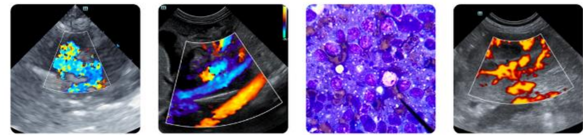


PATIENT

Mark Wahlberg Haynes

SPECIES

Feline

BREED

Domestic longhair

SEX

Male, neutered

AGE

7 Yrs.

WEIGHT

16.57 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside VC

REFERRING VET

Dr. Eggert

INVOICE

13368

DATE
11/24/25

PRESENTING CLINICAL SIGNS

History: ABNORMAL Labwork Values Phosphorus 12.9 2.900 - 6.300 mg/dL BUN 174 16.000 - 37.000 mg/dL Creatinine 12.8 0.900 - 2.300 mg/dL IDEXX SDMA >100 0.000 - 14.000 µg/dL Eosinophils 0.121 0.209 - 1.214 K/µL Lymphocytes 0.488 0.650 - 6.860 K/µL Current Medications None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. A scant amount of echogenic debris is observed within the lumen. In one video clip, a 1.6 cm hyperechoic structure is visualized which may or may not be intraluminal. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is enlarged (5.41 cm in length) with relatively smooth peripheral contours. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. Trace subcapsular fluid is visualized. The mesentery surrounding the kidney is hyperechoic.

The right kidney is enlarged (5.92 cm in length) with relatively smooth peripheral contours. The cortex is hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. A small amount of subcapsular fluid is visualized. The mesentery surrounding the kidney is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.74 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.

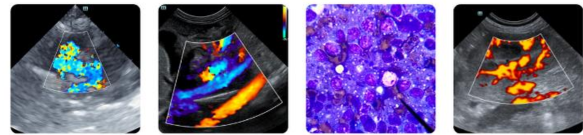
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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.



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Pancreas
A portion of the left limb is visualized and is normal in size with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

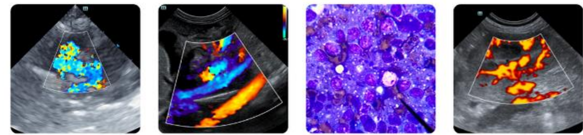
- The bilateral renal changes could be consistent with interstitial nephritis or emerging neoplasia (i.e., lymphoma). Chronic changes are present suggesting an acute on-chronic presentation. The left pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), fluid therapy (if applicable) or some combination thereof. There is evidence of cranial retroperitonitis.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The hyperechoic structure seen in the region of the urinary bladder is thought to be extraluminal. However, an intraluminal structure (i.e., stone, mass) cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history and sonographic renal changes, consider the following:
1. Urinalysis with culture and sensitivity
2. UPC (if proteinuria is present in the absence of infection)
3. Baseline blood pressure measurement to assess for systemic hypertension
4. +/- renal aspiration (if clotting status and blood pressure are normal)
5. IV fluid diuresis and supportive care with close monitoring of the patient's renal values to assess progression of the azotemia
6. Consider transitioning to a prescription renal diet when the patient is eating again.



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Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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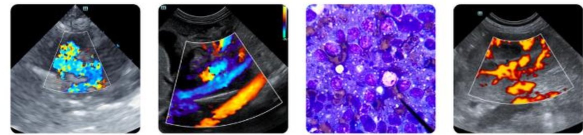

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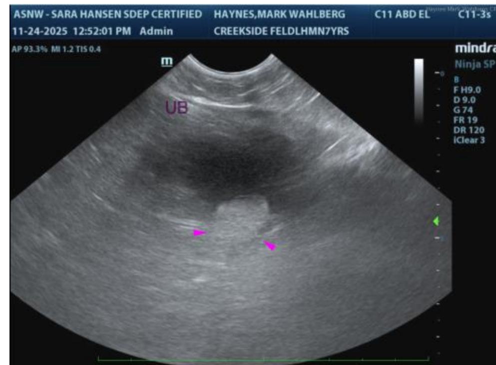

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com