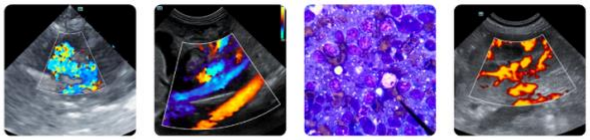


PATIENT

Franklin 396638
Animals In Distress

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5.8 Years

WEIGHT

10.06 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Renee Ziegler Post

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler Post

INVOICE

15977

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Chronic anemia. FIV positive

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 markedly turbid with abundant 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 enlarged, measuring 5.39×3.50 cm, with cortical thickness approximately 0.70 cm in the sagittal plane. Corticomedullary definition is markedly decreased. The renal cortex is diffusely hyperechoic compared to the liver parenchyma. Renal pelvic dilation measures 4.14 mm, with associated dilation of the renal diverticula.

The right kidney is enlarged, measuring 5.33×3.48 cm, with cortical thickness approximately 0.67 cm in the sagittal plane. Corticomedullary definition is markedly decreased. The renal cortex is diffusely hyperechoic compared to the liver parenchyma. Renal pelvic dilation measures 4.14 mm, with associated dilation of the renal diverticula.

No nephrolithiasis or hydronephrosis is identified.

Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland is not visualized. The right adrenal gland measures 0.44 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

Splenic images/videos were not available for evaluation.

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.

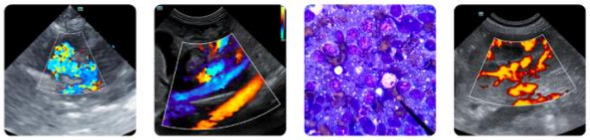
The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. bile duct is The common bile duct measures 2.96 mm proximally and 1.40 mm distally.

Gastrointestinal Tract

The stomach is empty and folded, with gastric mural thickness measuring 1.43 mm and preserved wall layering.

The pylorus measures 3.17 mm in wall thickness. The duodenum measures 1.82 mm in wall thickness.

The jejunum measures 1.53 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 0.78 mm, 0.35 mm, and 0.22 mm, respectively. Wall layering is preserved.



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The ileum measures 1.91 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 0.74 mm, 0.80 mm, and 0.22 mm, respectively. Wall layering is preserved.

The ileocecal junction measures 2.61 mm in total wall thickness, with muscularis propria thickness measuring 0.83 mm.

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

The colon measures 0.52 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

Mild abdominal effusion is present. The ileocecal lymph nodes measure 2.47–2.75 mm and maintain normal shape and echogenicity. Cranial mesenteric lymph nodes are not confidently visualized, although the surrounding mesentery appears unremarkable. The iliac trifurcation lymph nodes are within normal limits.

PRIMARY FINDINGS

- Marked bilateral renomegaly with diffuse bilateral renal parenchymal hyperechogenicity with marked reduction in corticomedullary definition.
- Bilateral pyelectasia and diverticular dilation.
- Markedly turbid urine with abundant suspended echoes.
- Mild abdominal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The dominant abnormalities involve both kidneys, which are markedly enlarged and demonstrate severe diffuse parenchymal hyperechogenicity, markedly decreased corticomedullary definition, and bilateral pyelectasia/diverticular dilation. These findings are highly concerning for severe bilateral renal disease. Differential considerations include severe pyelonephritis, infiltrative renal disease (including renal lymphoma), immune-mediated/inflammatory nephropathy, and less likely other diffuse infiltrative processes such as FIP-associated renal disease.
The combination of renomegaly with severe architectural distortion raises particular concern for infiltrative renal disease, especially lymphoma, which occurs with increased frequency in FIV-positive cats. However, the pyelectasia, diverticular dilation, and markedly turbid urine with abundant suspended echoes also support concurrent ascending urinary tract infection/pyelonephritis. Importantly, these entities are not mutually exclusive.

No discrete renal mass lesion or urinary obstruction is identified.

Mild abdominal effusion is nonspecific and may be reactive or secondary to systemic/inflammatory disease.

Recommendations

- Correlation with renal values, urinalysis, urine culture, UPC, and blood pressure is

