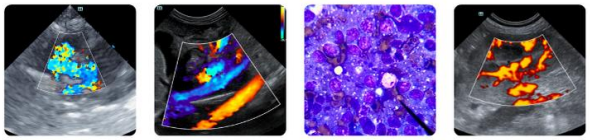


PATIENT

Arya Valencia

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

5yr

WEIGHT

8.87lb

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village Veterinary

REFERRING VET

Adrienne Hou

INVOICE

24759

DATE

05/08/2026

PRESENTING CLINICAL SIGNS

History: History of hematuria a few months ago. Currently asymptomatic: eating well, normal urination at home. Pre-anesthetic labwork for COHAT performed, COHAT postponed due to azotemia Abnormal PE/Chem/CBC/UA Results: April 2026: Leukocytosis WBC=16.9K, BUN=51, Creatinine=3.2, USG=1.015, pyuria and bacteriuria, urine culture positive for E. Coli, started veraflox a week ago for presumed pyelonephritis

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 predominantly anechoic with scant suspended echoes. Normal appearance of the trigone, bladder neck, and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney measures 3.38×1.83 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma; however, corticomedullary definition is mildly decreased. Renal pelvic dilation measures 4.23 mm. Mild hyperechogenicity of the peripelvic/perirenal fat surrounding the renal pelvis is present. There is no evidence of nephrolithiasis. Doppler color evaluation shows a normal vascular pattern.

The right kidney measures 3.22×1.66 cm in the sagittal plane. The renal cortex is isoechoic compared to the liver parenchyma; however, corticomedullary definition is mildly decreased. Renal pelvic dilation measures 3.96 mm. Mild hyperechogenicity of the peripelvic/perirenal fat surrounding the renal pelvis is present. There is no evidence of nephrolithiasis. Doppler color evaluation shows a normal vascular pattern.

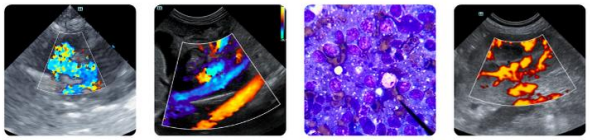
Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.22 cm at the cranial pole and 0.21 cm at the caudal pole. The right adrenal gland measures 0.24 cm at the cranial pole and 0.18 cm at the caudal pole.

Spleen

Splenic thickness is 0.83 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver



PATIENT
Arya Valencia

SPECIES
Feline

BREED
DLH

SEX
FS

AGE
5yr

WEIGHT
8.87lb

INTERPRETED BY
Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY
Adrienne Hou

HOSPITAL NAME
Marina Village Veterinary

REFERRING VET
Adrienne Hou

INVOICE
24759

DATE
05/08/2026

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

Gallbladder

The gallbladder lumen is normally distended. The wall is thin and the contents are predominantly anechoic with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal Tract

The stomach is empty and folded, containing a small amount of luminal fluid. Gastric mural thickness measures 1.56 mm with preserved wall layering.

The pylorus measures 3.04 mm in wall thickness. The duodenum measures 1.58 mm, the jejunum measures 1.74–1.97 mm, and the ileum measures 1.30 mm in wall thickness, all with preserved wall layering.

The ileocecal junction measures 2.05 mm in total wall thickness, with muscularis propria thickness measuring 0.43 mm.

No evidence of gastrointestinal obstruction, focal mural mass lesion, inflammatory change, ileus, or foreign material is identified.

The colon measures 0.94 mm in wall thickness and contains normal luminal content.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

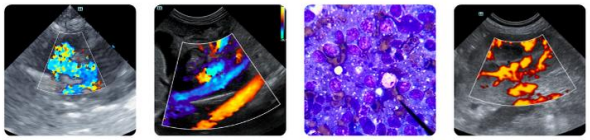
No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Bilateral pyelectasia (left renal pelvis 4.23 mm; right renal pelvis 3.96 mm).
- Bilateral reduction in corticomedullary definition.
- Mild bilateral hyperechogenicity of the renal sinus/peripelvic fat.

SECONDARY FINDINGS

- Mild biliary sludge.



