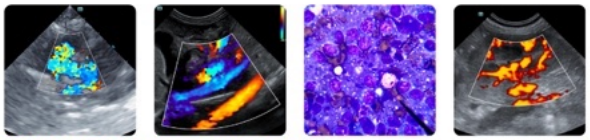


PATIENT

Kasper Dannenhower

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered male

AGE

17 years

WEIGHT

6 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Bay

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Bay

INVOICE

69511

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Weight loss. Hx of Hypertrophic cardiomyopathy and kidney disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall appears thin and smooth. The urine is turbid, with suspended echogenic material. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 4.19×2.60 cm, with a cortical thickness of 0.43 cm (sagittal plane). The renal cortex is hyperechoic relative to the liver parenchyma, with a marked medullary rim sign. The corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler evaluation demonstrates normal perfusion.

The right kidney is smaller than the left (2.29 x 2.07 cm). The renal cortex is hyperechoic, with focal hyperechoic cortical lesions at the cranial pole. Corticomedullary definition is decreased. Small developing nephroliths are present, along with mild renal pelvic dilation measuring approximately 2.11 mm.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.29 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland was not reliably measured.

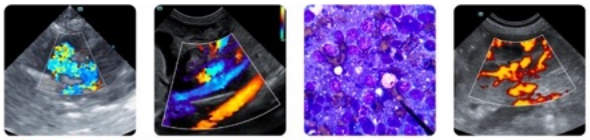
Spleen

Splenic thickness is approximately 0.66 cm. The splenic parenchyma is otherwise normal, but multiple focal hyperechoic nodules are present, measuring approximately 0.27x0.32 cm and 0.4×0.5 cm. 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 uniform and isoechoic relative to the falciform fat. A small focal hypoechoic lesion measuring approximately 4.3×5.0 mm is identified. No hepatic lymphadenopathy is observed.

The gallbladder is moderately distended with a thin wall. A small amount of biliary sludge is present within the fundus. The common bile duct measures approximately 2.01 mm proximally, tapering distally to 0.77 mm, remaining within acceptable limits for a geriatric cat.



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Gastrointestinal

The stomach is empty and folded, with preserved wall layering and a mural thickness of approximately 1.81 mm. The pylorus measures 2.95 mm.

The duodenum measures 1.16 mm. The Jejunum measures approximately 2.62 mm, with preserved wall layering (mucosa 1.20 mm, submucosa 0.85 mm, muscularis 0.45 mm). The ileum measures approximately 0.96–1.34 mm, with wall layers too thin for precise individual measurement. The ileocecal junction was not visualized.

No intestinal dilation, obstruction, or focal mass is identified; however, marked diffuse gas content is present throughout the gastrointestinal tract.

Pancreas

The right pancreatic limb measures approximately 6.25 mm and the left limb 6.86 mm. The pancreas has a slightly irregular contour and is mildly hypoechoic relative to adjacent omental fat. The pancreatic duct measures approximately 0.95 mm. No ultrasonographic evidence of peripancreatic fat inflammation or pancreatic mass is identified.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized. A pancreaticoduodenal lymph node measures approximately 4.07×5.36 mm. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Asymmetric renal changes, including bilateral cortical hyperechogenicity, marked medullary rim sign (left kidney), right renal size reduction, mild pyelectasia, and early nephrolithiasis.
- Mild pancreatic hypoechogenicity and subtle contour irregularity, nonspecific.
- Diffuse gastrointestinal gas pattern without evidence of obstruction.
- Mild enlargement of the pancreaticoduodenal lymph node.

SECONDARY FINDINGS

- Turbid urinary bladder contents with suspended echogenic material.
- Multiple splenic hyperechoic nodules.
- Small hypoechoic hepatic foci.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound demonstrates asymmetric renal changes, characterized by bilateral cortical hyperechogenicity, a marked medullary rim sign on the left, and a smaller right kidney with early nephrolithiasis and mild pyelectasia. These findings are most consistent with chronic renal parenchymal disease, with evidence of greater chronicity and remodeling affecting the right kidney. The turbid urine further supports ongoing lower urinary tract or renal involvement and should be correlated with urinalysis.

The pancreas appears mildly hypoechoic with subtle contour irregularity; however, no ultrasonographic evidence of peripancreatic fat inflammation or free fluid is identified. While these findings do not strongly support active pancreatitis, the presence of acute or chronic pancreatitis cannot be excluded based on ultrasonography alone, and correlation with clinical signs and pancreatic biomarkers is recommended.

Diffuse gastrointestinal gas without mural disruption, focal dilation, or evidence of obstruction is most consistent with functional gastrointestinal dysmotility.

Splenic hyperechoic nodules are most compatible with benign age-related changes, such as myelolipomas or fibrotic nodules, and are considered incidental. The small focal hypoechoic hepatic lesion is nonspecific and may represent a benign focal parenchymal change; no features suggest an aggressive hepatic process at this time.

Recommendations

- Correlation with urinalysis and renal parameters is recommended, given the asymmetric renal changes, medullary rim sign, mild pyelectasia, nephrolithiasis, and turbid urine, to further characterize the extent and activity of underlying chronic kidney disease.
- Correlation with pancreatic biomarkers (fPLI) is also recommended.
- Measurement of systemic blood pressure, given the presence of known cardiomyopathy and chronic renal disease, to assess concurrent hypertension and guide ongoing management.
- Periodic ultrasonographic monitoring of the kidneys, pancreas, and hepatobiliary system is recommended to assess for progression of chronic changes or development of new clinically relevant findings.

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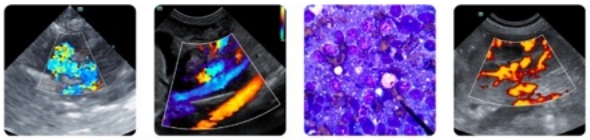

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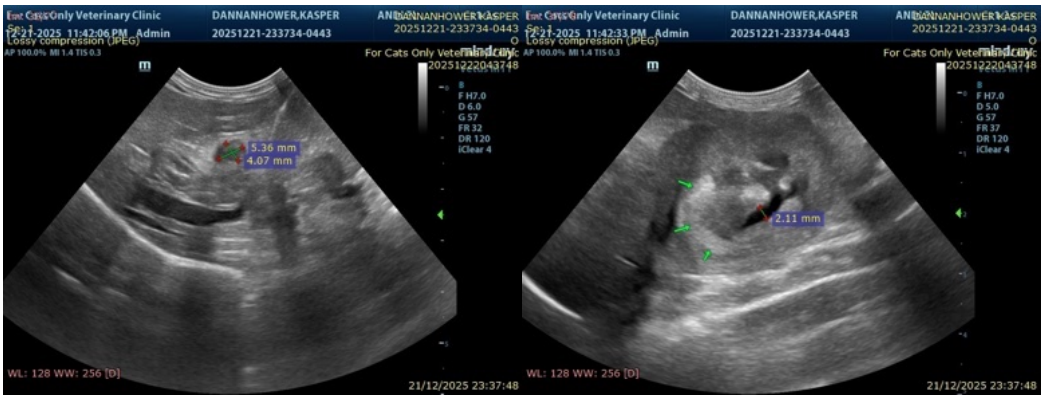

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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