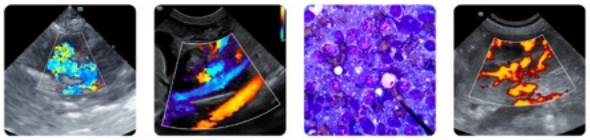


PATIENT

Lucy Fisher

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

12.06 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Janel Schietzelt, DVM

HOSPITAL NAME

Dreaming Summit AH

REFERRING VET

Dr. Janel Schietzelt

INVOICE

71604

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Chronic recurrent UTI for 6 months, unresponsive to multiple rounds of antibiotics and urine culture/sensitivity. New elevation in total WBC. Moderate muscle atrophy, generalized ADR on exam despite clinically doing well at home per owner. Hx of hyperthyroidism managed on methimazole q12hrs. Normal vitals, no hx of heart murmur. Obese with loosing skin (~0.8lbs weight loss over last 3 months but stable within her normal range over the last 3 years, typically between 11.5 and 13.5lbs)
- Leukocytosis (25,000) -Mild elevation in BUN/SDMA -Chronic urinary tract infections -Stable T4 on methimazole q12hr daily

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The wall is thin and smooth. The urine is slightly turbid with scant suspended echoes. The bladder neck and proximal urethra are unremarkable. No uroliths or ultrasonographic evidence of cystitis or mural mass are identified.

The left kidney is enlarged, measuring 4.63×2.57cm in the sagittal plane. Cortical thickness is 0.37cm. The cortex is diffusely hyperechoic relative to the hepatic parenchyma. There is hydronephrosis and hydroureter, with the ureter measuring 0.79–0.77cm in diameter. No intraluminal calculus or mass is identified along the visualized proximal ureter. However, the ureter was not followed completely to the level of the urinary bladder. On cine review at the level of the iliac arteries, a tubular anechoic structure is observed paralleling the aorta with a mildly tortuous course; although color Doppler was not applied, this structure is suspected to represent a distended ureter coursing toward the bladder.

The right kidney measures 3.82×2.42cm in the sagittal plane. Cortical thickness is 0.41cm. The cortex is hyperechoic relative to the hepatic parenchyma. A small cortical cyst measuring 1.55×1.81mm is present. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis are identified. Doppler color flow appears normal.

Adrenal Glands

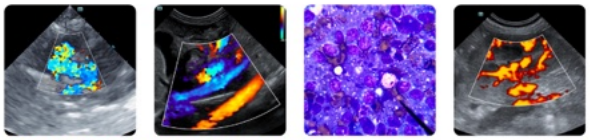
The adrenal glands are not visualized.

Spleen

Splenic thickness is 1.12cm. The parenchyma is homogeneous with normal echogenicity. The capsule is smooth.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is homogeneous and isoechoic relative to falciform fat. No hepatic lymphadenopathy is identified.



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The gallbladder is normally distended. The wall is thin. There is a moderate amount of biliary sludge. The common bile duct measures 2.13mm (within normal feline reference limits).

Gastrointestinal

The stomach is empty and folded, with wall thickness measuring 1.45mm and preserved layering.

Pylorus: 3.39mm. Duodenum: 1.80mm. Jejunum: 2.13mm. Ileum: 1.78mm. Wall layering is preserved throughout. The ileocecal junction was not visualized. No evidence of obstruction or inflammatory mural thickening is identified.

Colon measures 0.86mm, containing formed feces with distal acoustic shadowing.

Pancreas

The evaluated pancreatic regions show no ultrasonographic evidence of active inflammation.

Peritoneal Cavity

A minimal amount of free fluid is present in the perirenal region, with mild increased echogenicity of the perirenal fat. No generalized abdominal effusion is identified. Cranial mesenteric and ileocecal lymph nodes are not visualized; surrounding regions appear unremarkable. The iliac trifurcation region is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS.

