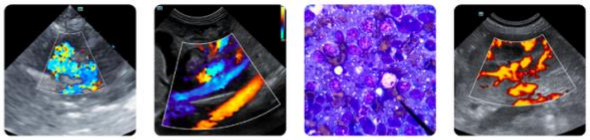


PATIENT

Hammy Jacobs

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

7.8 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Nicole Kelver

INVOICE

15114

DATE

04/14/26

PRESENTING CLINICAL SIGNS

P presented 4/8/26 for screening bloodwork for weight loss and thrifty coat. P still eating well and doing ok otherwise. Was found to have elevated kidney values on BW, ultrasound for further workup.

Abnormal PE/Chem/CBC/UA Results: 4/8/26 CBC- RBC 4.56 M/uL, HCT 23.2%, Hgb 7.2 g/dL, WBC 23.5 k/uL, Neut 18.9 k/uL, PLT 70 k/uL Chem- SDMA 15 ug/dL, BUN 111mg/dL, Phos 9.9 mg/dL, Alb 2.2 g/dL, AST 11 U/L, ALP 6 U/L, creat kinase 30 U/L, ProBNP 161 pmol/L T4- 1.8 ug/dL (Normal)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is rounded in shape, measuring 4.41×3.17cm. The cortex measures 1.01cm and the medulla 0.30cm in the sagittal plane. The cortex is diffusely hyperechoic compared to the liver parenchyma. The corticomedullary ratio is increased, although corticomedullary distinction remains preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

The right kidney is similarly rounded in shape, measuring 4.28×3.07cm. The cortex measures 0.95cm and the medulla 0.30cm. The cortex is diffusely hyperechoic compared to the liver. The corticomedullary ratio is increased, with preserved corticomedullary definition. No pyelectasia, nephrolithiasis, or hydronephrosis is present. Color Doppler evaluation is unremarkable.

Adrenal Glands

The left adrenal gland measures 0.37cm (cranial pole) and 0.36cm (caudal pole), within normal limits for a cat. The right adrenal gland is not confidently visualized.

Spleen

The spleen is reduced in size, measuring 0.57cm in thickness. The parenchyma is mildly hypoechoic but homogeneous, with a smooth capsule.

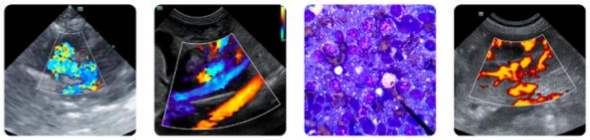
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks 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 primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 1.53mm and preserved layering.
The duodenum measures 1.85mm.
The jejunum measures 2.20mm (mucosa 0.96mm, submucosa 0.34mm, muscularis 0.29mm), with normal layering.



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The ileum measures 1.60mm, with preserved wall layering.
The ileocecal junction is not visualized.
No evidence of ileus, focal inflammation, or foreign material is identified.
The colon measures 0.92mm and contains formed feces.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

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

PRIMARY FINDINGS

- Bilateral renomegaly with rounded contour
- Diffuse cortical hyperechogenicity with markedly increased corticomedullary ratio.

SECONDARY FINDINGS

- Small spleen (0.57cm) with mild diffuse hypoechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings are characterized by bilateral renomegaly with marked cortical thickening and diffuse cortical hyperechogenicity, resulting in a markedly increased corticomedullary ratio (approximately 3.2–3.4; normal ~1.0–1.5). Despite this, corticomedullary definition remains preserved.
This pattern supports a diffuse renal pathological process. The degree of cortical expansion strongly suggests involvement at the level of the glomeruli and/or interstitium, and is most compatible with:

- Immune-mediated or immune-complex glomerulonephritis.
- Diffuse interstitial nephritis (inflammatory or infectious).
- Systemic disease with renal involvement (including feline infectious peritonitis).
- Less likely, but not completely excluded: diffuse infiltrative neoplasia (renal lymphoma).

Severe azotemia and hyperphosphatemia support clinically relevant renal dysfunction. Hypoalbuminemia raises concern for a protein-losing nephropathy, particularly in the context of suspected glomerular disease. And marked leukocytosis with neutrophilia and thrombocytopenia, are consistent with systemic inflammation or possible infectious disease.

Overall, the imaging and laboratory findings are most consistent with a diffuse renal disease of inflammatory or immune-mediated origin, with strong suspicion for glomerular involvement, within the context of a systemic disease process. Differentiation between immune-mediated, infectious (including FIP), and less likely neoplastic etiologies cannot be achieved based on ultrasound alone.

Recommendations

- Urine protein:creatinine ratio (UPC) → essential to assess for glomerular disease.
- Urinalysis sediment review ± culture.
- Infectious disease testing (FeLV/FIV, FIP assessment).
- Blood pressure measurement (important in suspected glomerular disease).

