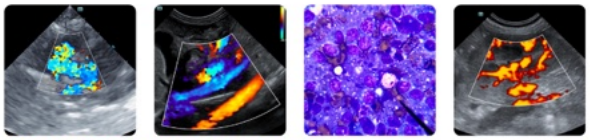


PATIENT

Feynman Ott

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered male

AGE

14 years

WEIGHT

11.44 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

71870

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Weight loss and chronic vomiting,
- Stage 2 renal disease
- Normal T4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is small: 3.31x1.88 cm. The cortical presents several cysts measuring 1.15 mm and 2.50 x 2.56 mm. There is loss of corticomedullary differentiation. The kidney also contains multiple, markedly hyperechoic, irregularly shaped mineral foci located primarily within the renal pelvis and extending into the diverticular recesses, the largest measuring 4.49 mm. These structures generate clean, well-defined distal acoustic shadowing consistent with mineralized material. The mineralized calculi appear clustered and partially confluent, with occupying the renal pelvis and diverticula in a branching (“staghorn-like”) configuration. Despite the significant mineral burden, there is no sonographic evidence of current outflow obstruction, as no renal pelvic dilation, hydronephrosis, or ureteral dilation is identified. A small amount of anechoic perirenal fluid is noted adjacent to the affected kidney. No defined fluid capsule or mass effect is identified.

The right kidney is normal in shape and size: 4.70x2.40 cm, and the cortical thickness is 0.44 cm in the sagittal plane. The cortex is hyperechoic relative to the hepatic parenchyma, and a mild medullary rim sign is noted.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.29 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland measures 0.28 cm at the cranial pole and 0.26 cm at the caudal pole.

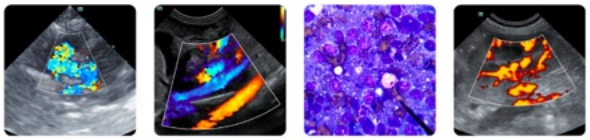
Spleen

Splenic thickness is 0.75 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture, with two small hyperechoic nodules, the largest 1.53x2.21 mm.

Liver

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

The gallbladder lumen is normally distended. The wall is thin, and the contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness of 1.45 mm and preserved wall layering. The pylorus thickness is 3.01 mm and it contains a small amount of fluid. Duodenum: 2.08 mm. Jejunum: 2.25–2.53 mm. Mucosa: 1.77 mm. Submucosa: 0.59 mm. Muscularis propria: 0.32 mm

Ileum: 1.87 mm. Wall layering is preserved throughout. The ileocecal junction measures 2.75 mm, with muscularis thickness of 1.64 mm.

Colon: Ascending colon: 1.29 mm, with pasty content. Transverse colon: 0.76 mm. Descending colon: 0.72 mm, with more formed fecal material.

Pancreas

Thickness: 5.54 mm. Parenchymal echogenicity is preserved. The pancreatic duct measures 0.89 mm. No evidence of active inflammation or neoplastic disease is identified.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. Ileocecal lymph nodes are mildly enlarged (4.70–4.90 mm), hypoechoic, with mildly increased perinodal fat echogenicity. Cranial mesenteric lymph nodes are not visualized, and the surrounding region appears unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Small, structurally abnormal left kidney with extensive branching renal pelvic nephrolithiasis non-obstructive, and mild adjacent perirenal fluid.
- Right renal cortical hyperechogenicity with mild medullary rim sign.
- Focal muscularis thickening at the ileocecal junction.
- Mild enlargement of ileocecal lymph nodes, hypoechoic, with mildly increased perinodal fat echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney is small with loss of corticomedullary differentiation, cortical cysts, and extensive branching renal pelvic nephrolithiasis in a staghorn-like configuration. These findings are consistent with **advanced chronic renal disease** with secondary progressive renal pelvic mineral accumulation. Despite the heavy mineral burden, there is no current evidence of obstruction. A small amount of perirenal fluid adjacent to the left kidney is noted; this is mild and nonspecific but may reflect chronic capsular irritation.

The right kidney is normal in size but shows cortical hyperechogenicity and a mild medullary rim sign, changes commonly associated with chronic renal disease in cats. Given the known Stage 2 CKD, the right kidney likely represents the primary functional renal unit at this time.