- Severe left hydroureter (0.77–0.79cm).
- Left hydronephrosis.
- Bilateral cortical hyperechogenicity.
- Mild perirenal effusion and perirenal fat hyperechogenicity.

SECONDARY FINDINGS

- Small right renal cortical cyst.
- Moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney demonstrates severe hydronephrosis with marked renal pelvic dilation measuring 11.7mm, associated calyceal dilation, and compression of the remaining renal parenchyma. The left ureter is markedly dilated and tortuous along its visualized course. Mild perirenal fluid and increased echogenicity of the surrounding perirenal fat are present. This constellation of findings represents a classic ultrasonographic pattern of clinically significant ureteral obstruction in the cat.

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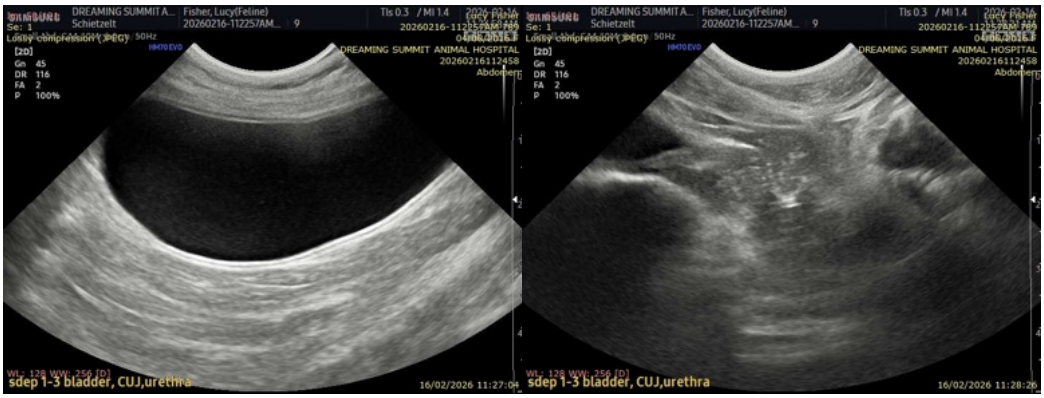
In feline patients, a renal pelvis exceeding 5–6mm is strongly suggestive of obstruction; a measurement of 11.7mm indicates severe and likely sustained outflow impairment. The degree of ureteral dilation further supports this interpretation. Although no obstructive calculus or mass was identified in the proximal ureteral segment examined, the ureter was not followed completely to the urinary bladder, and distal ureterolithiasis or chronic inflammatory stricture cannot be excluded. Functional or inflammatory ureteritis alone would be unlikely to produce this degree of pelvic and ureteral dilation.

The contralateral (right) kidney remains within normal size parameters and does not demonstrate hydronephrosis. In unilateral ureteral obstruction, the unaffected kidney often compensates, which can explain relatively mild azotemia and a patient that appears clinically stable at home despite severe unilateral disease.

Overall, the imaging findings are most consistent with left-sided ureteral obstruction (partial or complete), with secondary severe hydronephrosis and hydroureter. Concurrent ascending infection may be present but does not adequately explain the degree of dilation observed. This case should be considered obstructive ureteral disease until proven otherwise.

Recommendations

- Contrast-enhanced CT is recommended to localize the site and cause of obstruction.
- Alternatively, targeted repeat ultrasonographic evaluation of the distal ureter and assessment for ureteral jets at the level of the urinary bladder may provide additional information.
- Referral to a center with experience in ureteral stenting or subcutaneous ureteral bypass (SUB) placement should be considered, as prolonged obstruction risks irreversible renal damage.



