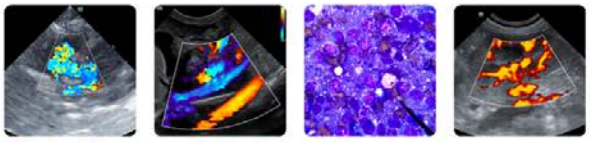


PATIENT

Jet Keane

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12.5

WEIGHT

2.6

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Field

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Field

INVOICE

73153

DATE

2/20/26

PRESENTING CLINICAL SIGNS

4 D history of lethargy, eating and drinking less, losing weight. Sleeping in strange places. has lost 1kg since last weighed in 2023

Abnormal PE/Chem/CBC/UA Results: Lethargic, dehydrated, moderate sarcopenia, mild dental disease, tachycardia CBC wnl besides mono high .75 (0.05-0.67) eos low 0.08 (0.17-1.57) nrbc suspected plt low, slowpull pct low 15% (17-86) CHEM wnl besides creat low <9 (71-212) urea low 4.3 (5.7-12.9) tbil high 20 (0-15) na low 149 (150-165) cl low 107 (112-129) tt4 high >257 (10-60) UA cysto, amber, opaque usg 1.041 ph 6 pro 500mg/dl glu 50mg/dl 250 ery/ul bili 3mg/dl urobili 8mg/dl wbc 7/hpf rbc >50/hpf manual examination of photos showed what I suspect are both casts and cocci panc lip wnl

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 turbid with abundant suspended sediment. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no sonographic evidence of mural inflammatory or neoplastic changes.

Left Kidney
The left kidney is normal in shape and size, measuring 3.65 x 2.31 cm, with cortical thickness measuring 0.40 cm in the sagittal plane.

Right Kidney
The right kidney is normal in shape and size, measuring 3.98 x 2.25 cm, with cortical thickness measuring 0.38 cm in the sagittal plane.

Both Kidneys
The renal cortices are isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates normal vascular patterns. The right kidney contains a focal, triangular hyperechoic cortical lesion.

Adrenal Glands

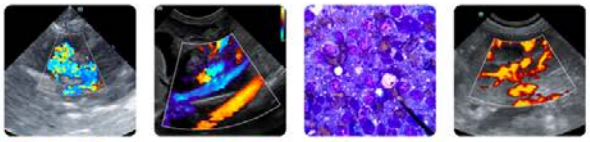
Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.35 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.34 cm at the cranial pole and 0.32 cm at the caudal pole.

Spleen

Splenic thickness is 0.77 cm. The parenchyma demonstrates 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 hepatic parenchyma is uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall measures 1.27 mm (within normal feline reference range <2 mm). The contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is distended with ingesta, mural thickness measuring 1.46 mm with preserved wall layering. The pylorus measures 3.12 mm. The duodenum measures 1.81 mm. The jejunum measures 2.82 mm, with mucosa 1.73 mm, submucosa 0.62 mm, and muscularis propria 0.45 mm. The ileum measures 1.73–2.11 mm, with mucosa 0.66 mm, submucosa 0.72 mm, and muscularis propria 0.42 mm, with preserved wall layering. The ileocecal junction was not visualized. No signs of inflammation, ileus, or foreign material are identified. The colon measures 0.81 mm with formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Urinary sediment.

SECONDARY FINDINGS

- Focal triangular hyperechoic cortical lesion (right kidney).
- Mild bilateral medullary rim sign.
- Small amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Marked urinary sediment is present without mural thickening or calculi. In conjunction with the urinalysis findings (hematuria, proteinuria, suspected bacteria), this supports significant lower urinary tract inflammation, and urinary tract infection should be strongly considered. Culture is recommended.

The focal triangular hyperechoic cortical lesion in the right kidney is most consistent with a chronic cortical infarct or focal fibrotic scar. This appearance is typical of a prior vascular event and is often incidental. It does not appear associated with obstruction or acute renal inflammation. Mild medullary rim sign is noted bilaterally. In the absence of structural renal changes or azotemia, this finding is nonspecific and may represent early metabolic or vascular change.

There is no structural hepatobiliary abnormality to explain the mild hyperbilirubinemia. The small amount of biliary sludge likely reflects biliary stasis secondary to systemic illness or reduced food intake rather than primary obstructive disease.

Overall, there is no ultrasonographic evidence of structural hepatic disease, significative renal kidney disease, or gastrointestinal pathology sufficient to explain the systemic signs. In the context of marked hyperthyroidism (TT4 >257), the clinical presentation is most consistent with severe thyrotoxicosis with secondary metabolic and urinary complications.

