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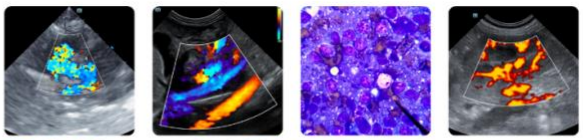


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Banks 60661762

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 months

WEIGHT

3 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

St. Francis
Animal Center

REFERRING VET

Dr. O' Sullivan

INVOICE

23215

DATE

6-17-26

PRESENTING CLINICAL SIGNS

History: Shelter animal presented for routine practice scan post-neuter. No clinical signs or symptoms.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.31 cm in length) with a normal shape. The cortex is subjectively slightly thin. There is evidence of hydronephrosis (1.43 cm in the longitudinal plane). The proximal urethra is dilated (0.45 cm in width). Echogenic debris is observed within the proximal ureteral lumen. The ureter is visible for several centimeters distal to the renal pelvis, after which it is not definitively visualized. There is no evidence of nephroliths or infarcts.

The right kidney is normal in size (3.17 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.58 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

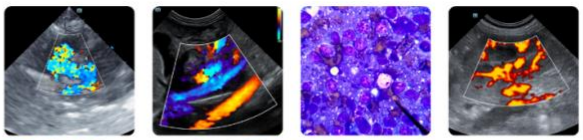
The gallbladder lumen is moderately distended. A bilobed conformation is suspected. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.



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Lymph Nodes
At least two prominent sublumbar lymph nodes are visualized (one measuring 0.74 x 0.49 cm).

Free Abdomen
There is no obvious evidence of free fluid.

Other
In the visualized portion of the thorax, there are suspected B-lines.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left hydronephrosis/hydroureter. An obvious cause for these findings is not identified in this study. Considerations include ureteral stricture, tiny ureterolith (not seen), ureteral tumor (unlikely given the patient's age), ectopic ureter, other.

Secondary Findings

- The sublumbar lymphadenopathy could be consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilobed gallbladder. This is a variation of normal.
- Suspected B-lines. This finding is suggestive of pulmonary parenchymal infiltrates and may be associated with recumbency during anesthesia. Pulmonary pathology is also a consideration correlation with the patient's clinical history is recommended

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate for causes of left hydronephrosis/hydroureter, consider a contrast abdominal CT scan.

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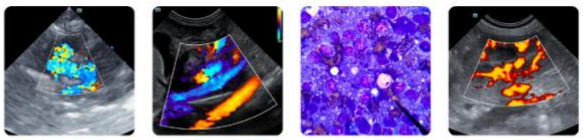

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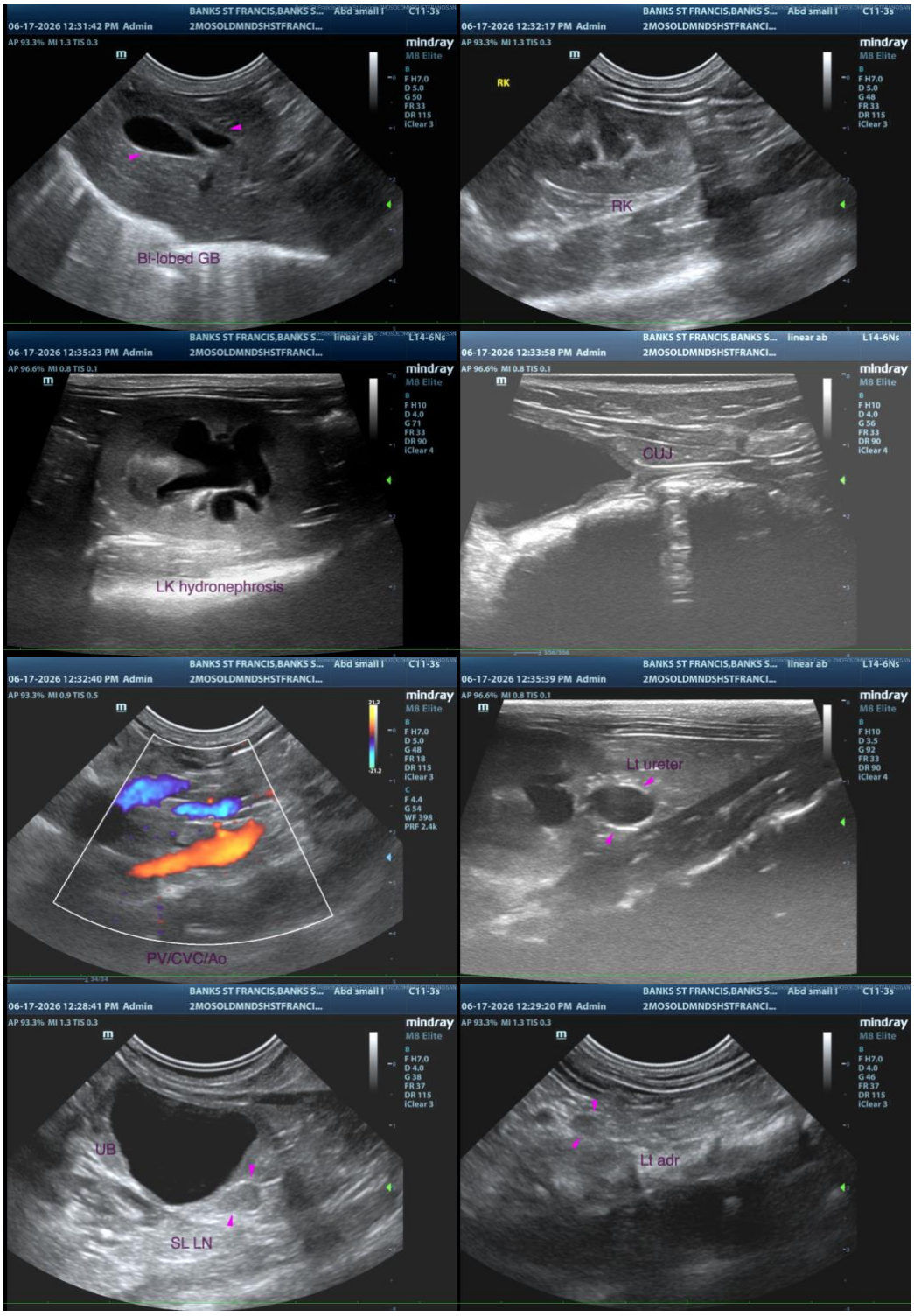

