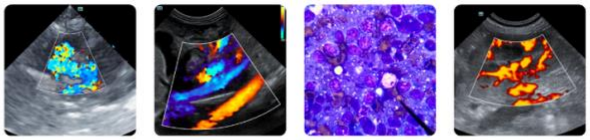


PATIENT

Merlot Leavy

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years 11 Months

WEIGHT

13.6 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT-NH Veterinary Clinic

REFERRING VET

Dr. Torzewski

INVOICE

35998

DATE

5/8/26

PRESENTING CLINICAL SIGNS

History: 11yo MN DSH whom on annual bloodwork had elev TP10.1/GLOB 7.0, abnormal ALB:GLOB ratio 0.4. On UA: USG 1.049, >50 RBCs, urine culture negative. Radiographs - R nephrolithiasis. Current symptoms and duration: No symptoms pertaining to abnormal bloodwork findings. Current treatments and or medications: no medications/treatments as of 4/22/26. Any abnormal test results of imaging (limit 1500 characters): 1. Right nephrolithiasis. Suspect lumbosacral chronic intervertebral disc disease of unknown clinical significance.

Abnormal PE/Chem/CBC/UA Results: TP10.1/GLOB 7.0, abnormal ALB:GLOB ratio 0.4. UA: USG 1.049, >50 RBCs. urine culture negative Radiographs - R nephrolithiasis. L-S chronic IVDD.

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 mineral 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: 4.39×2.99 cm, and the thickness of the cortex is 0.40 cm in the sagittal plane.

The right kidney is normal in shape and size: 4.87×2.73 cm, and the thickness of the cortex is 0.47 cm in the sagittal plane.

Both kidneys: The renal cortices are mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Mild bilateral medullary rim sign is present. Mild medullary nephrocalcinosis is identified within the right kidney. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. 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 0.40 cm The right adrenal gland measures 0.35 cm.

Spleen

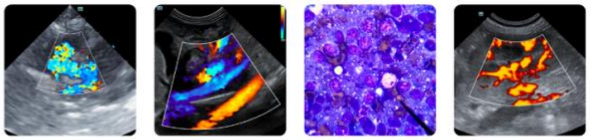
Splenic thickness is 0.86 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

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.

Gastrointestinal Tract



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The stomach is empty and folded, with gastric mural thickness measuring 2.07 mm and preserved wall layering.

The duodenum measures 2.09 mm in wall thickness.

The jejunum measures 1.81 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 0.99 mm, 0.45 mm, and 0.30 mm, respectively. Wall layering is preserved. The muscularis-to-mucosa ratio is approximately 0.30, which is within normal limits for a cat.

The ileum measures 1.58 mm in total wall thickness, with mucosal, submucosal, and muscularis propria thicknesses of 0.57 mm, 0.51 mm, and 0.29 mm, respectively. Wall layering is preserved.

The ileocecal junction was not confidently visualized.

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

The colon measures 1.29 mm in wall thickness and contains a small amount of fecal material.

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

- Subtle bilateral renal cortical hyperechogenicity.
- Mild urinary mineral sediment/debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound examination is largely unremarkable. Mild bilateral renal cortical hyperechogenicity, bilateral medullary rim sign, and mild right renal medullary nephrocalcinosis are present. These findings are nonspecific and may represent mild chronic or incidental renal change; however, renal size, architecture, corticomedullary definition, and renal pelvic dimensions remain within normal limits. No ultrasonographic evidence of obstructive nephrolithiasis or hydronephrosis is identified despite the prior radiographic suspicion of right nephrolithiasis. Small or nonobstructive mineral opacities may occasionally be more conspicuous radiographically than ultrasonographically.

Mild mineral urinary sediment is present and may correlate with the reported hematuria; however, no ultrasonographic evidence of cystitis, obstructive urinary disease, ureterolithiasis, or urinary tract mass lesion is identified.

No sonographic abnormalities are identified to explain the marked hyperglobulinemia or decreased albumin-to-globulin ratio.

Recommendations:

- Correlation with serum protein electrophoresis is recommended to further characterize the

