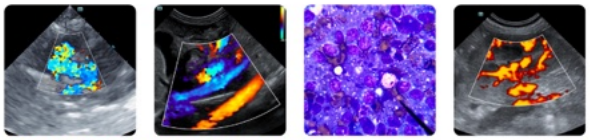


PATIENT

Neo Bronfman

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered male

AGE

11 years

WEIGHT

14.5 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Smatt

INVOICE

78243

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: patient is severely aggressive, unable ever to do an exam without anesthesia. Patient came in today for physical, blood work and abdominal ultrasound.
Patient currently on gabapentin and intermittent doses of Onsior (NSAID)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall 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 sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.94×3.12 cm. Severe hydronephrosis is present, characterized by marked dilation of the renal pelvis with associated compression of the surrounding renal parenchyma. The renal pelvic fluid contains echogenic suspended material. Suspected mineralized material is present within the dilated renal pelvis. Mild reactive change of the adjacent perirenal fat is noted. The left ureter could not be confidently identified.

The right kidney is normal in shape and size, measuring 4.33×2.48 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The renal cortex is markedly hyperechoic compared to the hepatic parenchyma. Corticomedullary definition remains preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures 0.31 cm. The right adrenal gland is not confidently visualized.

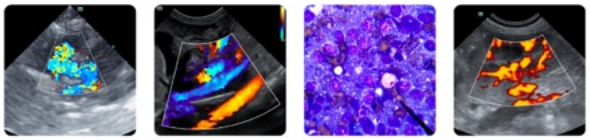
Spleen

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

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 tract

The stomach is empty and folded, with a mural thickness of 1.49 mm and preserved wall layering.

The jejunum measures 2.84 mm. The mucosa measures 1.42 mm, the submucosa 0.53 mm, and the muscularis propria 0.55 mm.

The ileum measures 2.48 mm. The mucosa measures 0.66 mm, the submucosa 0.81 mm, and the muscularis propria 1.01 mm. Wall layering remains preserved.

The colon measures 0.76 mm and contains a small amount of formed fecal material within 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

- Severe left hydronephrosis with marked pelvic dilation, parenchymal compression, echogenic pelvic contents, and suspected nephrolithiasis.
- Marked right renal cortical hyperechogenicity.

SECONDARY FINDINGS

- Mild ileal muscularis thickening (muscularis-to-mucosa ratio approximately 1.53).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe left hydronephrosis is present, characterized by marked renal pelvic dilation, compression of the surrounding renal parenchyma, and mild reactive change of the adjacent perirenal fat. Echogenic suspended material is present within the dilated renal pelvis, and a small amount of mineralized material is suspected. Although the ureter could not be confidently identified, the overall ultrasonographic appearance is most consistent with chronic ureteral obstruction, with ureterolithiasis and ureteral stricture considered the primary differential diagnoses.

The right kidney demonstrates increased cortical echogenicity but maintains normal size, architecture, and corticomedullary definition. This finding is nonspecific and may be associated with chronic renal change.

Mild thickening of the ileal muscularis layer is present, resulting in a muscularis-to-mucosa ratio of approximately 1.53. This finding may be seen with chronic enteropathy, inflammatory bowel disease, or