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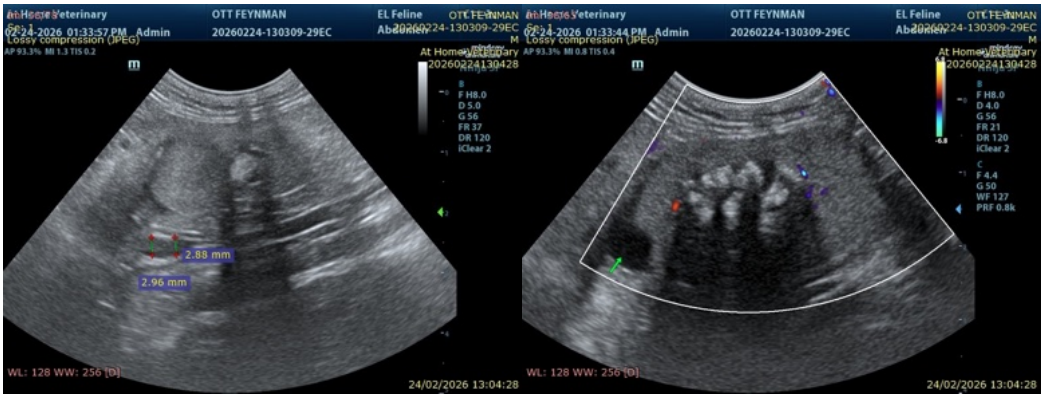
At the ileocecal junction, the muscularis measures 1.64 mm with a total wall thickness of 2.75 mm, indicating marked disproportionate muscularis thickening at this focal site. In cats, focal muscularis thickening at the ileocecal junction is a recognized target pattern for both chronic inflammatory enteropathy and small-cell lymphoma. The absence of diffuse small intestinal muscularis thickening elsewhere and preservation of wall layering do not exclude lymphoma, as early or localized small-cell lymphoma in cats may present in a focal manner, particularly at the ileocecal region.

Ileocecal lymph nodes are mildly enlarged hypoechoic, with increased perinodal fat echogenicity. This appearance may be reactive in the context of chronic inflammation; however, in combination with focal ileocecal muscularis thickening, early small-cell lymphoma must be considered.

Recommendations

- Monitor renal function, including blood pressure and urinalysis, as the right kidney appears to be the primary functional kidney.
- Assessment of serum cobalamin (± folate) is recommended, as deficiency is common and easily treatable.
- Dietary management should prioritize maintaining caloric intake. A trial of a highly digestible gastrointestinal diet may be considered if vomiting predominates, while renal diet continuation remains appropriate if renal parameters are the primary concern.
- If clinical signs persist despite dietary and supportive management, an empirical anti-inflammatory trial may be considered at the clinician's discretion, recognizing that biopsy is not a practical first-line option in this patient.



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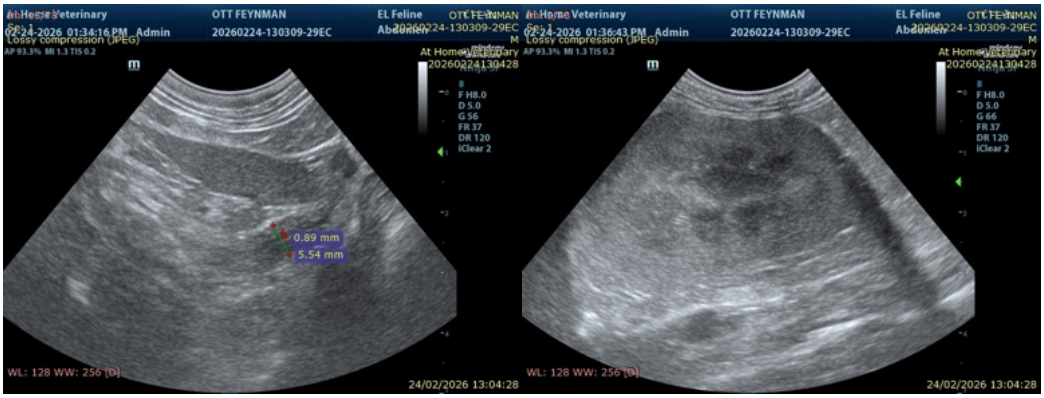

