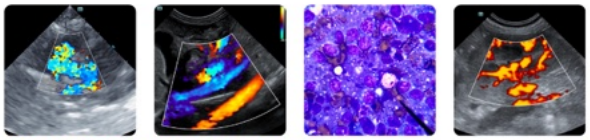


PATIENT

Rascal Alt

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered male

AGE

19 years

WEIGHT

9.1 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Valerie White

HOSPITAL NAME

Great Miami VC

REFERRING VET

Dr. White

INVOICE

74241

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- History of chronic renal disease and IBD. Recent jump in SDMA from 13 to 23 (0-14 normal). Patient seems less active, lethargic, poss painful. Ultrasound 5/2025
- SDMA 13-23, BUN: 23 (16-37) and creat: 2.0 (0.9-2.3)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. The bladder neck and proximal urethra have a normal appearance. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 3.44×1.77 cm in the sagittal plane. Cortical thickness is 0.33 cm. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.35×2.43 cm in the sagittal plane. Cortical thickness is 0.37 cm. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.23 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.25 cm at the cranial pole and 0.24 cm at the caudal pole.

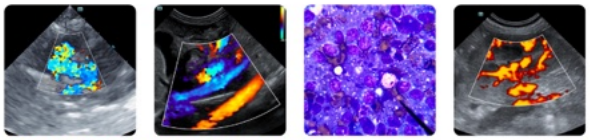
Spleen

The spleen is partially visualized. The observed parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture.

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 wall thickness of 1.51 mm and preserved layering. The pylorus measures 3.97 mm. Duodenum: 2.30 mm. Jejunum: 2.58 mm, with mucosa 1.64 mm, submucosa 0.69 mm, and muscularis propria 0.42 mm. Ileum: 1.89 mm, with mucosa 0.70 mm, submucosa 0.71 mm, and muscularis propria 0.48 mm. Wall layering is preserved. The ileocecal junction is not visualized. No evidence of ileus, obstruction, or intraluminal foreign material is identified. Colon measures 0.74 mm, containing a small amount of fecal material.

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 appears normal.

PRIMARY FINDINGS

- No significant ultrasonographic abnormalities identified

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal size (3.35–3.44 cm) and cortical thickness (0.33–0.37 cm) fall within accepted feline reference ranges, and renal architecture is preserved, with normal corticomedullary definition and no evidence of pelvic dilation. These findings do not suggest advanced structural chronic kidney disease, although early or functional renal impairment cannot be excluded based on ultrasound alone.

Given the patient's history of chronic kidney disease and the recent increase in SDMA with relatively stable creatinine the findings are most consistent with early progression or fluctuation of renal function, rather than a new structural renal lesion. It should be emphasized that ultrasonography has limited sensitivity for early or functional renal changes, and normal imaging does not exclude mild renal disease.

The gastrointestinal tract does not demonstrate ultrasonographic features suggestive of moderate-to-severe structural enteropathy. Wall thicknesses are within normal limits (generally ≤2.5–3.0 mm in cats), and muscularis-to-mucosa ratios remain within expected limits (jejunum ~0.26; ileum ~0.69, the latter slightly higher but without loss of layering or associated changes). These findings do not support active moderate-to-severe IBD or intestinal lymphoma, although mild or functional gastrointestinal disease cannot be excluded.

Overall, this study highlights a discordance between clinical findings and ultrasonographic appearance, which is not uncommon in geriatric feline patients. Functional disease, early-stage pathology, or systemic conditions not associated with overt structural change should be considered.

