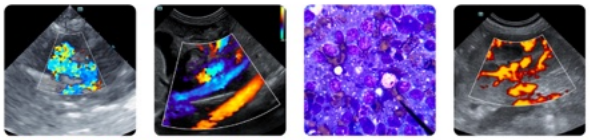


PATIENT

Porkie McNeal

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

12.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Eckenrode

INVOICE

74492

DATE

4/15/26

PRESENTING CLINICAL SIGNS

History: Recent onset of anorexia, increase in water intake over the last 48-72 hours. 1 year ago, hx of azotemia which has been monitored for the last year. Currently eating Royal Canin Renal Diet. Vomited once 2 days ago. BCS 7/9. Similar episode to this in April 2025 when at ER but has been ok for the last year. Started on IV fluids, Unasyn and appetite stimulant. Assessment for progression of renal disease ultrasonographically vs other changes (neoplasia etc)
Abnormal PE/Chem/CBC/UA Results: RBC 9.95; HCT 45% WBC 8.6 Diff - WNL SDMA 26; Creat 5.4; BUN 76 Phos 8.0; Ca 11.3 ALT 83; ALKP 48; Tbil 0.1 Chol 224 T4 1.8

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 uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is reduced in size, measuring 2.69×1.53 cm in the sagittal plane, with a cortical thickness of 0.21 cm. The cortex is isoechoic relative to the liver parenchyma. The medulla is diffusely hyperechoic, consistent with medullary mineralization/nephrocalcinosis. No pyelectasia, nephroliths, or hydronephrosis are observed.

The right kidney has a mildly irregular contour and measures 4.49×2.78 cm in the sagittal plane, with a cortical thickness of 0.44 cm. The cortex is isoechoic relative to the liver parenchyma. A small cortical cyst measuring 4.05×2.83 mm is identified. Mild pyelectasia is present, with echogenic sediment within the renal pelvis. The proximal ureter is dilated, measuring 5.20 mm; the distal ureter is not visualized. Mild hyperechogenicity of the perirenal fat is noted.

Adrenal Glands

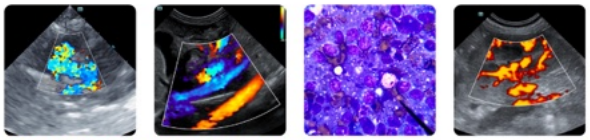
The left adrenal gland measures 0.35 cm at the cranial pole and 0.39 cm at the caudal pole (within normal limits for a cat; typically <0.4–0.45 cm). The right adrenal gland is not confidently visualized.

Spleen

Splenic thickness is 0.86 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

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.



PATIENT

Porkie McNeal

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

12.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Eckenrode

INVOICE

74492

DATE

4/15/26

The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. The common bile duct measures 2.84–3.21 mm (within normal limits for a cat; typically <4 mm).

Gastrointestinal

The stomach is partially empty and folded, containing a small amount of ingesta, with a mural thickness of 1.96 mm and preserved wall layering. The pylorus measures 3.13 mm. Duodenum: 1.52 mm. Jejunum: 2.59 mm (mucosa 1.58 mm; submucosa 0.40 mm; muscularis propria 0.34 mm). Ileum: 2.01 mm (mucosa 0.54 mm; submucosa 0.93 mm; muscularis propria 0.31 mm), with preserved wall layering. The ileocecal junction was not visualized. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. Colon: Normal.

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

- Reduced left kidney size (2.69×1.53 cm) with cortical thinning (0.21 cm) and medullary mineralization.
- Right kidney with irregular contour, mild pyelectasia, and pelvic sediment.
- Dilated proximal right ureter (5.20 mm), distal ureter not visualized.
- Mild perirenal fat hyperechogenicity (right kidney).

SECONDARY FINDINGS

- Small right renal cortical cyst (4.05×2.83 mm).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings indicate asymmetric renal disease, with a markedly small, chronically remodeled left kidney (reduced size and cortical thinning; normal feline renal length typically ~3.0–4.5 cm), consistent with chronic kidney disease and likely representing an end-stage or poorly functional kidney. The diffuse medullary mineralization further supports chronic degenerative change and/or metabolic mineralization.

PATIENT

Porkie McNeal

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

12.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Eckenrode

INVOICE

74492

DATE

4/15/26

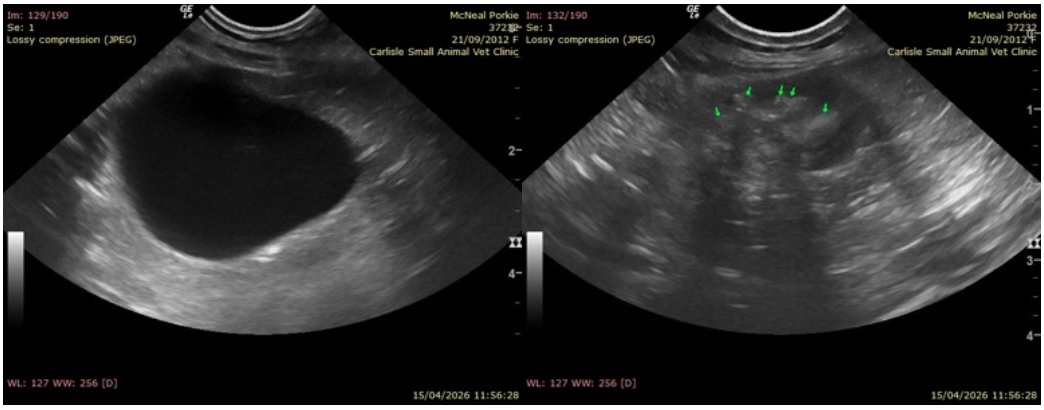
In contrast, the right kidney is enlarged relative to the left, with irregular contour, mild pyelectasia, and a dilated proximal ureter (5.20 mm; normal feline ureter typically ≤0.3 cm). This degree of ureteral dilation is abnormal and raises strong concern for partial ureteral obstruction, most likely secondary to ureterolithiasis or obstructive debris, although the obstructing focus is not definitively visualized. The associated mild perirenal fat hyperechogenicity supports a degree of active or recent inflammation. In this clinical context (acute-on-chronic azotemia), these findings are most consistent with acute decompensation of chronic kidney disease due to unilateral ureteral obstruction affecting the right (functionally dominant) kidney.

