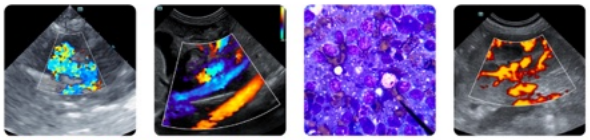


PATIENT

Chibi Ockene

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

10.4 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

75233

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: *Abdominal mass suspected to be enlarged kidney palpated incidentally on examination for a suspected tooth root abscess
*Needs a dental to investigate mandibular abscess/draining tract - scheduled for next week
*Kidney values - BUN 30, CR 1.7, SDMA 13.8, Phos 4.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is predominantly anechoic with scant suspended echogenic debris. The bladder neck and proximal urethra are unremarkable. No cystoliths or sonographic evidence of inflammatory or neoplastic urinary bladder disease are identified.

The left kidney is markedly enlarged, measuring 4.67×3.80 cm. Renal architecture is severely distorted by innumerable variably sized cystic structures resulting in near-complete effacement of the normal renal parenchyma. The largest cystic structure measures approximately 2.28×1.67 cm. Normal corticomedullary distinction is not preserved.

The right kidney is also markedly enlarged. Renal architecture is similarly severely distorted by innumerable variably sized cystic structures causing extensive destruction/replacement of the normal renal parenchyma. The largest cystic structure measures approximately 1.97×1.36 cm. Normal corticomedullary distinction is not preserved.

Adrenal Glands

The left adrenal gland measures approximately 0.45 cm in dorsoventral dimension. The right adrenal gland measures 0.34 cm at the cranial pole and 0.39 cm at the caudal pole. Adrenal morphology is otherwise unremarkable.

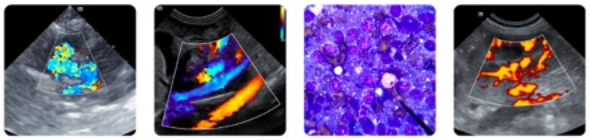
Spleen

Splenic thickness is 0.71 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 System

The stomach is empty and folded. Gastric wall thickness measures 1.99 mm with preserved mural layering. The pyloric wall measures 3.44 mm. Duodenal wall thickness measures 1.62 mm. Jejunal wall thickness measures 1.92–2.08 mm with preserved mural layering. The ileocecal junction measures 2.04 mm in thickness, with muscularis thickness measuring 0.44 mm. No evidence of focal gastrointestinal inflammation, obstructive ileus, or foreign material is identified. Colonic wall thickness measures 0.78 mm, with formed fecal material present within the descending colon.

Pancreas

The pancreas measures approximately 8.24 mm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The pancreatic duct measures approximately 1.74 mm in diameter, mildly prominent for a cat of this age. No peripancreatic inflammatory change 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

- Severe bilateral renomegaly with diffuse cystic replacement of the renal parenchyma.

SECONDARY FINDINGS

- Mild pancreatic duct dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe bilateral cystic renal disease is present, characterized by marked renomegaly and extensive replacement of the renal parenchyma by innumerable variably sized cystic structures. The appearance is most consistent with advanced polycystic kidney disease or severe diffuse cystic renal degeneration. Despite the severe structural renal changes, only mild azotemia is currently reported, suggesting relatively preserved residual renal function at this stage. However, the degree of parenchymal replacement indicates significant chronic renal disease progression risk over time.

Mild pancreatic duct dilation is present without additional sonographic evidence of pancreatitis or pancreatic mass effect. Mild ductal prominence may occur as an incidental age-related finding in cats, although early chronic pancreatic change cannot be entirely excluded sonographically.

Recommendations

- Supportive renal management should be guided primarily by clinical status and renal function trends rather than imaging appearance alone.
- Continued monitoring of renal parameters, urine specific gravity, blood pressure, phosphorus,