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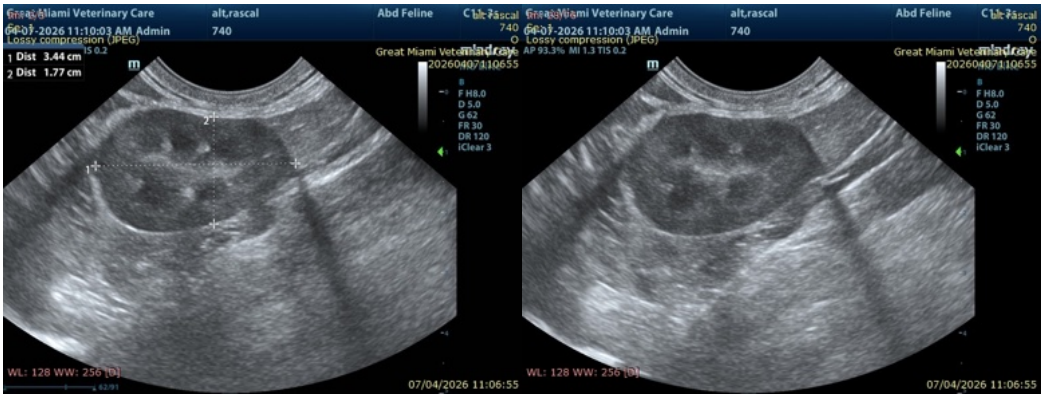
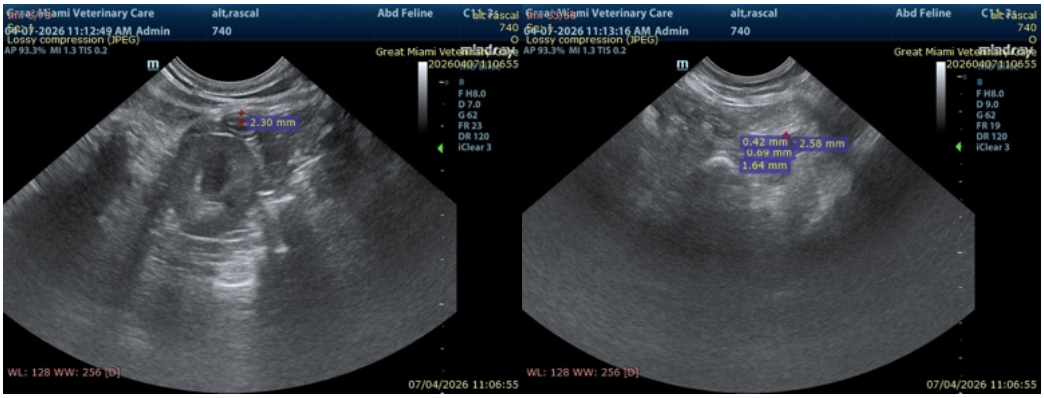
Recommendations

- Correlation with serial renal parameters (creatinine, SDMA) is recommended to assess progression of renal disease.
- Urinalysis (including urine specific gravity and UPC if indicated) is recommended if not recently performed.
- Blood pressure measurement is advised.
- Given the history of IBD and current clinical signs: Clinical monitoring and response to therapy remain key. And further diagnostics (GI panel, cobalamin/folate) may be considered if clinical signs persist or worsen.

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





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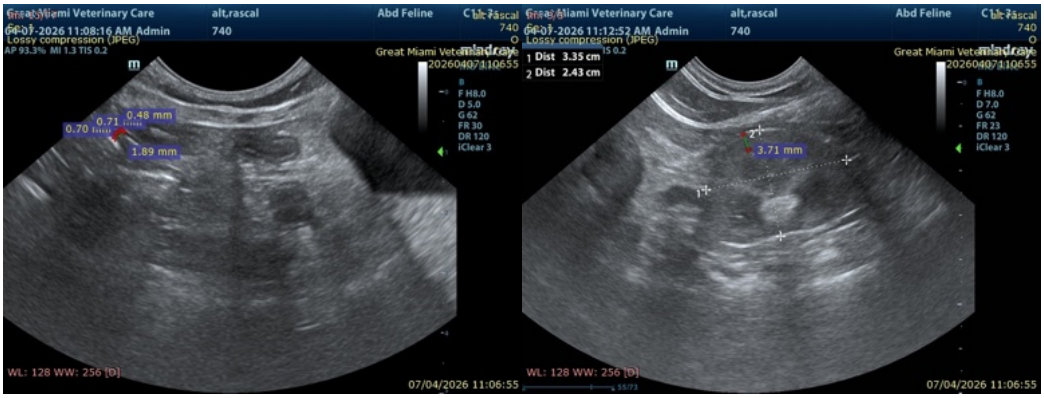

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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