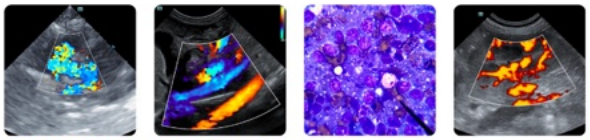


PATIENT

Kitty Rojas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

8.7 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpoold Village AH

REFERRING VET

Dr. Thomas

INVOICE

74693

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: - chronic history of early CKD. Recent discovery of proteinuria (UPC 1.4). Recently started on benazepril.
Abnormal PE/Chem/CBC/UA Results: - UA: USG 1.044, 3+ Protein, UPC 1.4 - Creat 2.0, BUN 34 (Creat consistently 2.0-2.1 since 3/2024) - mild stress hyperglycemia

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 have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 3.48×1.99 cm, with a cortical thickness of 0.30 cm in the sagittal plane. The cortex is hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.62×2.18 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The cortex is hyperechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.32 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland is partially visualized, measuring approximately 0.32 cm. These measurements are within normal limits for a cat (<0.45–0.5 cm).

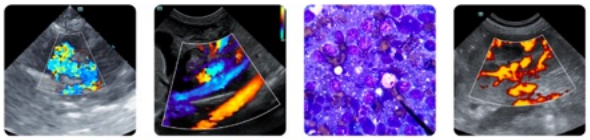
Spleen

Splenic thickness is 0.79 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.

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.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.70 mm and preserved wall layering. The pylorus measures 4.44 mm. The duodenum measures 1.54 mm, the jejunum 1.80 mm, and the ileum 1.54 mm, all within normal limits (<2.5–3 mm in cats), with preserved wall layering. The ileocecal junction measures 2.18 mm, with a muscularis thickness of 0.96 mm, within expected limits. No signs of inflammation, ileus, or foreign material are identified. The colon measures 0.74–1.01 mm, with formed feces in the descending segment.

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

- Mild bilateral renal cortical hyperechogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are normal in size and architecture, with preserved corticomedullary definition and normal vascularity. The mild bilateral cortical hyperechogenicity is a nonspecific finding but is commonly associated with chronic renal parenchymal change and is consistent with the patient's known history of early chronic kidney disease.

Importantly, there are no ultrasonographic features to suggest a structural cause for the degree of proteinuria, such as severe architectural distortion, or pyelonephritis. Ultrasound has limited sensitivity for detecting glomerular disease, and the combination of stable renal function, preserved urine concentrating ability, and significant proteinuria raises concern for a primary glomerular process despite the relatively mild imaging findings.

The remainder of the abdominal study is unremarkable.

Recommendations

- Continued monitoring of UPC and renal parameters is recommended.
- Consider further evaluation for glomerular disease, as clinically indicated (blood pressure assessment).
- Adjustment or optimization of antiproteinuric therapy may be warranted based on clinical response.

