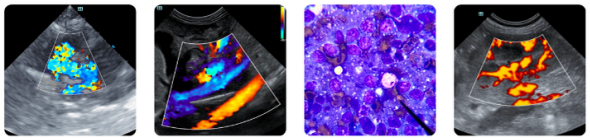


PATIENT

Auggie Steer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

6.08 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus PH

REFERRING VET

Dr. Jizdeortega

INVOICE

77620

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: O was gone for 1 week and returned on Sunday 5/10/26. P was acting fine before the trip but O noted that Ps food bowl was overfilling with food as if she did not eat much. P also became slightly ataxic in hind end. P has lost 1.5 lb in 9 months. No known vomiting or diarrhea.
No known toxin ingestion.
Abnormal PE/Chem/CBC/UA Results: hypoalbuminemia 2.3. Alb:Glob 0.4. calcium oxalate crystal 4+.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urine is predominantly anechoic with scant suspended echogenic echoes/debris. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic mural disease.

The left kidney is normal in shape and size, measuring 3.26×2.09 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 2.80×1.92 cm, with a cortical thickness of 0.32 cm in the sagittal plane. A small triangular hyperechoic cortical lesion is present at the cranial pole of the right kidney.

Both kidneys: The renal cortices are mildly hyperechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. Multiple small hyperechoic foci are present within the medullary/papillary regions bilaterally, most compatible with mild medullary mineralization/nephrocalcinosis. Mild mineralized debris within the calyceal recesses cannot be completely excluded. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

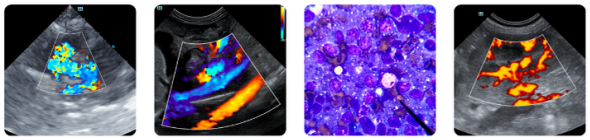
Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.23 cm at the cranial pole and 0.22 cm at the caudal pole. The right adrenal gland measures not confidently visualized

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.



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The gallbladder lumen is normally distended. The wall is thin. Mild-to-moderate non-shadowing biliary sludge is present within the lumen. No ultrasonographic evidence of cystic duct or common bile duct dilation is identified.

Gastrointestinal

The stomach is empty and folded, with preserved wall layering and mural thickness measuring approximately 1.65 mm.

The pylorus measures 3.38 mm. The duodenum measures 1.75 mm. The jejunum measures 1.48 mm with preserved wall layering. Layer measurements are as follows: mucosa 0.87 mm, submucosa 0.52 mm, muscularis propria 0.22 mm. The ileum measures 1.50 mm with preserved wall layering. Layer measurements are as follows: mucosa 0.53 mm, submucosa 0.37 mm, muscularis propria 0.21 mm.

The ileocecocolic junction measures approximately 2.31 mm, with muscularis thickness measuring approximately 0.77 mm.

No ultrasonographic evidence of obstructive disease, ileus, focal gastrointestinal mass lesion, or foreign material is identified.

The colon measures approximately 0.67 mm and contains formed fecal material within the descending colon.

Pancreas

The pancreas measures approximately 5.05-6.44 mm in thickness. The pancreatic parenchyma is mildly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 1.26-1.28 mm in diameter. No peripancreatic fat inflammation, free fluid, or focal pancreatic mass lesion is identified.

Free Abdomen

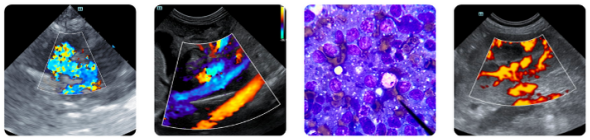
No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild bilateral renal cortical hyperechogenicity with bilateral medullary mineralization/nephrocalcinosis
- Small focal triangular hyperechoic lesion within the cranial pole of the right kidney
- Subtle pancreatic hypoechogenicity with mild pancreatic duct dilation
- Minimal muscularis thickening at the ileocecocolic junction

SECONDARY FINDINGS

- Mild-to-moderate biliary sludge



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild bilateral renal cortical hyperechogenicity and multifocal medullary mineralization/nephrocalcinosis are present. These findings are most compatible with mild chronic renal parenchymal change/mineralization and correlate well with the reported marked calcium oxalate crystalluria. The small triangular hyperechoic lesion within the cranial pole of the right kidney most likely represents a focal area of fibrosis, mineralization, chronic ischemic change, or chronic infarct-like scar.