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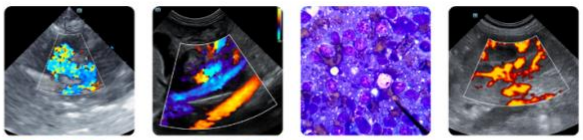

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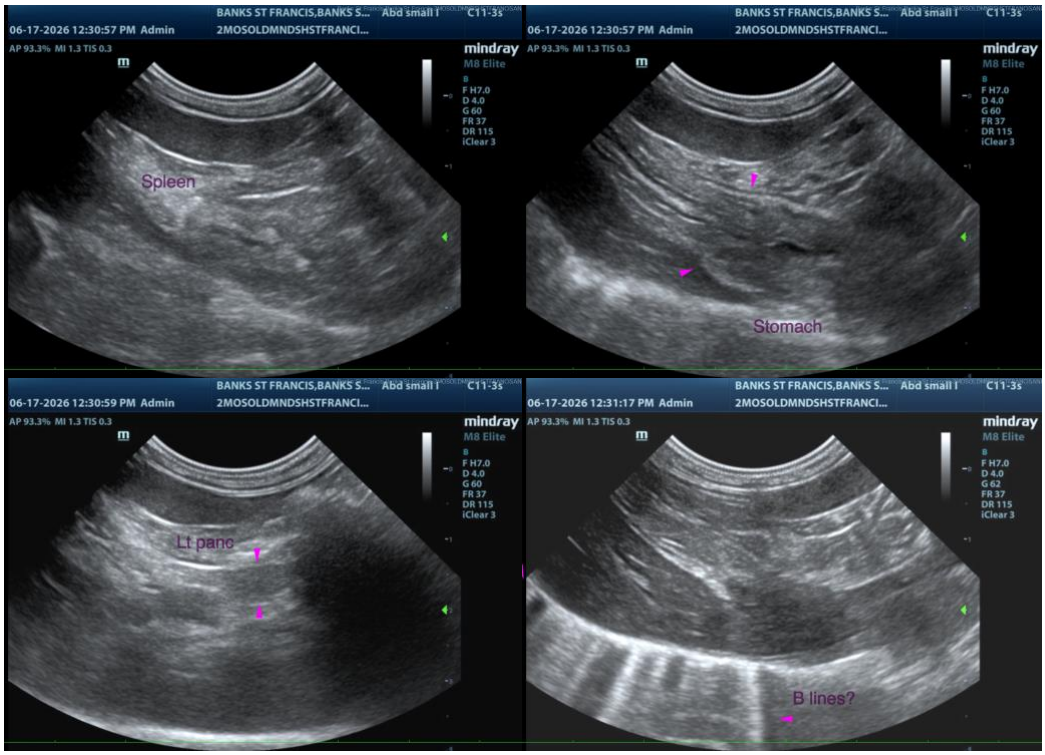

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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