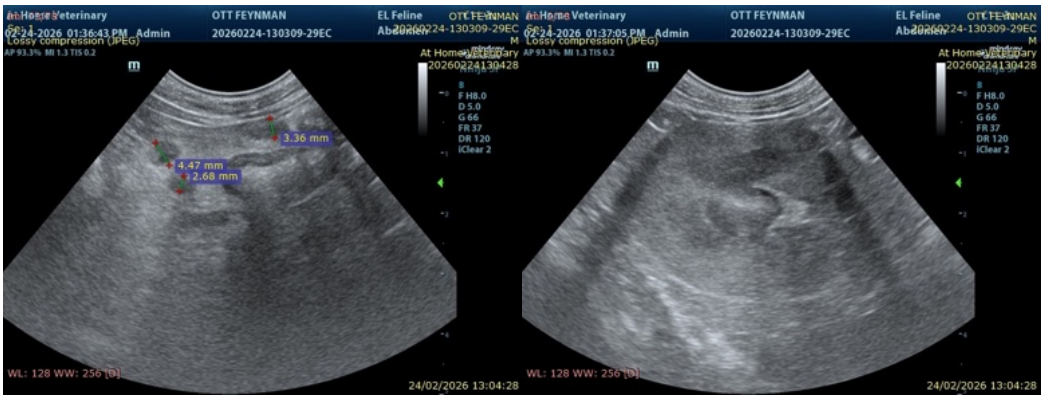

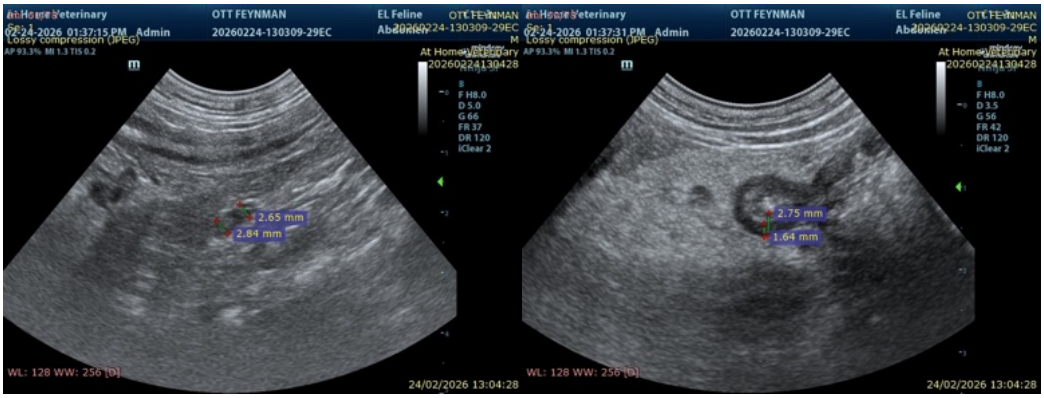

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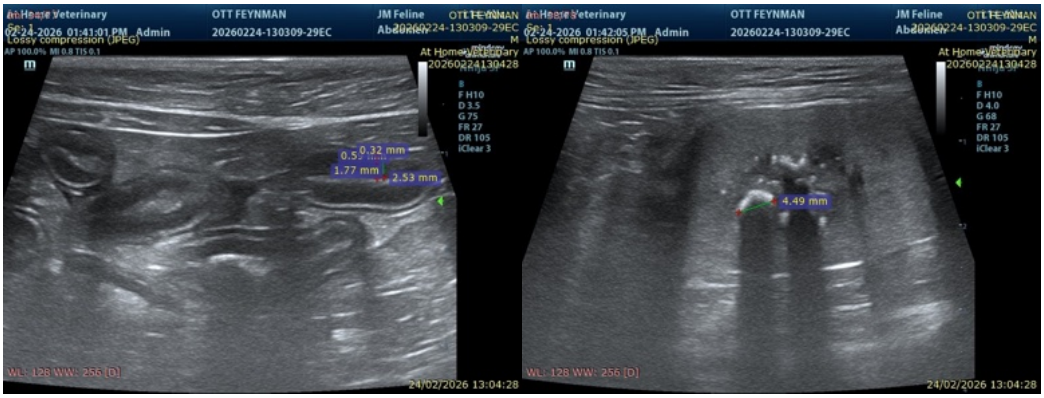

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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