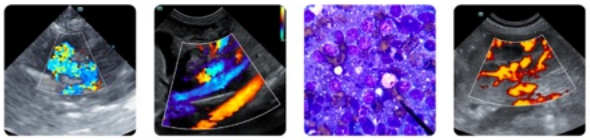


PATIENT

Brady Kane

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

11.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Vet Clinic

REFERRING VET

Dr. Torzewski

INVOICE

68911

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: 10.5yo MN DSH presented for atypical and acute onset vomiting and lethargy 11/14. HypoK (3.3). Rads concerning for infiltrative disease/Lymphoma/IBD vs pancreatitis vs partial/emerging obstruction. Clinical signs improved with SQF/cerenia. other history: FORL (Dental 2023)
CBC/Chem17/lytes/T4/UA - hypoK (3.3) QPL normal Radiographs: concerning for infiltrative disease/Lymphoma/IBD vs pancreatitis vs partial/emerging obstruction

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is very turbid with abundant floating echoes. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.98×2.34 cm, and the thickness of the cortex is 0.50 cm in the sagittal plane. The right kidney is normal in shape and size: 4.32x2.25 cm, and the thickness of the cortex is 0.49 cm in the sagittal plane. The renal cortex is markedly increased in echogenicity, resulting in increased corticomedullary distinction. Mild medullary rim sign. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

The left adrenal gland, partially visualized, measuring 0.32 cm. The right adrenal gland was not clearly visualized for an evaluable measurement.

Spleen

Splenic thickness is 0.59 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

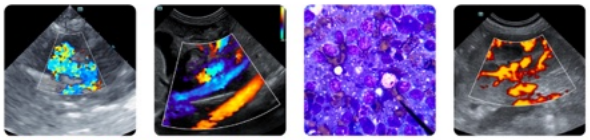
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a very small amount of biliary sludge. The common bile duct is not dilated.

Gastrointestinal

The stomach is empty and folded, with mural thickness (1.71 mm) and preserved wall layering. The pylorus (2.75 mm). Duodenum: 1.75 mm. Jejunum: 2.02–2.51 mm. Mucosa: 1.11 mm. Submucosa: 0.88



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mm. Muscularis propria: 0.56 mm. Ileum: 1.77 mm. Mucosa: 0.64 mm. Submucosa: 0.69 mm. Muscularis propria: 0.36 mm. Normal wall layering. The ileocecal junction was not visualized. No signs of overt inflammation, ileus, or foreign material are identified.

Colon: 0.85 mm, with few formed feces in the descending segment.

Pancreas

The pancreatic areas evaluated did not show obvious signs of inflammation, although a high-frequency linear probe is recommended to detect small pancreatic abnormalities in the cat.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes and ileocecal lymph nodes are not visualized, but the surrounding regions appeared unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Very turbid urine with abundant floating echoes.
- Kidneys: Bilateral marked cortical hyperechogenicity and mild medullary rim sign.

SECONDARY FINDINGS

- Small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant abnormalities identified on ultrasound are the marked bilateral cortical hyperechogenicity, and a mild medullary rim sign. These findings are compatible with chronic or acute-on-chronic renal changes, including early chronic kidney disease, previous ischemic or inflammatory injury, or less commonly acute tubular disease. The absence of pyelectasia, nephroliths, or hydronephrosis argues against obstructive or ascending infectious etiologies. Urine was markedly turbid with abundant floating echoes, which may represent proteinaceous debris, inflammatory sediment, or infection not fully cleared despite normal urinalysis after treatment.

The pancreas did not show definitive ultrasonographic signs of inflammation. However, it is important to emphasize that ultrasound has low sensitivity (~24%) for detecting pancreatitis in cats, especially with a microconvex probe.

The gastrointestinal tract appears structurally normal, with preserved layering and no evidence of inflammation, ileus, or foreign material. Radiographic concerns for infiltrative disease or early obstruction were not corroborated by the ultrasound exam.

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The gallbladder contains a small amount of sludge, which is typically incidental in cats and not associated with biliary obstruction or inflammation in this case.

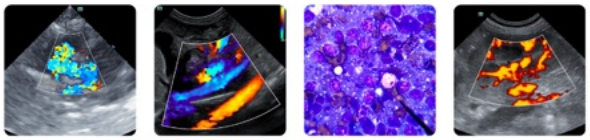
No free abdominal fluid, lymphadenopathy, or peritoneal abnormalities were identified.

Recommendations

- Reassess kidney function with a repeat renal panel, SDMA, and urine specific gravity to correlate the cortical changes with functional status.
- Repeat urinalysis +/- culture, and UPC.
- Monitor blood pressure.
- Evaluate pancreatitis with Spec fPL if suspected.
- Recheck serum potassium and correct hypokalemia, as low potassium can induce vomiting and GI dysmotility.

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



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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