Mild pancreatic hypoechogenicity and mild pancreatic duct dilation are present without surrounding inflammatory change. In older cats, mild pancreatic duct dilation may occur as an age-related change; however, mild chronic pancreatopathy/chronic pancreatitis cannot be excluded, particularly given the concurrent biliary sludge and systemic abnormalities. Importantly, cats with chronic pancreatitis may lack overt peripancreatic inflammatory changes ultrasonographically.

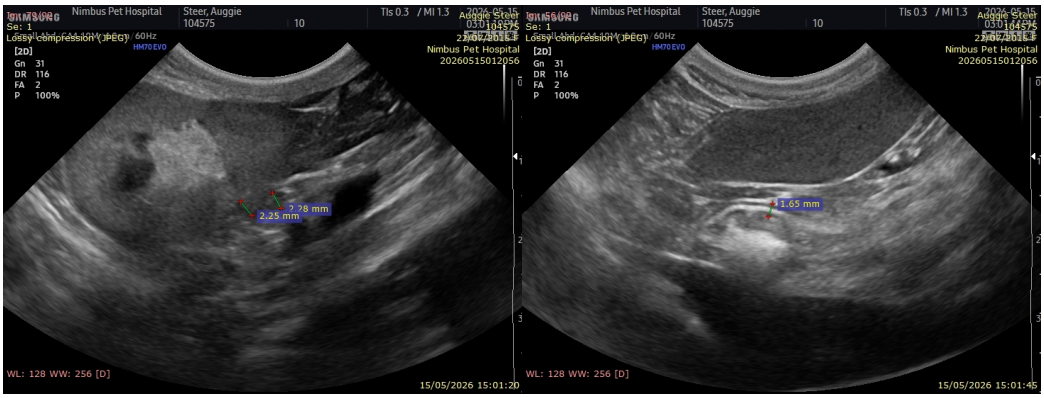
The gastrointestinal tract is overall unremarkable, although mild muscularis thickening at the ileocecocolic junction is present. This finding is subtle and nonspecific and may reflect mild chronic enteropathy/IBD or age-related change. No ultrasonographic evidence of obstructive gastrointestinal disease, severe inflammatory enteropathy, or transmural infiltrative intestinal disease is identified.

No abdominal mass lesion marked intestinal abnormality, cavitary effusion, or diffuse infiltrative abdominal disease is identified on the current examination.

Recommendations

- Correlation with renal values, urine specific gravity, UPC, blood pressure, and monitoring for progression of renal mineralization is recommended.
- Correlation with serum calcium and metabolic evaluation may be clinically useful given the marked calcium oxalate crystalluria and renal mineralization.
- Feline pancreatic lipase immunoreactivity (fPLI) and cobalamin/folate testing could be considered to further evaluate for pancreatopathy and occult gastrointestinal disease.

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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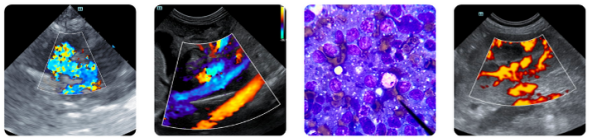

