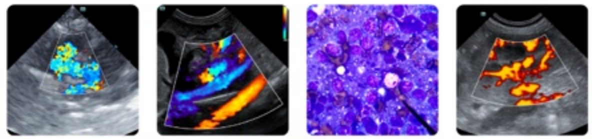


PATIENT

Douglas Munroe

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

12 ½ years

WEIGHT

15.4 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Pfannenstiel

HOSPITAL NAME

Mill Brook Animal Clinic VBF

REFERRING VET

Dr. Pfannenstiel

INVOICE

69303

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Came in for urinating at the front door
Abnormal PE/Chem/CBC/UA Results: NSF on PE but his UA in house was 3+ glucose with a BG of 135. Sent out to lab.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.47×2.67 cm; cortical thickness is 0.46 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 4.36×2.76 cm, with a cortical thickness of 0.43 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A medullary rim sign is present. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

The left adrenal gland is not visualized. The right adrenal gland measures 0.37 cm at the cranial pole and 0.34 cm at the caudal pole.

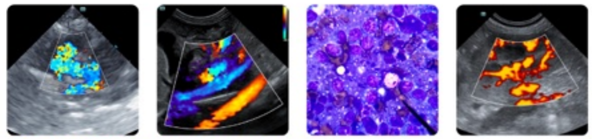
Spleen

Splenic thickness is 0.80 cm. The 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 edges and a regular contour. The hepatic parenchyma appears 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 anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal System

The stomach is distended with retained ingesta, with a mural thickness ranging from 1.54–1.83 mm and preserved wall layering. The pylorus measures 2.43 mm. The duodenum could not be visualized. The jejunum measures 1.68 mm, and the ileum measures 1.37 mm, with normal wall layering. The ileocecal junction is not visualized. No signs of obstruction, ileus, or foreign material are identified.

The colon wall thickness measures 0.76 mm, with formed feces present in the descending segment.

Pancreas

The right limb, body, and left limb of the pancreas measure 5.66 mm. The pancreatic parenchyma is hypoechoic relative to the adjacent omental fat. The pancreatic duct is not dilated. No evidence of active inflammation or neoplastic disease is identified.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral medullary rim sign in the kidneys.
- Gastric distension with retained ingesta.
- Mild diffuse hypoechogenicity of the pancreatic parenchyma.

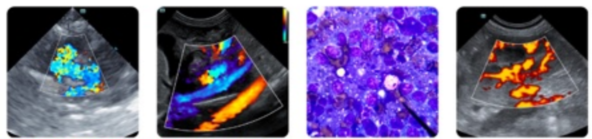
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of a bilateral medullary rim sign, in the absence of renal pelvic dilation or structural distortion, is a nonspecific finding that may be associated with early or chronic renal parenchymal disease, including tubular dysfunction. While not diagnostic, this renal appearance is compatible with a proximal tubular disorder, which may correlate with the documented euglycemic glucosuria. A classic Fanconi syndrome is considered rare in feline patients; however, an acquired Fanconi-like proximal tubulopathy remains a relevant consideration in this clinical context.

The stomach contains retained ingesta with preserved mural layering and normal wall thickness. Fasting status at the time of examination is unknown, and therefore this finding may be incidental or related to recent food intake, delayed gastric emptying, stress, or systemic illness. There is no sonographic evidence of gastrointestinal obstruction or infiltrative enteropathy.

Pancreatic parenchyma appears mildly hypoechoic relative to adjacent omental fat, without ductal dilation or peripancreatic inflammatory changes. This finding is nonspecific and may represent an age-related change, or an early subclinical pancreatic change, without sonographic evidence of acute pancreatitis.

No ultrasonographic abnormalities are identified within the urinary bladder that would explain the inappropriate urination.



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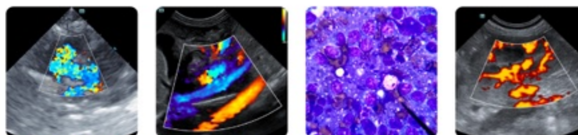
Recommendations

- Correlation with complete urinalysis results from the reference laboratory, including evaluation for additional tubular losses (aminoaciduria, phosphaturia), is recommended.
- Serial monitoring of renal function parameters (creatinine, SDMA, urine specific gravity) is advised.
- If glucosuria persists with normoglycemia, further evaluation for acquired proximal tubular dysfunction should be considered. Continued clinical monitoring is recommended.
- Pancreatic lipase testing is not mandatory at this time. However, if there is any concern for pancreatic disease, measurement of a feline-specific pancreatic lipase may be considered.



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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