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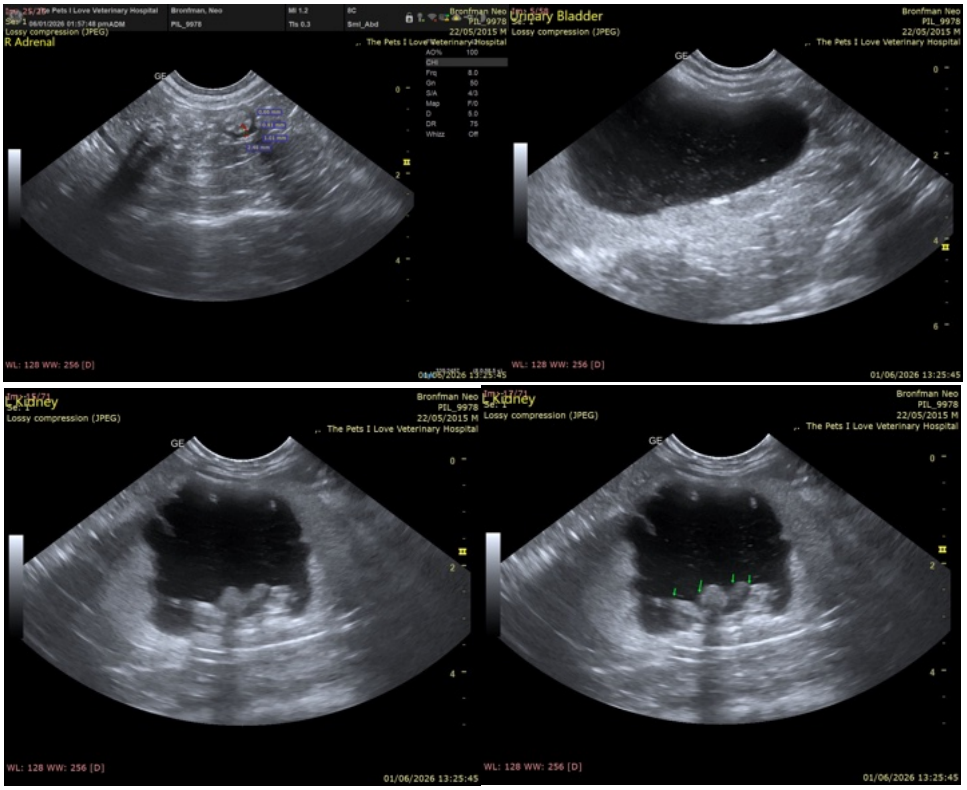
small-cell lymphoma. However, no additional ultrasonographic evidence of infiltrative intestinal disease is identified, and the significance of this finding should be interpreted in conjunction with the patient's clinical signs and laboratory data.

No sonographic evidence of abdominal effusion, peritonitis, abdominal lymphadenopathy, hepatobiliary disease, pancreatic disease, or other significant abdominal abnormalities is identified.

Recommendations
- Complete serum biochemistry profile, renal values, SDMA, urinalysis, and urine culture if not already performed.
- Advanced imaging of the left ureter (repeat targeted ultrasound, CT urography, or referral evaluation) should be considered to identify the cause of obstruction.
- If renal values are abnormal or obstruction remains a concern, consultation with a clinician experienced in ureteral obstruction management (SUB placement, ureteral stenting, or surgical intervention) is recommended.
- Consider serum cobalamin and folate testing if chronic gastrointestinal disease is clinically suspected.

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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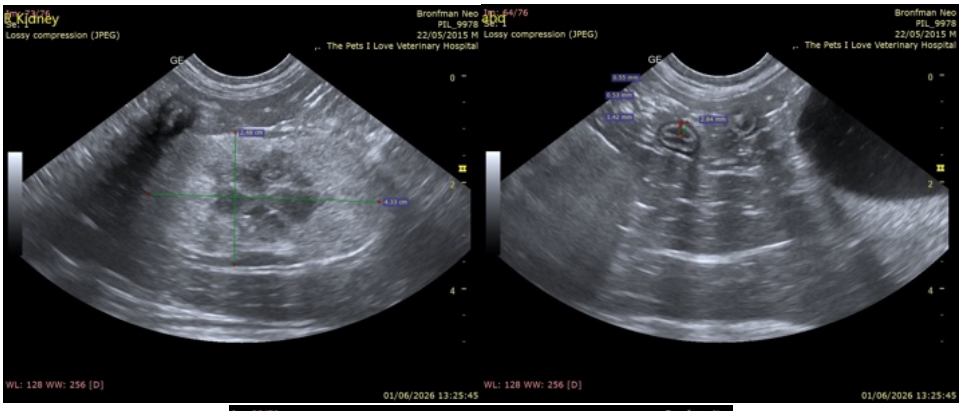

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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