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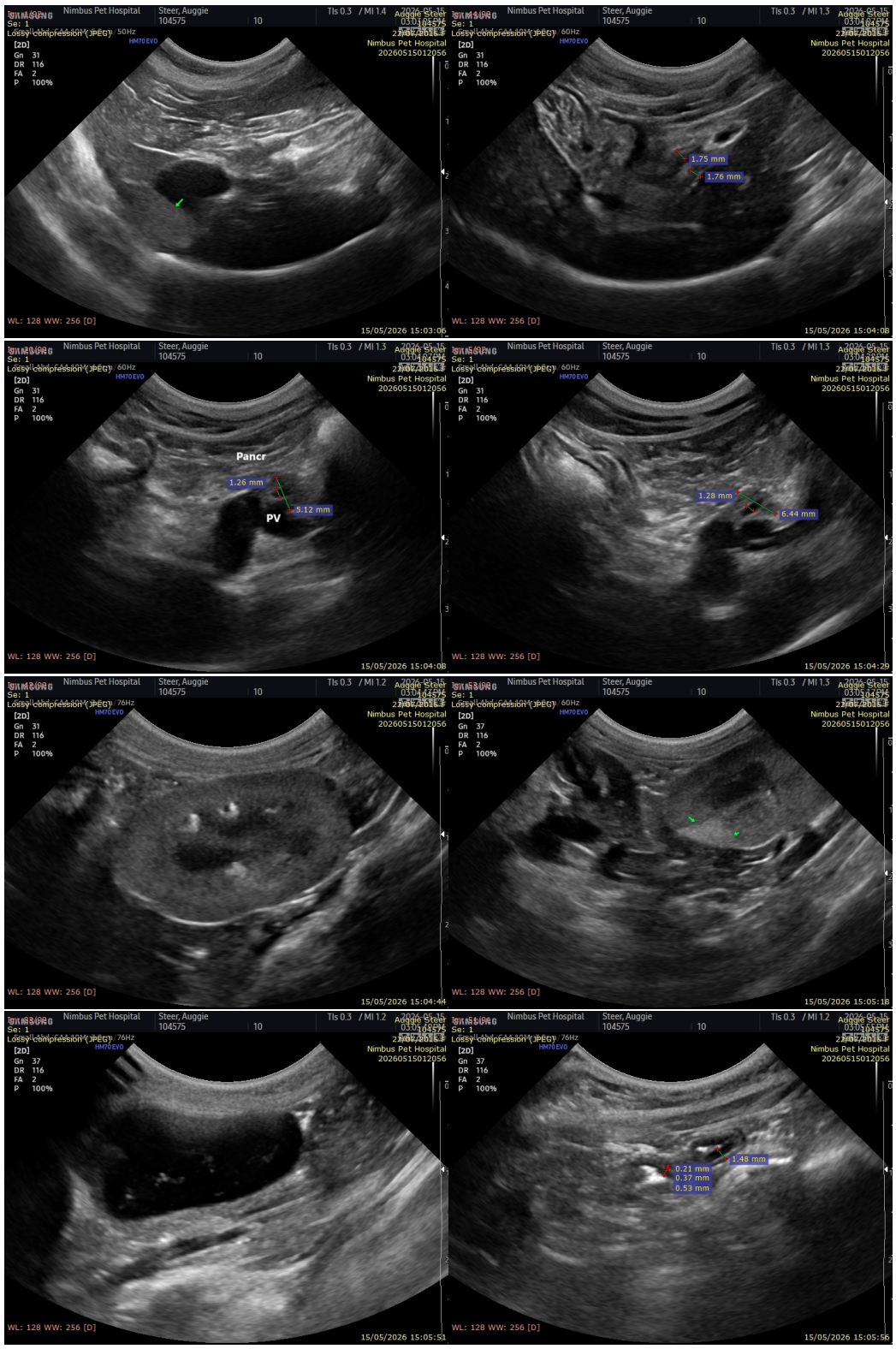

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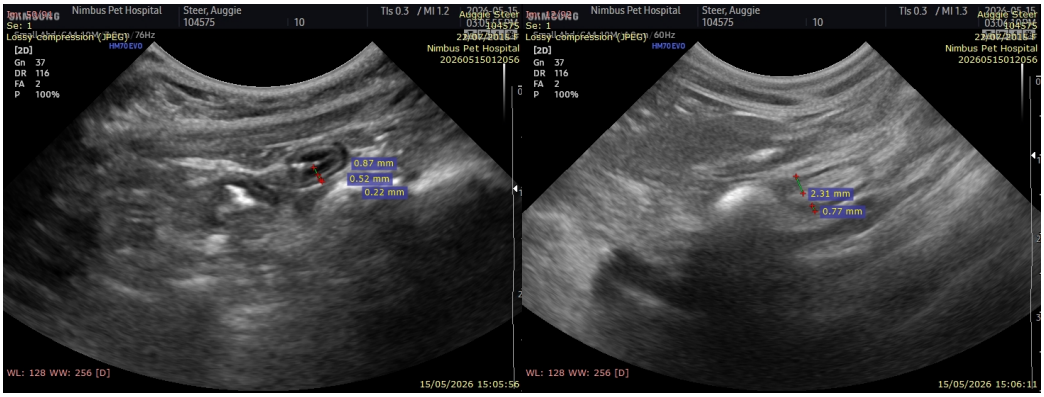

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com