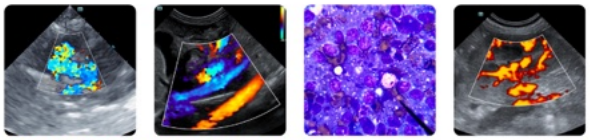


PATIENT

Radha Chaniyara

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

6 years

WEIGHT

8.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Cristian Diaz

HOSPITAL NAME

St George VH

REFERRING VET

Dr. Ariel Smith

INVOICE

75594

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: Presented 4/14 for weight loss, decreased appetite and on and off vomiting for approx 2 months. Gr 2/6 murmur otherwise nsf on exam. No access to toxins/medications. Indoor only. Started on renal diet for 1 month and mirataz. Appetite improved, worsening renal values. Hypercalcemic. 4/14/26 Chemisty: BUN 59 (H), Creat 3.3 (H), SDMA 26.3 (H), Ca 12.3 (H), Mg 1.3 (L), Chol 247 (H), amy 1364 (H) CBC: values within normal limits T4: value within normal limits Urine: U sp gr 1.025, trace pro, 3+ blood (cysto) 5/6/26 Chemisty: Glob 5.5, SDMA 56.5, Creat 4.6, BUN 83, Ca 12.9 Urine: U sp gr 1.022, 3+ blood (cysto), trace pro

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 2.81×2.18 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane. The right kidney is normal in shape and size: 3.04×2.13 cm, and the thickness of the cortex is 0.43 cm in the sagittal plane. Both kidneys demonstrate mildly increased cortical echogenicity compared to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. Mild bilateral medullary nephrocalcinosis is present. 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 0.36 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.36 cm

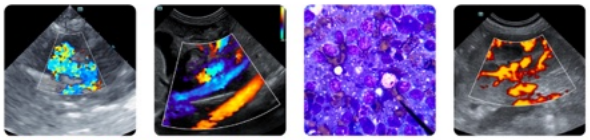
Spleen

Splenic thickness is 0.62 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 with a small amount of biliary sludge. 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 preserved wall layering and mural thickness measuring approximately 1.19 mm.

The pylorus measures 3.17 mm. The duodenum measures 1.95 mm.

The jejunum measures 2.57 mm, with the following mural layer measurements:

- Mucosa: 1.09 mm
- Submucosa: 0.86 mm
- Muscularis propria: 0.69 mm

The ileum measures 2.06 mm, with the following mural layer measurements:

- Mucosa: 0.71 mm
- Submucosa: 0.65 mm
- Muscularis propria: 0.71 mm

The ileocecocolic junction measures approximately 3.64 mm, with muscularis propria measuring approximately 1.06 mm.

Wall layering remains preserved throughout the evaluated gastrointestinal tract.

The colon measures approximately 0.60–0.70 mm in thickness and contains formed fecal material throughout all evaluated segments.

Pancreas

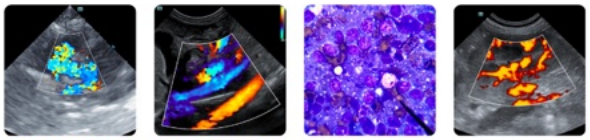
The pancreas measures approximately 6.99 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 1.23 mm in diameter. No ultrasonographic evidence of active peripancreatic inflammation is identified.

Free Abdomen

No abdominal effusion or peritonitis is identified. Cranial mesenteric lymph nodes measure approximately 3.65–4.05 mm in thickness and maintain normal shape and echogenicity. Ileocecocolic lymph nodes are not confidently visualized; however, the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Bilateral renal cortical hyperechogenicity with bilateral medullary nephrocalcinosis
- Mild diffuse intestinal muscularis prominence, particularly affecting the ileum and ileocecocolic junction.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild bilateral renal cortical hyperechogenicity and bilateral medullary nephrocalcinosis are present. In the context of progressive azotemia and persistent hypercalcemia, these findings are supportive of chronic renal injury/chronic kidney disease with secondary mineralization/nephrocalcinosis. Importantly, no ultrasonographic evidence of obstructive nephropathy, ureterolithiasis, renal mass lesion, or renal lymphoma is identified on the current examination.

Mild diffuse intestinal muscularis prominence is present, particularly affecting the ileum and ileocecocolic junction, while mural layering and mesenteric lymph node morphology remain preserved. The muscularis-to-mucosa ratios are mildly increased relative to expected feline reference values. These findings are nonspecific but compatible with mild chronic feline enteropathy. Early low-grade alimentary lymphoma cannot be completely excluded ultrasonographically, although the overall intestinal changes are relatively subtle.

Pancreatic thickness is at the upper limits of normal without convincing ultrasonographic evidence of active pancreatitis. Mild chronic pancreatopathy/chronic low-grade pancreatitis cannot be excluded, particularly given the concurrent chronic gastrointestinal signs.

Overall, the ultrasonographic findings support chronic renal disease with nephrocalcinosis and possible concurrent mild chronic inflammatory gastrointestinal-pancreatic disease. The nephrocalcinosis is likely related, at least in part, to the documented persistent hypercalcemia. Although severe end-stage renal architectural changes are not identified ultrasonographically, the current renal findings remain compatible with clinically significant chronic kidney disease.

Recommendations

- Correlation with ionized calcium, PTH, PTH-rP, phosphorus, vitamin D status, and repeat blood pressure evaluation is recommended if not already performed.
- Serial monitoring of renal values, SDMA, urine specific gravity, UPC ratio, blood pressure, electrolytes, and calcium is recommended.
- The intestinal changes are relatively mild but compatible with chronic enteropathy; correlation with serum cobalamin, folate, and feline pancreatic lipase immunoreactivity (fPLI) may be considered.

