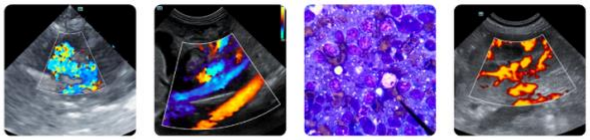


PATIENT

Tuna Warren

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

7.66 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Danielle Shemanski DVM, MA

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Bob Lann DVM

INVOICE

12489

DATE

11/25/25

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Hypercalcemia: Etiology is undetermined + Weight loss HX stage 2 renal disease MEDICATIONS: None

Abnormal PE/Chem/CBC/UA Results: Recent bloodwork and urinalysis attached Hematuria Calcium = 12.9mg/dL Creat = 2.2mg/dL, BUN = 32mg/dL, USG = 1.023 Tbili = 1.5mg/dL, other liver values unremarkable, no stress leukogram, TT4 = 1.3ug/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. Due to under distension, wall thickness may be overestimated. The urine is anechoic. The proximal urethra and vesicoureteral junction appear normal. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is small and irregular, measuring 1.83×1.19 cm, with a cortical thickness of 0.18 cm in the sagittal plane. The renal cortex is increased in echogenicity, resulting in increased corticomedullary distinction.

The right kidney is normal in shape and size, measuring 4.03×2.17 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The renal cortex is increased in echogenicity, with preserved corticomedullary definition. Mild pyelectasia is present (3.21 mm). No nephroliths or hydronephrosis are observed. The proximal ureter measures 1.83 mm, then tapers to 1.08 mm, and is not visualized beyond that point. There is mild hyperechoic reactivity of the surrounding omentum adjacent to the renal pelvis and proximal ureter.

Adrenal Glands

The left adrenal gland measures 0.31 cm at the cranial pole and 0.35 cm at the caudal pole.
The right adrenal gland is not visualized.

Spleen

Splenic thickness is 0.88 cm. The parenchyma shows normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

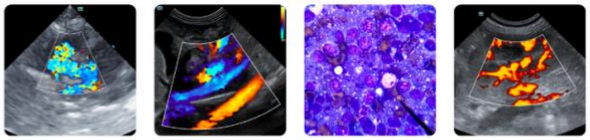
Liver

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

The gallbladder is normally distended with a thin wall. The contents are primarily anechoic.
The common bile duct measures 1.50–1.18 mm from proximal to distal and is within normal limits.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.09 mm and preserved wall layering.
The pylorus measures 2.78 mm.



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Jejunum: 2.28 mm (Mucosa 1.08 mm, Submucosa 0.39 mm, Muscularis 0.30 mm)
Ileum: 1.58 mm (Mucosa 0.34 mm, Submucosa 0.86 mm, Muscularis 0.23 mm)

Normal wall layering is preserved.
The ileocecal junction measures 1.82 mm.
No obstruction, ileus, or foreign material is identified.

Colon: 0.84 mm, containing formed feces in the descending segment.

Pancreas

The pancreas was not clearly visualized; however, the evaluated regions do not show evidence of pancreatic inflammation.

Free Abdomen

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

PRIMARY FINDINGS

- Advanced chronic renal change affecting the left kidney.
- Chronic renal disease affecting the right kidney with mild pyelectasia and proximal ureteral dilation, accompanied by mild focal omental reaction.
- No visible ureterolith, but mineral irritation is not completely ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound reveals marked asymmetry of the kidneys, with the left kidney severely reduced in size and irregular in contour, consistent with advanced stage chronic renal change. The right kidney shows mild pyelectasia with subtle peri-renal fat echogenicity. Although most consistent with increased urine flow or altered concentrating ability secondary to CKD and hypercalcemia, a mild ascending pyelitis or early pyelonephritis cannot be completely excluded, (although the lack of pyuria or bacteriuria makes infection less likely at this time).

The urinalysis shows trace protein and marked hematuria, but no evidence of infection or crystalluria. This level of hematuria is most consistent with renal bleeding rather than lower urinary tract disease, particularly given the absence of cystitis or stones on ultrasound.

The overall constellation of findings remains most compatible with IRIS stage 2 CKD with possible renal pelvic inflammation. Continued monitoring and reassessment following hydration or stabilization are recommended to differentiate functional pyelectasia from evolving inflammatory disease.

Chronic kidney disease alone can also contribute to mild–moderate hypercalcemia (reduced renal excretion, altered Ca–P metabolism).