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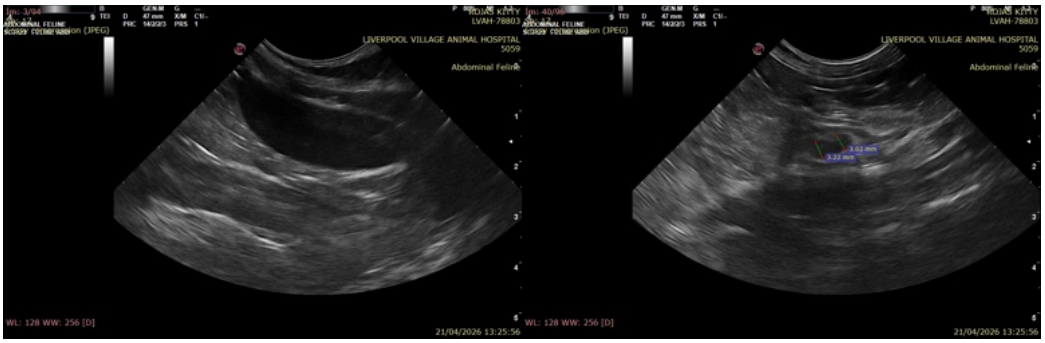
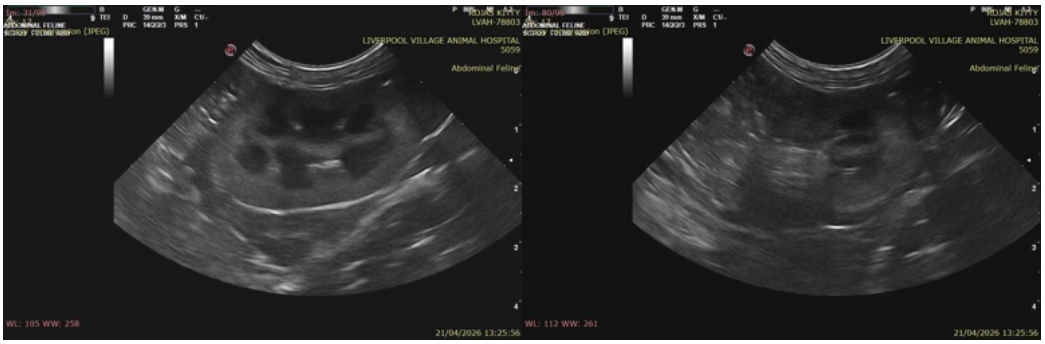
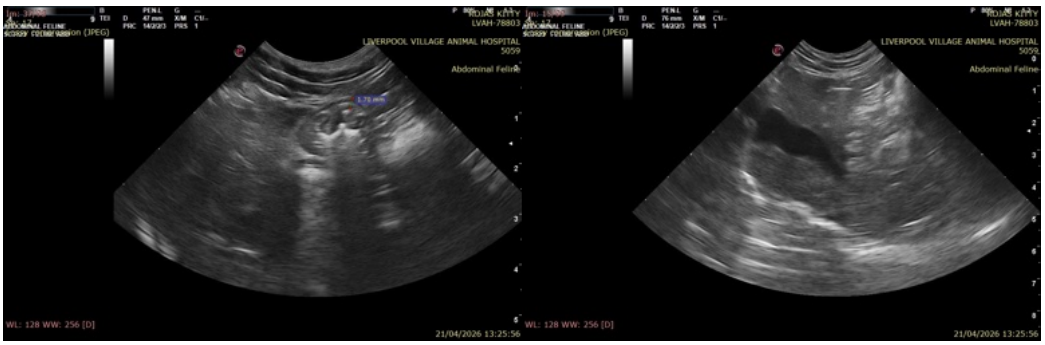
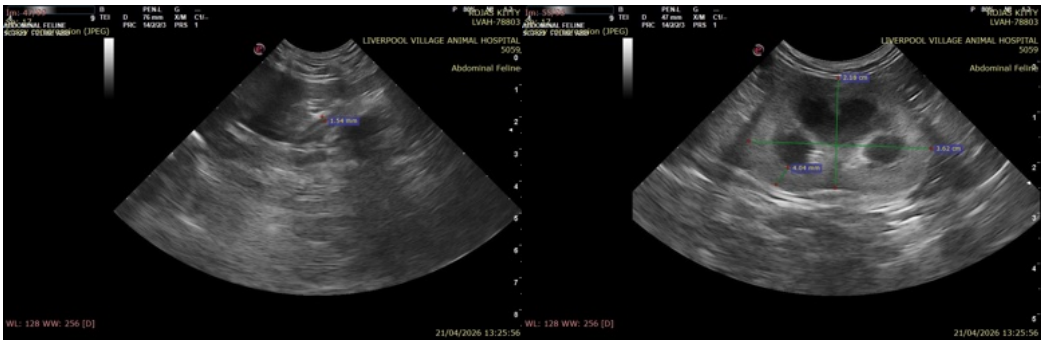
This is a case where clinical and laboratory abnormalities exceed imaging findings, and management should be guided primarily by the degree of proteinuria and renal function trends.









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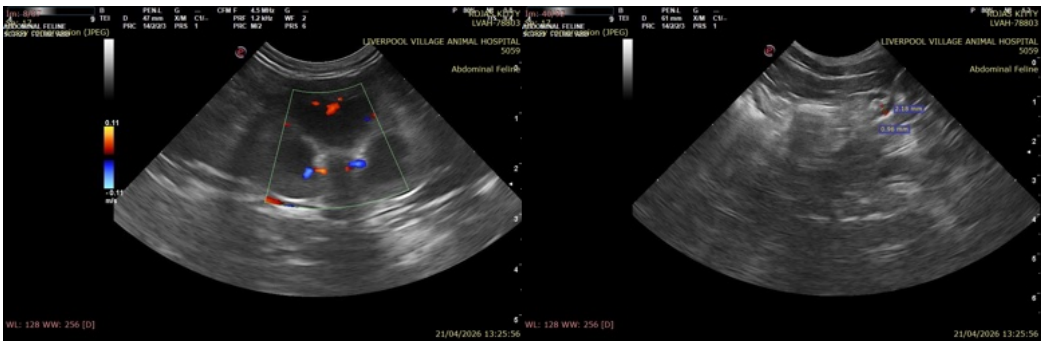

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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