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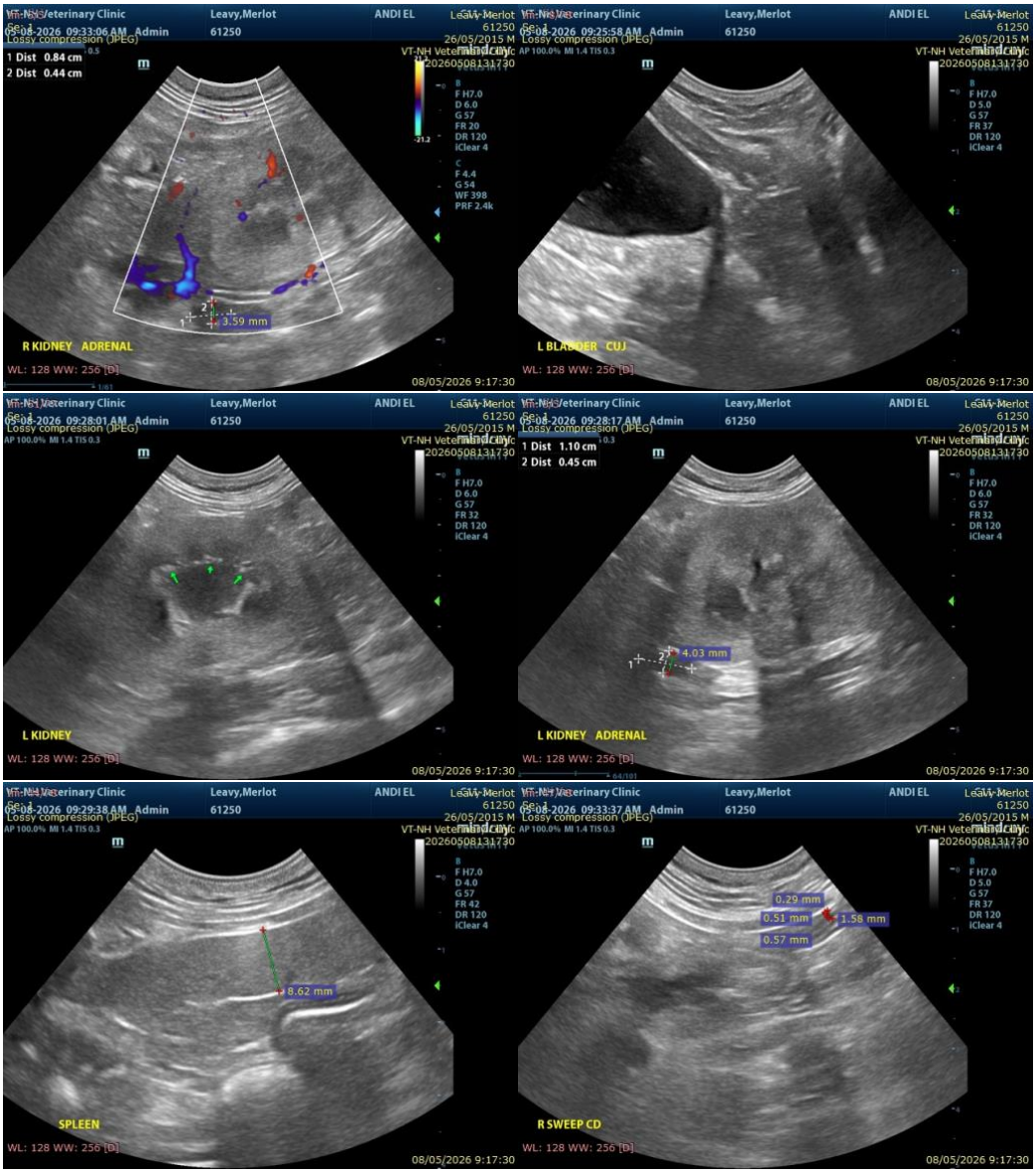
marked hyperglobulinemia and determine whether the gammopathy is polyclonal or monoclonal.

- Continued investigation for underlying infectious, inflammatory, immune-mediated, or neoplastic disease may be warranted depending on clinical suspicion and laboratory trends.
- Repeat urinalysis and urine sediment evaluation may be considered given the reported hematuria.
- Periodic monitoring of renal parameters and abdominal ultrasound may be considered if clinical signs or laboratory abnormalities progress.

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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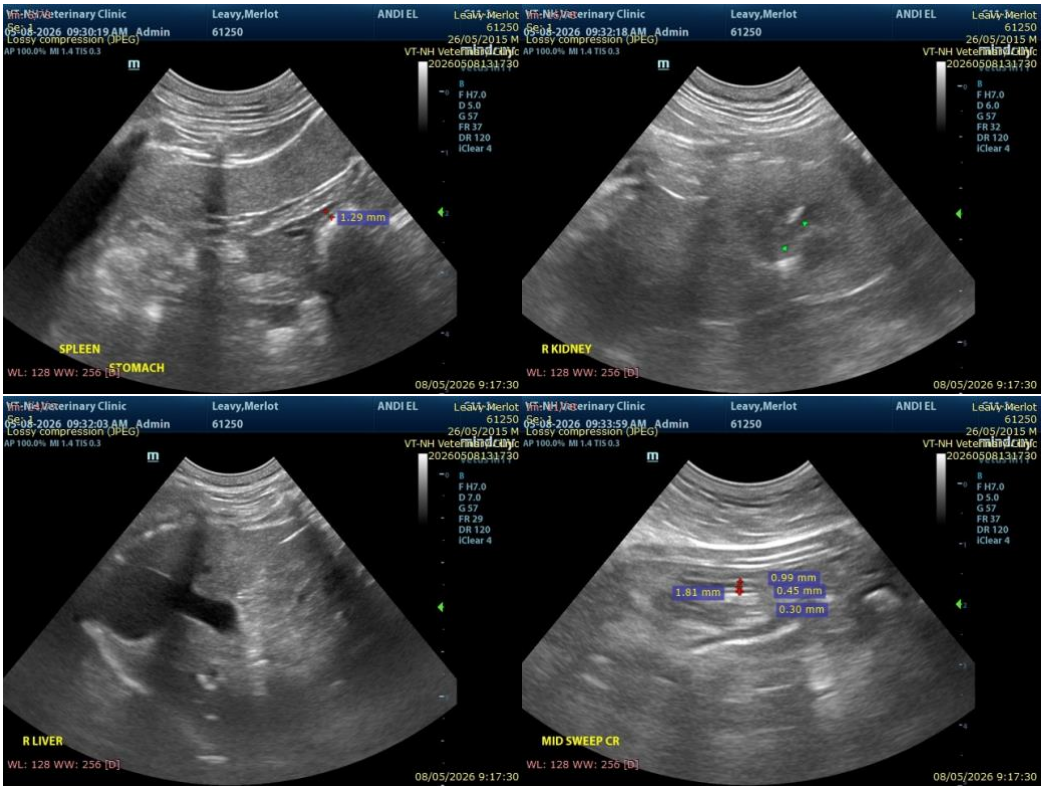

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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