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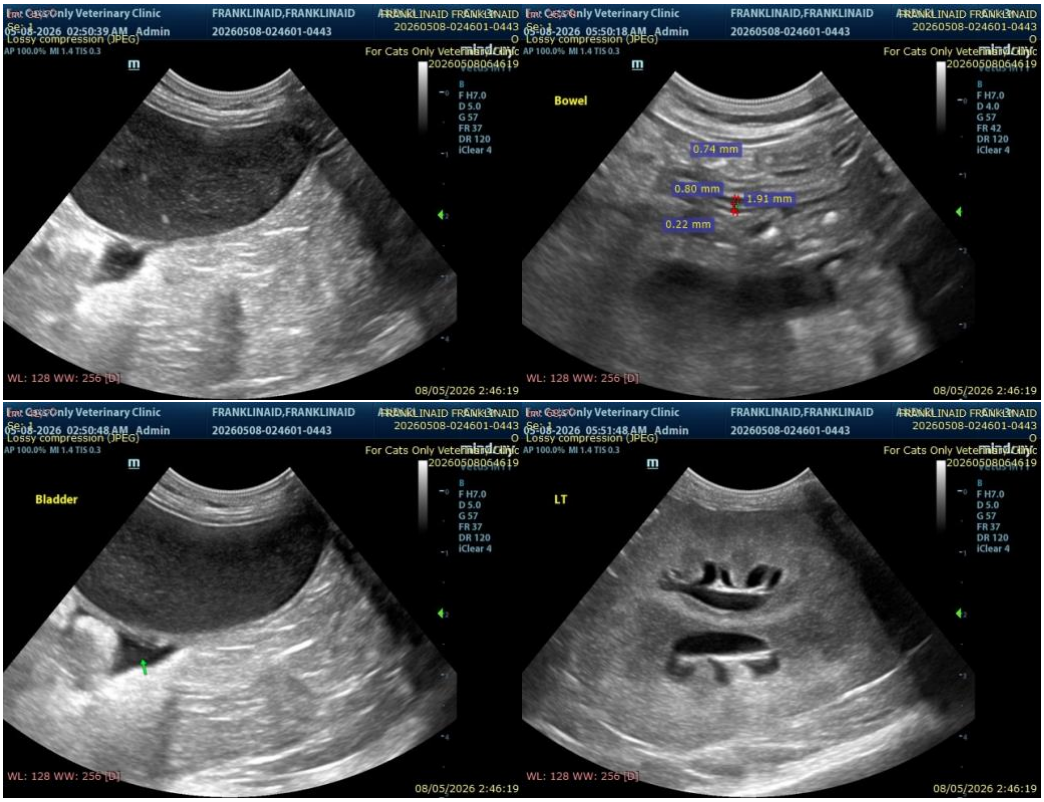
recommended.

- Given the marked bilateral renomegaly and FIV-positive status, renal lymphoma should be considered an important differential diagnosis. Ultrasound-guided renal aspirates/cytology may be considered if clinically appropriate and if coagulation status/patient stability permit.

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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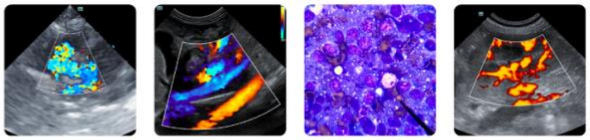

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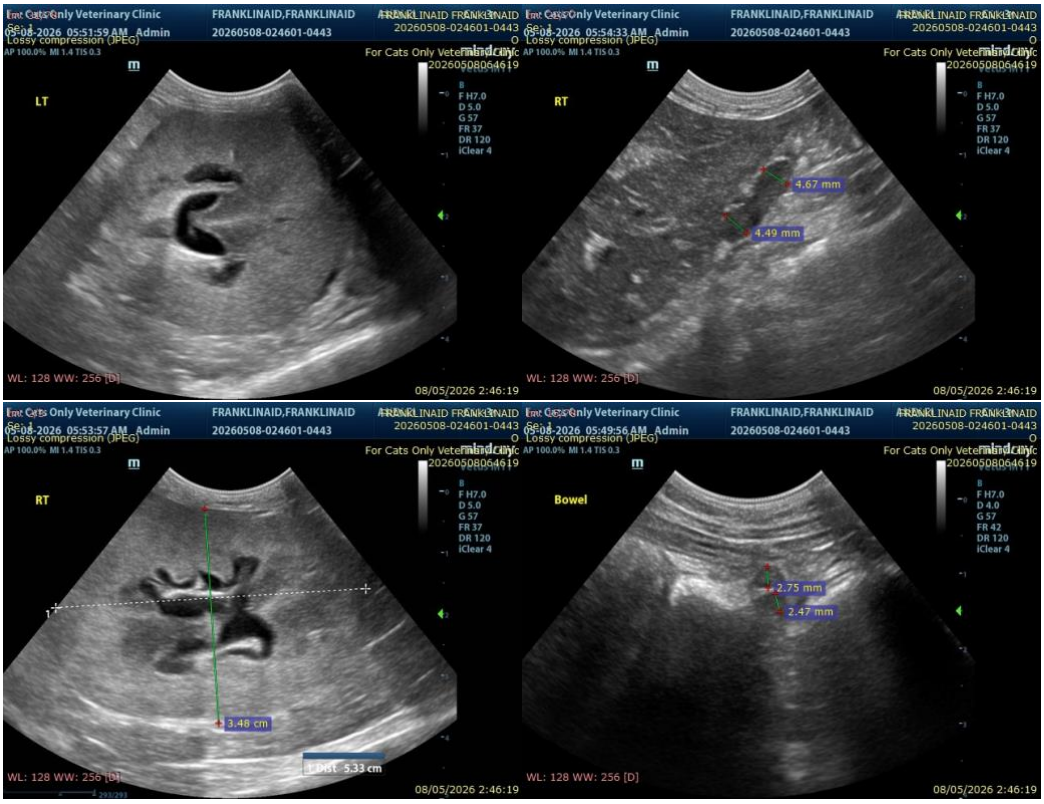

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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