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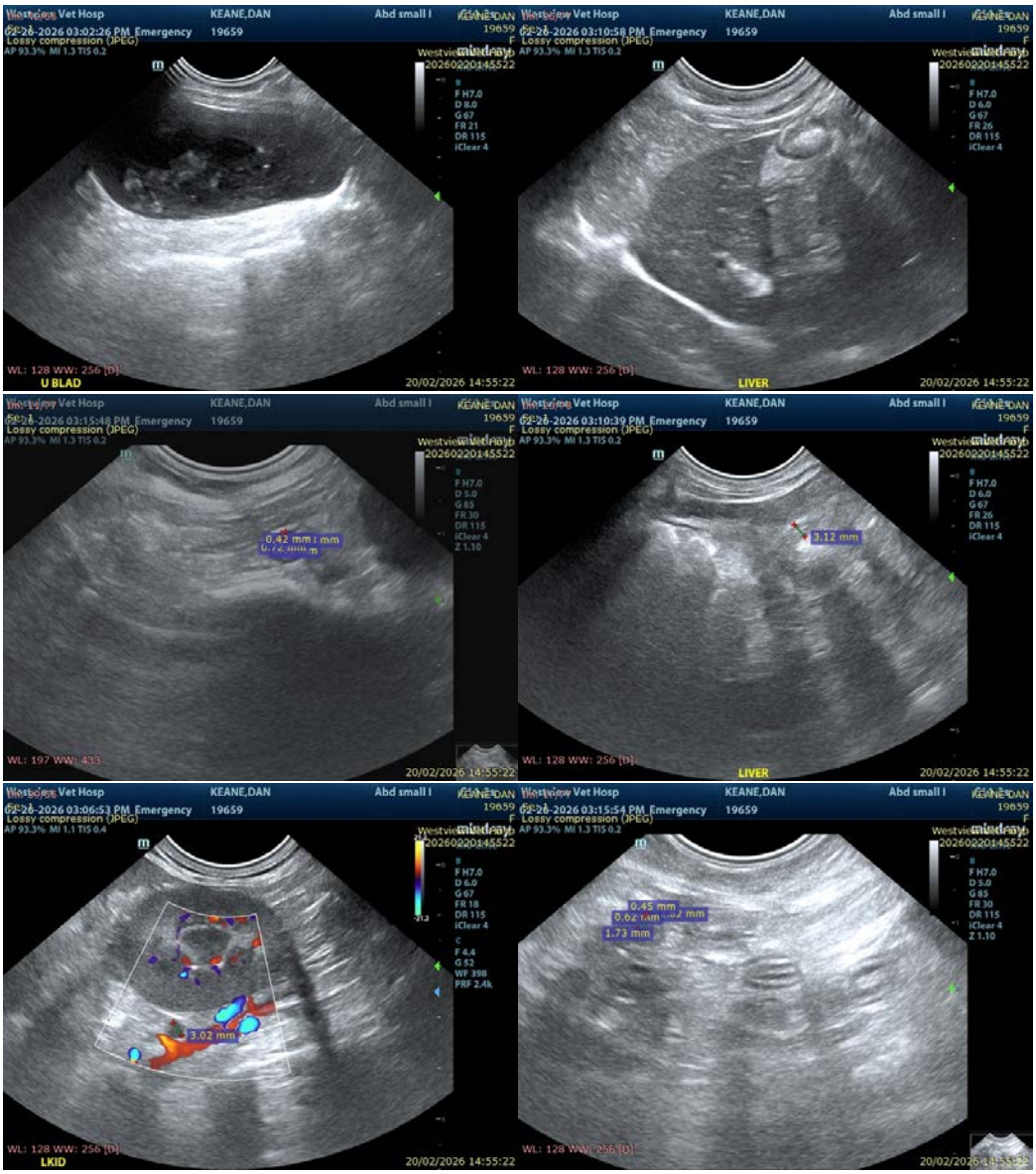
Recommendations

- Urine culture.
- Initiation and monitoring of antithyroid therapy.
- Blood pressure measurement.
- Repeat renal profile 2–4 weeks after thyroid stabilization.
- UPC measurement once hematuria resolves.



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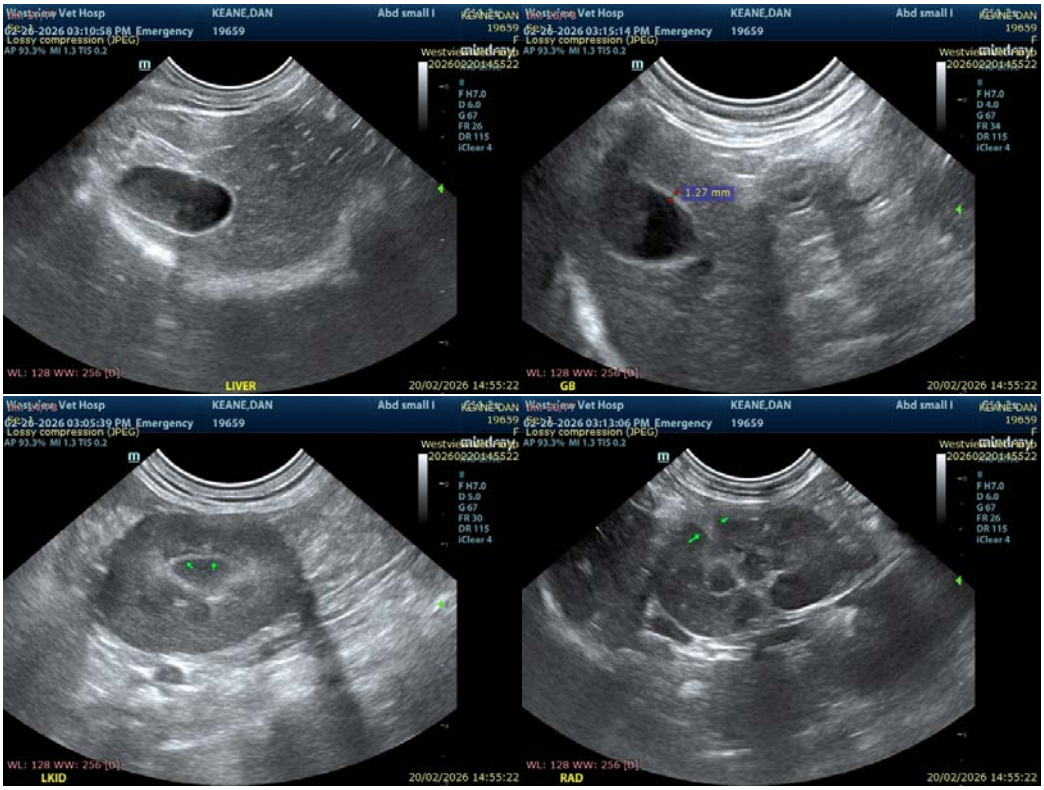

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com