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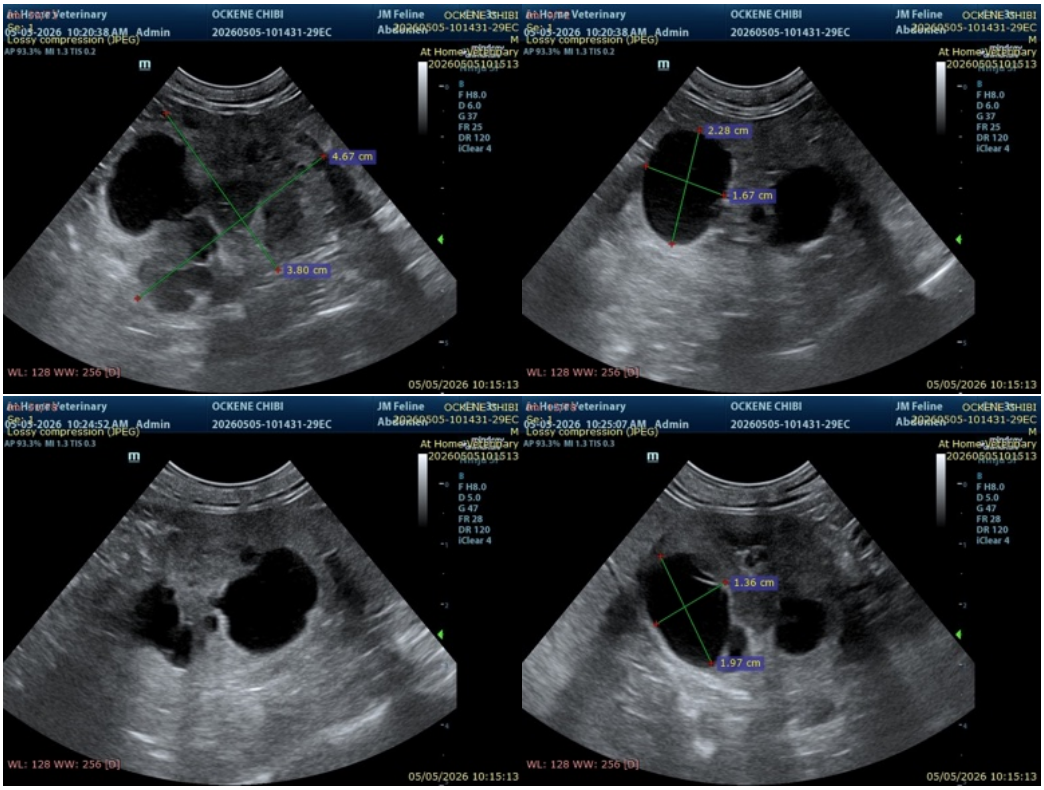
and SDMA is recommended given the extensive chronic renal structural disease.

- Correlation with family/breed history may be helpful, as diffuse bilateral cystic renal disease is compatible with polycystic kidney disease despite the absence of Persian lineage.
- Although current renal function appears relatively preserved, the marked chronic structural renal changes warrant careful peri-anesthetic management during future procedures, with attention to hydration status, blood pressure support, and renal perfusion.

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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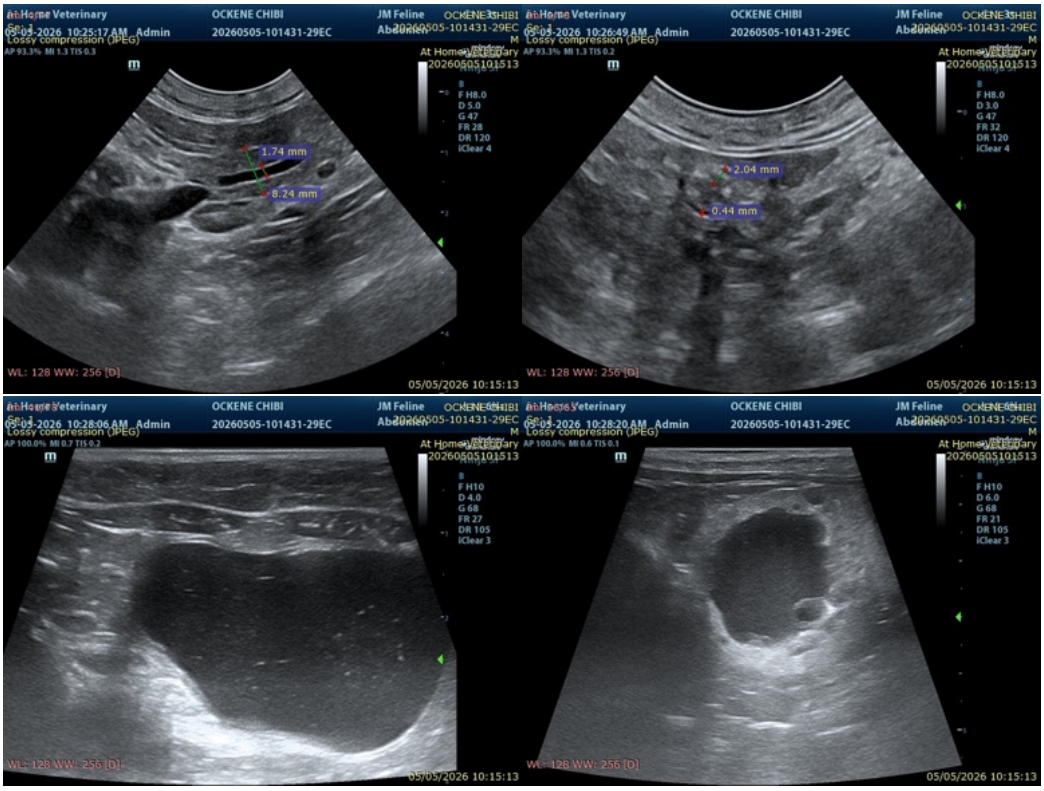

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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