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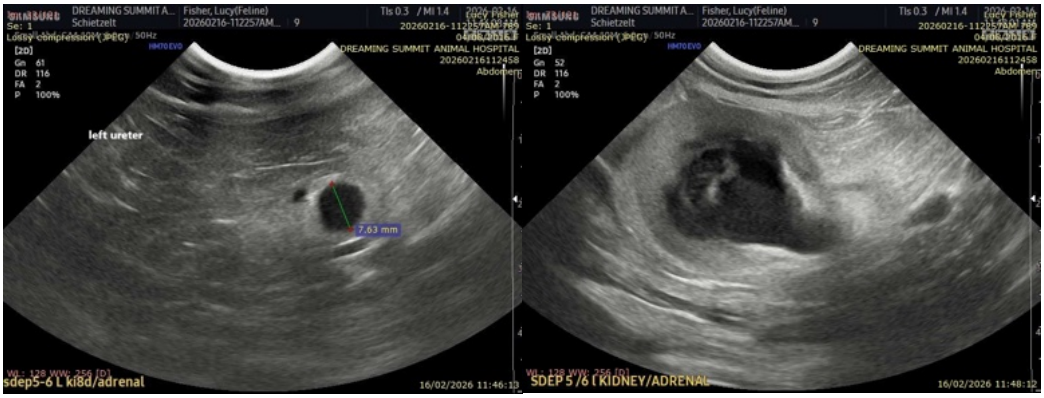

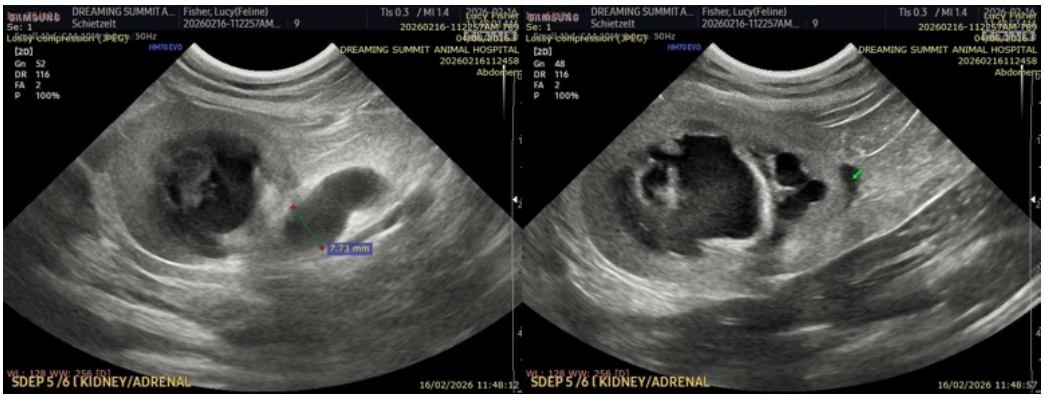

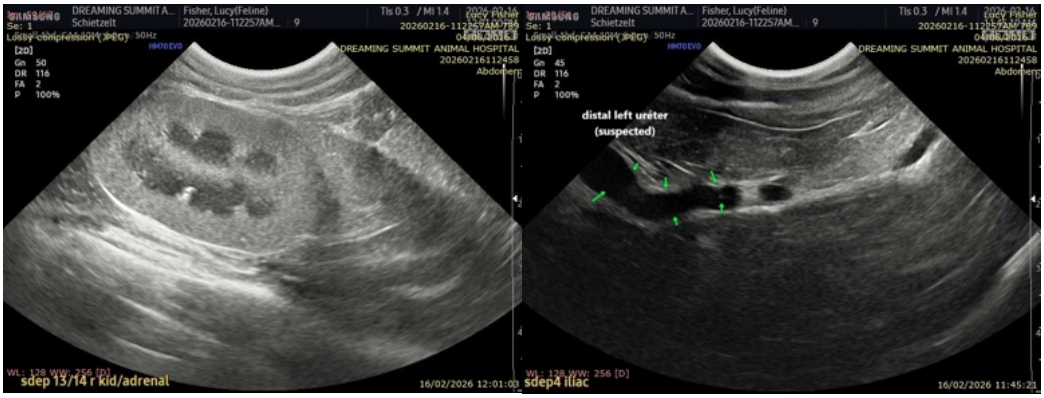

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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