Recommendations

- Repeat ionized calcium (most clinically relevant).
- Recheck renal values and SDMA, monitor trends closely.

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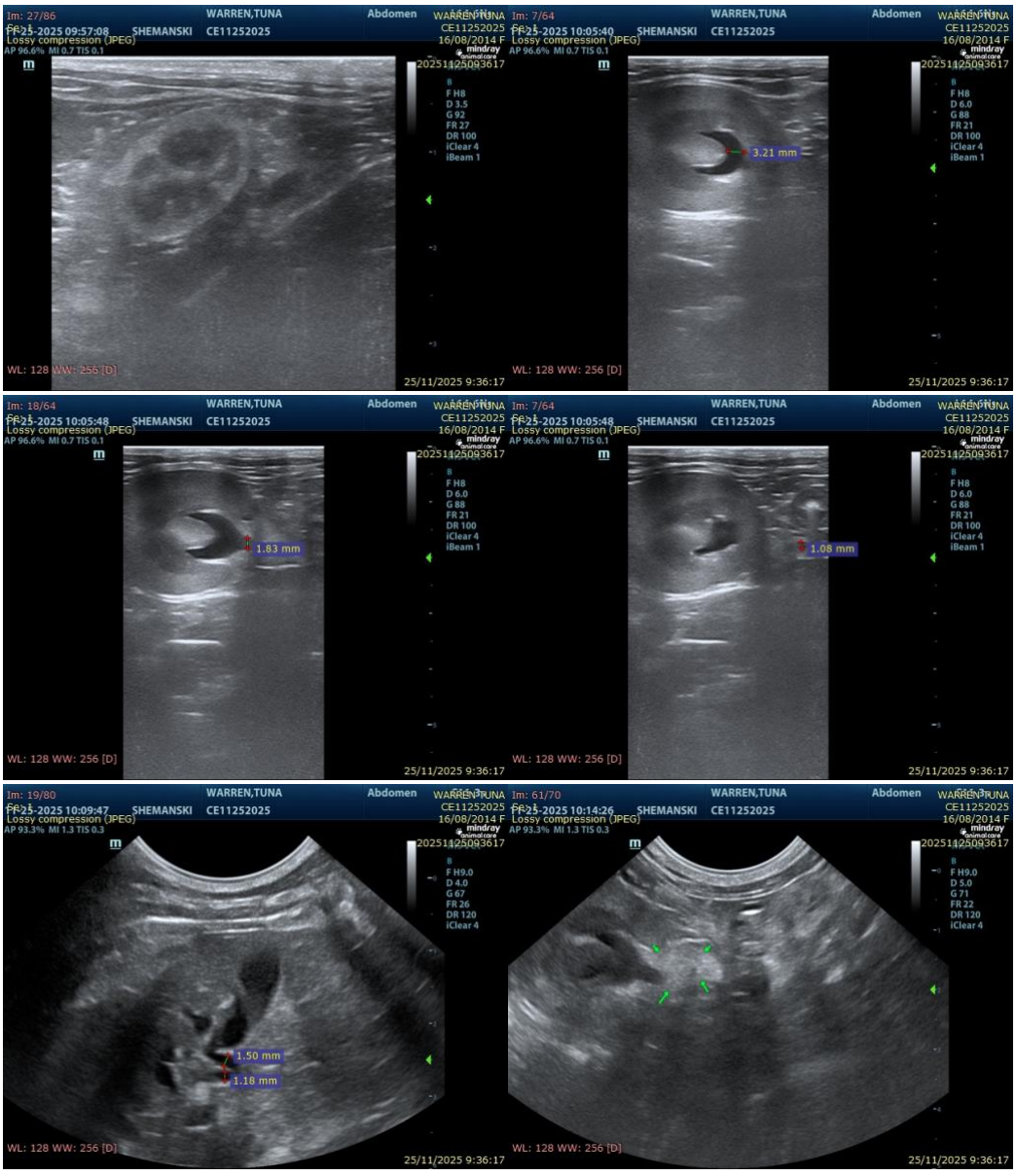
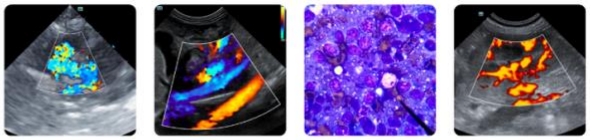
- Monitor blood pressure.
- Monitor for progression of pyelectasia.
- Thoracic imaging may be warranted if malignancy-related hypercalcemia is suspected, given weight loss.



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.

info@SonoPath.com