PATIENT

Arya Valencia

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

5yr

WEIGHT

8.87lb

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village Veterinary

REFERRING VET

Adrienne Hou

INVOICE

24759

DATE

05/08/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys demonstrate bilateral pyelectasia, mildly decreased corticomedullary definition, and mild surrounding peripelvic/renal sinus fat hyperechogenicity. In the context of azotemia, inadequately concentrated urine, and pyuria, these findings are supportive of bilateral ascending urinary tract infection/pyelonephritis.
Renal pelvic measurements greater than approximately 1–2 mm are generally considered abnormal in cats, particularly when accompanied by inflammatory changes and urinary tract infection. The surrounding hyperechoic peripelvic fat further supports regional inflammatory change.
No nephrolithiasis, ureterolithiasis, hydronephrosis, renal abscessation, or ultrasonographic evidence of urinary obstruction is identified. However, ultrasound cannot determine the chronicity or reversibility of renal dysfunction. Concurrent chronic kidney disease cannot be excluded, particularly given the azotemia and reduced urine concentration ability.

The urinary bladder appears ultrasonographically unremarkable despite the documented urinary tract infection, which may occur in cases of ascending infection primarily affecting the upper urinary tract.

Recommendations

- Continued antimicrobial therapy based on urine culture and susceptibility results is recommended.
- Correlation with serial renal values, urine specific gravity, urine sediment, and clinical response to treatment is recommended.
- Repeat urine culture following completion of antibiotic therapy is recommended to document clearance of infection.
- Concurrent chronic kidney disease cannot be excluded and ongoing renal monitoring is recommended.