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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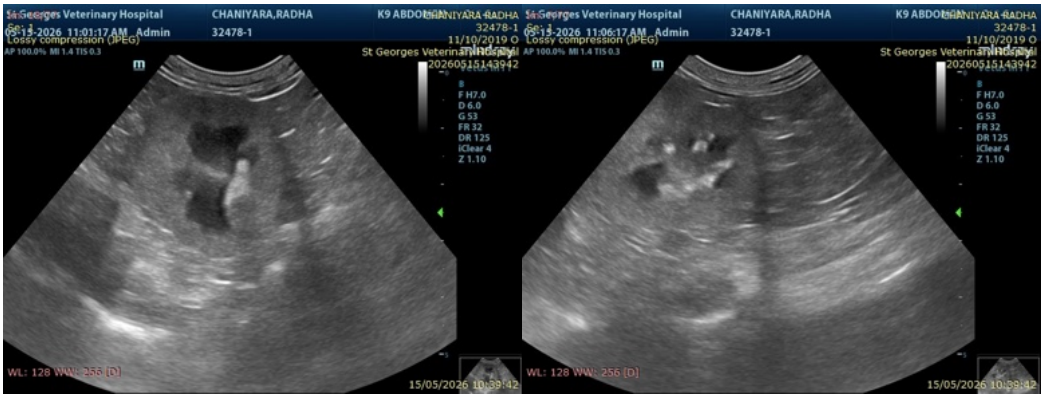

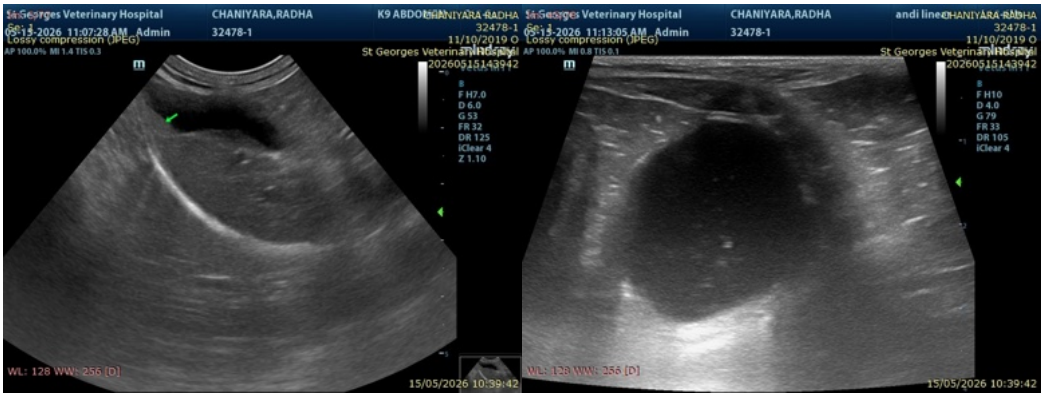

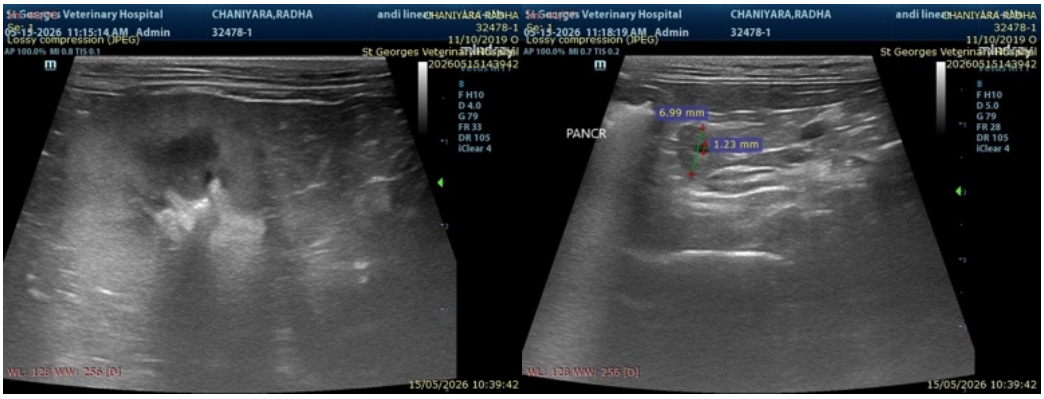

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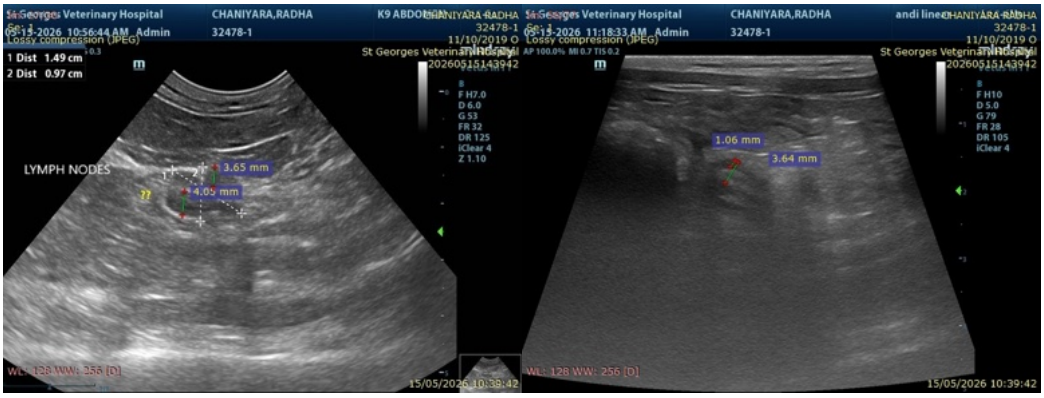

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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