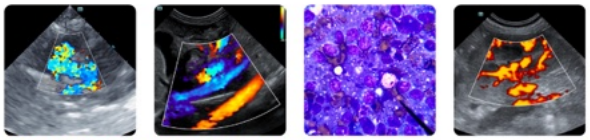


PATIENT

Ghost Gamba

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

17 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Ammeraal

HOSPITAL NAME

Sova

REFERRING VET

Dr. Ammeraal

INVOICE

78111

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: Urinating outside the litter box, PU/PD , greasy/poor hair coat and some matting has been occurring for a few years on and off. Used to be 19 lbs
Abnormal PE/Chem/CBC/UA Results: BCS 8/9 , Greasy haircoat midline BUN 69mg/dL, crea 2.7 mg/dL USG 1.018 Rest BW WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size: 4.48x2.72 cm, and the thickness of the cortex is cm, in the sagittal plane. The right kidney is normal in shape and size: 4.57x2.89 cm, and the thickness of the cortex is cm, in the sagittal plane. Both: The renal cortices are hyperechoic compared to the liver parenchyma and appear mildly thickened. The corticomedullary definition is decreased. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.59 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measures 0.51 cm at the cranial pole and 0.42 cm at the caudal pole.

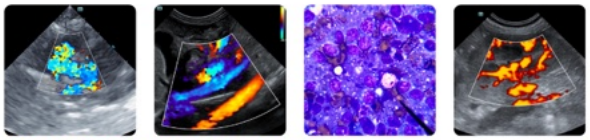
Spleen

Splenic thickness is 0.82 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 very small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal tract

The stomach is nearly empty with scant ingesta, with mural thickness (2.68 mm) and preserved wall layering. Duodenum: 2.35 mm. Jejunum: 2.90 mm. Mucosa: 1.64 mm. Submucosa: 0.84 mm. Muscularis propria: 0.49 mm. Ileum: 2.15 mm. Mucosa: 0.90 mm. Submucosa: 0.93 mm. Muscularis propria: 0.45 mm. Normal wall layering. The ileocecal junction was not visualized. No signs of inflammation, ileus, or foreign material are identified. Colon: 0.76 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic regions 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

- Bilateral renal cortical hyperechogenicity with decreased corticomedullary definition.
- Mild echogenic urinary sediment.

SECONDARY FINDINGS

- Prominent adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilateral renal cortical hyperechogenicity and decreased corticomedullary definition are present and correlate well with the documented azotemia and inadequately concentrated urine supporting chronic renal parenchymal disease, with chronic tubulointerstitial degeneration/fibrosis favored. Other differential considerations include chronic glomerulopathy or chronic inflammatory nephropathy.

Mild prominence of the left adrenal gland is noted, measuring 0.59 cm in dorsoventral thickness. This measurement is mildly above commonly reported reference values for many cats. However, mild adrenomegaly has been reported as a frequent incidental finding in older cats with concurrent chronic disease, particularly chronic kidney disease, with the left adrenal gland commonly affected.

Mild echogenic urinary sediment is present within the urinary bladder and may represent cellular debris, proteinaceous material, or crystalluria.

Recommendations

- Correlation with IRIS staging parameters, including urine protein:creatinine ratio and blood pressure measurement, is recommended.
- Urinalysis with sediment evaluation and urine culture may be considered if urinary tract infection remains a clinical concern.