Compared to the previous ultrasound study, the current examination demonstrates marked progression to asymmetric renal disease, with a small, end-stage left kidney and new findings of right-sided pyelectasia and ureteral dilation, highly suspicious for obstructive uropathy affecting the functionally dominant kidney.

Recommendations

- Given the mild pyelectasia and proximal ureteral dilation, a partial or early ureteral obstruction cannot be excluded, particularly in the context of a functionally compromised contralateral kidney.
- Initial management with intravenous fluid therapy and close monitoring is recommended, followed by short-term re-evaluation (24–48 hours) to assess for resolution or progression. If ureteral dilation and azotemia persist or worsen, interventional management (SUB device or ureteral stenting) may be considered.
- Urine culture may be considered to rule out concurrent infection.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



PATIENT

Porkie McNeal

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

12.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

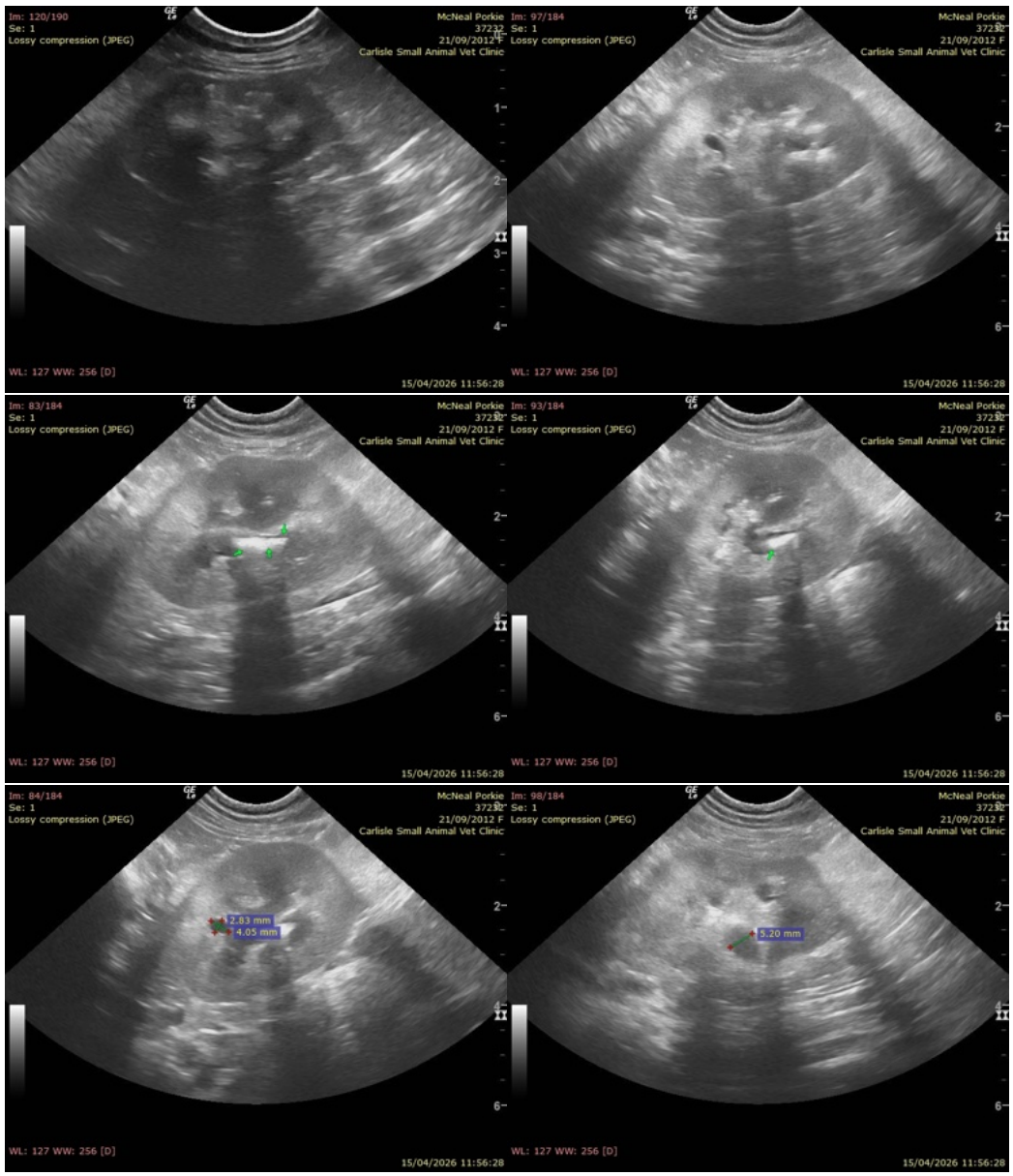
Dr. Eckenrode

INVOICE

74492

DATE

4/15/26



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