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

PATIENT

Arya Valencia

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

5yr

WEIGHT

8.87lb

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village Veterinary

REFERRING VET

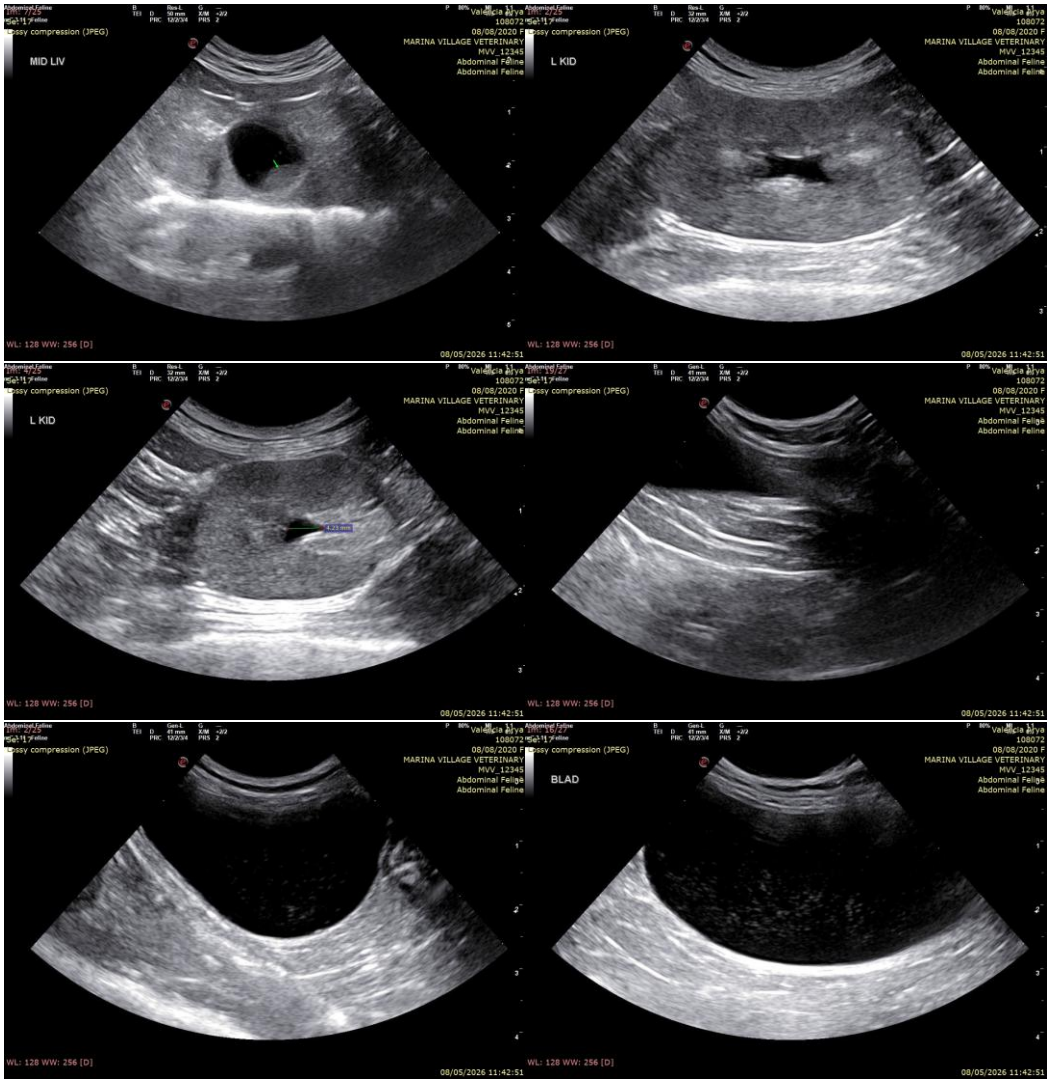
Adrienne Hou

INVOICE

24759

DATE

05/08/2026



PATIENT

Arya Valencia

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

5yr

WEIGHT

8.87lb

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Adrienne Hou

HOSPITAL NAME

Marina Village Veterinary

REFERRING VET

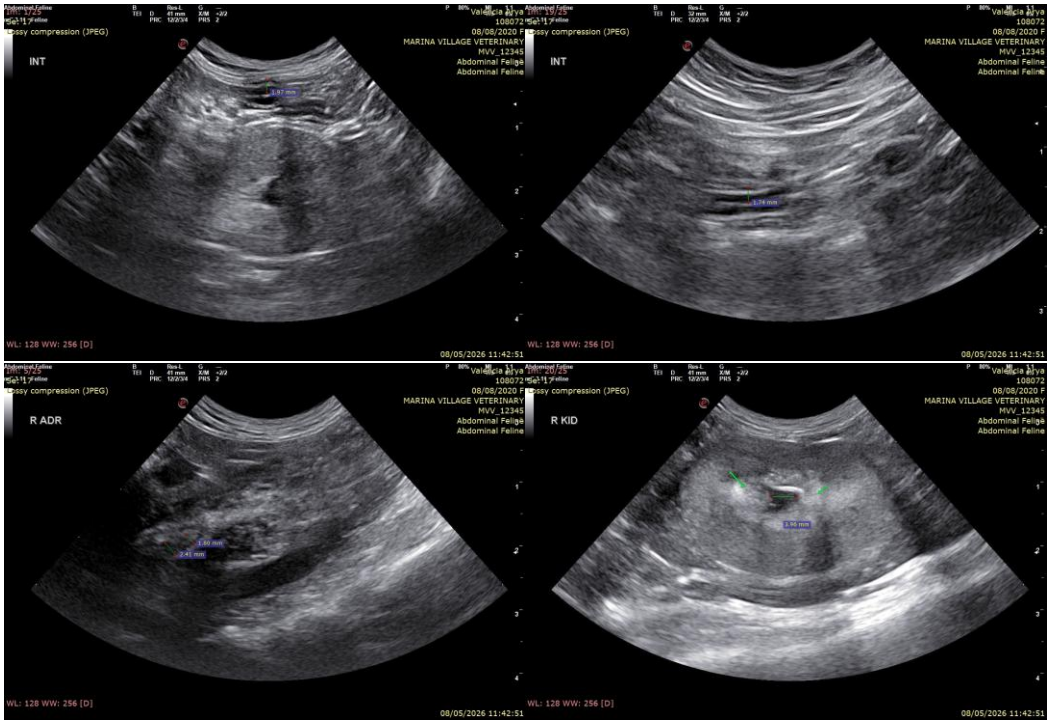
Adrienne Hou

INVOICE

24759

DATE

05/08/2026



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