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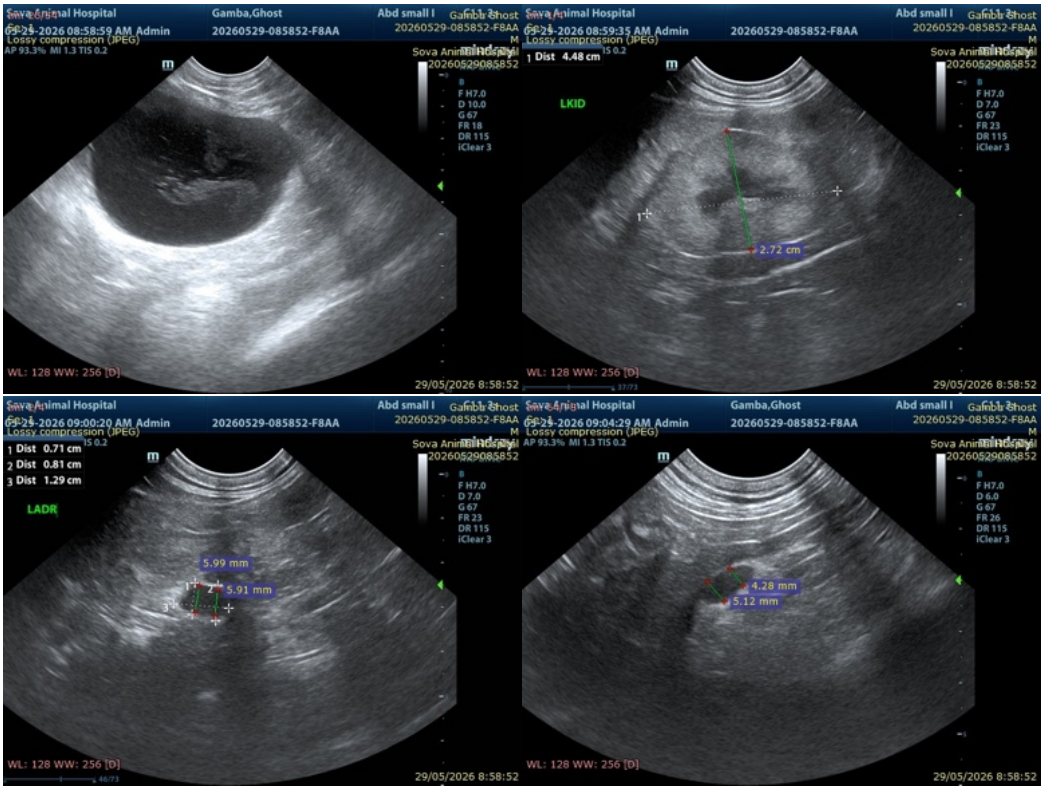
- Periodic monitoring of renal parameters and follow-up abdominal ultrasound may be considered as clinically indicated.

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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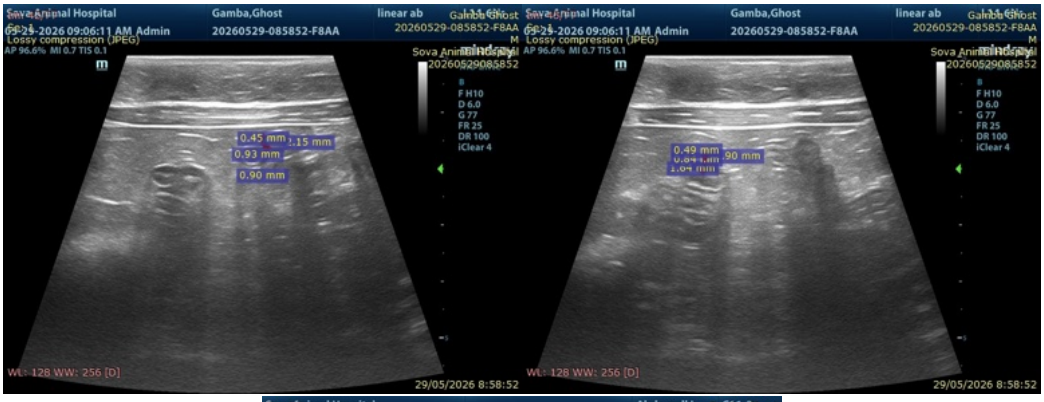

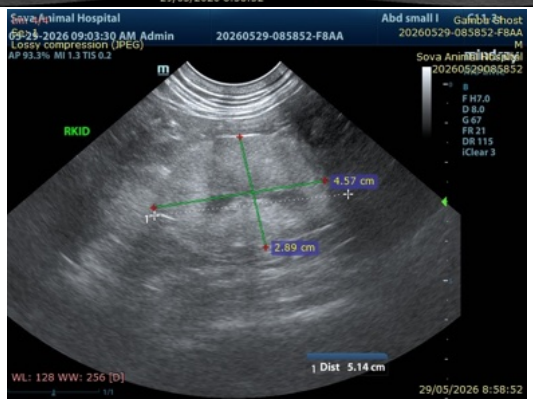

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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