The pyloric wall measures 3.32 mm.

Jejunal wall thickness measures 2.28 mm, with the following layer measurements: mucosa 1.27 mm, submucosa 0.58 mm, and muscularis propria 0.21 mm. Ileal wall thickness measures 1.88 mm, with the following layer measurements: mucosa 0.46 mm, submucosa 0.79 mm, and muscularis propria 0.39 mm. Wall layering is preserved. The ileocecal junction measures 1.41 mm. No sonographic signs of obstruction, ileus, or foreign material are identified.

The colonic wall measures 0.93 mm in the transverse colon (minimal content) and 1.27 mm in the descending colon, which is empty.

Pancreas

The pancreas measures up to 6.35 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.50 mm in diameter. No sonographic evidence of active inflammation is identified.

Peritoneal Cavity

No abdominal effusion or sonographic signs of peritonitis are observed. Cranial mesenteric lymph nodes measure up to 2.91 mm in thickness and maintain normal shape and echogenicity. Ileocecal lymph nodes are not visualized; however, the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

Thorax

A focal pulmonary lesion measuring approximately 2 cm is identified adjacent to the hepatopulmonary interface, associated with regional atelectasis. The lesion contains small hyperechoic foci, which may represent trapped gas or air bronchograms; however, true mineralization cannot be definitively excluded. Margins appear mildly irregular.

ULTRASONOGRAPHIC FINDINGS

- Diffuse bilateral renal cortical hyperechogenicity with mildly reduced corticomedullary distinction and a subtle medullary rim sign, consistent with chronic renal changes.
- Focal pulmonary lesion (~2 cm) adjacent to the hepatopulmonary interface, associated with regional atelectasis and containing small hyperechoic foci; margins appear mildly irregular.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography does not reveal a definitive cause for the patient's history of intermittent hematuria. The urinary bladder wall is thin and smooth, with no evidence of urolithiasis, mural masses, or inflammatory changes on the provided images.

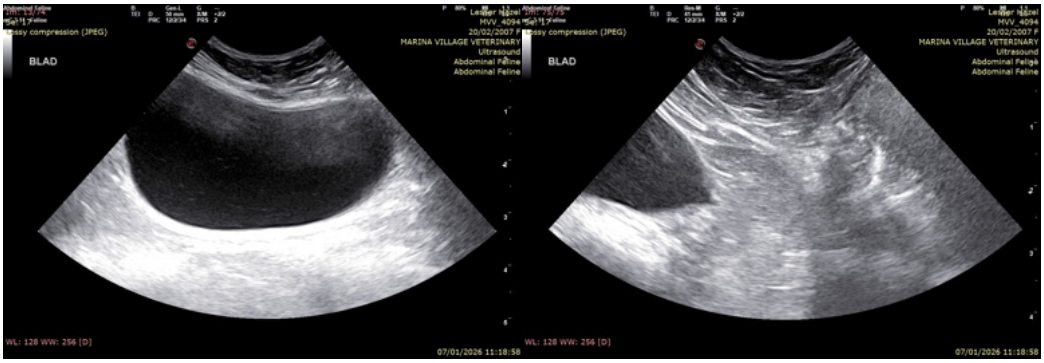
Both kidneys are normal in size and shape; however, there is diffuse increased renal cortical echogenicity bilaterally, with mildly reduced corticomedullary distinction and a subtle medullary rim sign. These findings are most consistent with chronic kidney disease, correlating with the patient's azotemia and reduced urine specific gravity. No obstructive uropathy or nephrolithiasis is identified.

The remainder of the abdominal ultrasound examination, including the liver, gallbladder, spleen, gastrointestinal tract, pancreas, adrenal glands, lymph nodes, and peritoneal cavity, is within normal limits or demonstrates only incidental findings.

Thoracic imaging identifies a focal pulmonary lesion adjacent to the hepatopulmonary interface, associated with regional atelectasis. Differential considerations include inflammatory or pneumonic consolidation versus pulmonary neoplasia. Given the patient's age and documented hypercalcemia, neoplasia cannot be excluded; however, the imaging appearance is not definitive.

Recommendations

- Consider repeat urinalysis with sediment examination.
- Medical management and monitoring of chronic kidney disease are recommended, including serial assessment of renal parameters (creatinine, BUN, SDMA), urine specific gravity, and blood pressure.
- Further characterization of the pulmonary lesion is advised. Three-view thoracic radiographs are recommended as an initial step, with thoracic CT considered if radiographs are inconclusive or if clinical concern persists.
- Monitoring of serum calcium levels is recommended, with further investigation for causes of hypercalcemia if values remain elevated.



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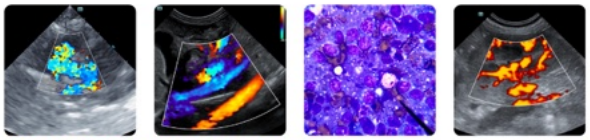

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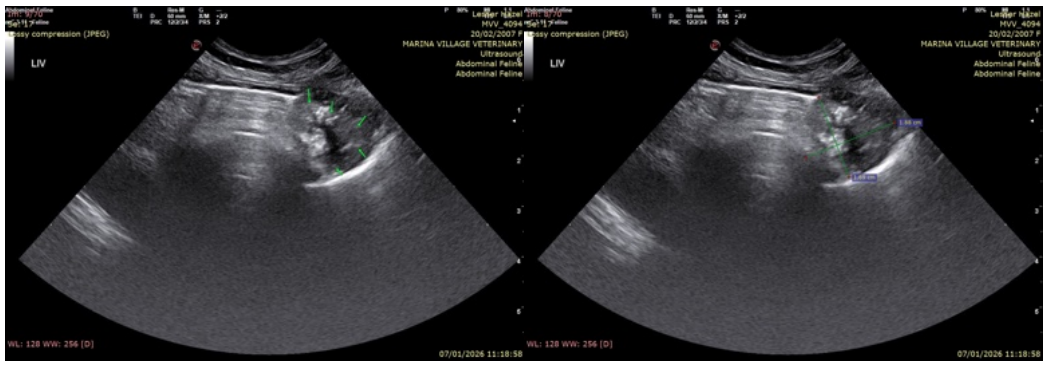

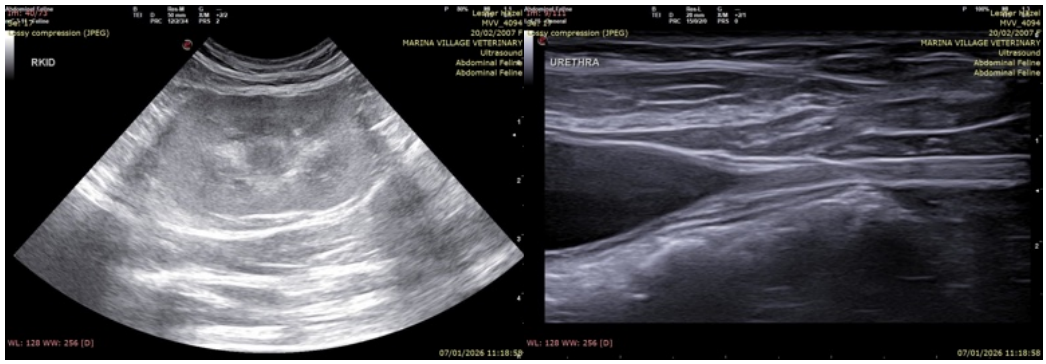

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com