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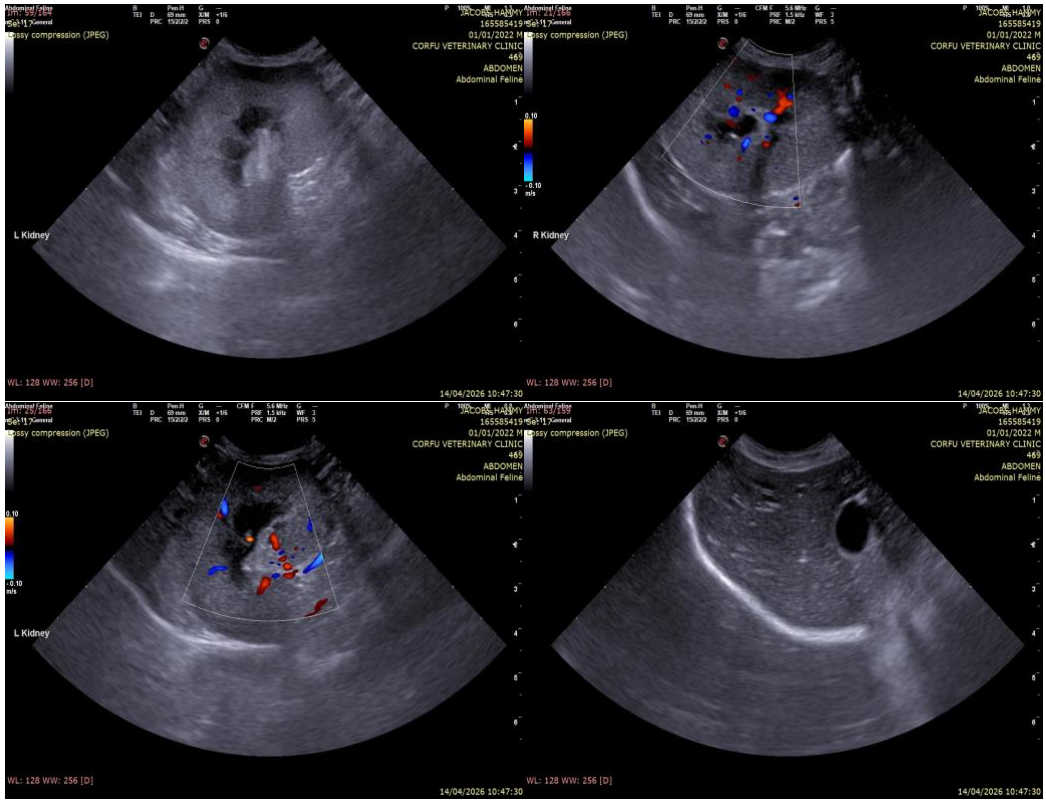
- Consider renal biopsy if clinically stable and results would change management.

Supportive renal care should be guided by the attending clinician, and identifying the underlying cause (inflammatory vs infectious vs immune-mediated, or less likely, neoplastic) is critical in this case.



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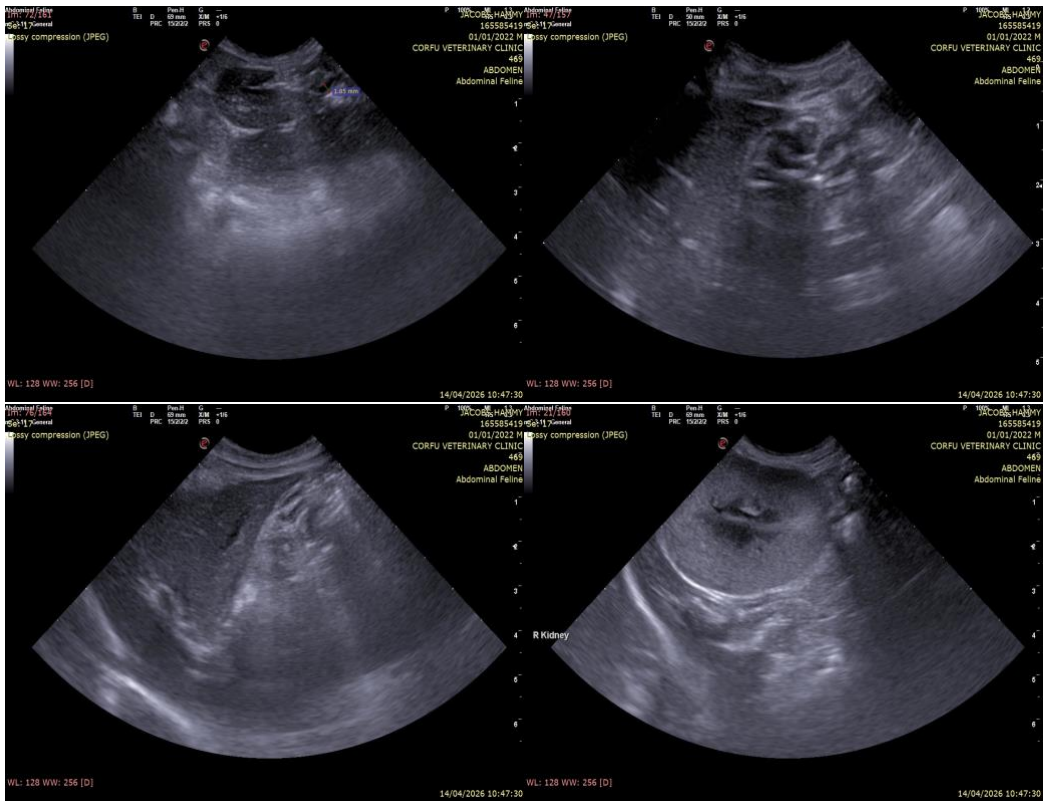

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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