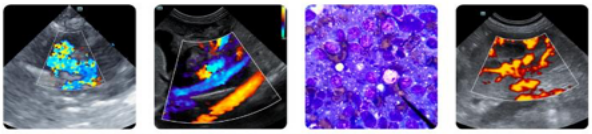

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Mr. Doofy DeMone

SPECIES

Feline

BREED

Domestic Longhair

SEX

Male, neutered

AGE

10 Yrs.

WEIGHT

4.35 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

13567

DATE

5/25/26

PRESENTING CLINICAL SIGNS

History: New client to us Jan 26, was a street cat, is known FIV + Reports notable weight loss, decreased appetite, BP normal, collect investigate cause of weight loss. No meds currently Abnormal PE/Chem/CBC/UA Results: Elevated Kidney values, TT4 still high normal, Urine C and S showed no growth. USG 1.015, 1+ proteinuria, hematuria, pyuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of aggravated echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.14 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and hyperechoic relative to the spleen and there is moderate to severe loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.59 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic to hyperechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with moderate loss of 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 (0.36 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 (0.61 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 cholelithsare observed. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes

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The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral nonspecific, age-related renal changes. Given the patient's clinical history, acute or acute on-chronic renal failure are considerations. Possible causes include infection, toxin, emerging neoplasia (i.e., lymphoma) or hypotensive event.
- The mild urinary debris is likely a benign, incidental finding.

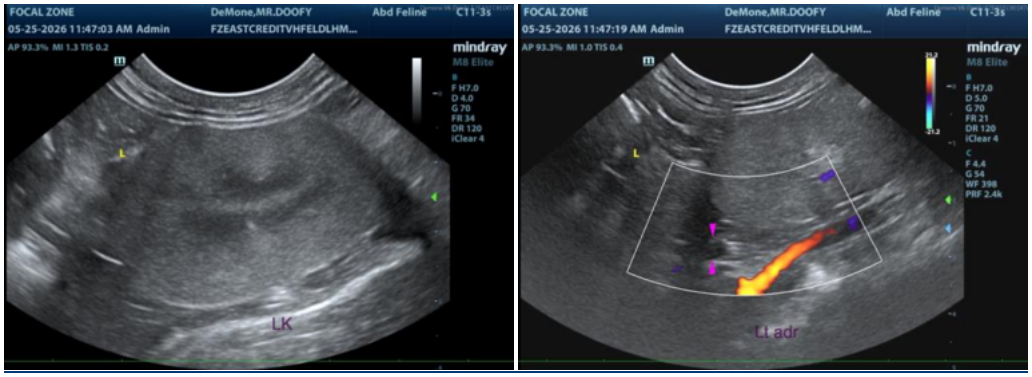
Secondary Findings:

- The small intestinal wall changes could be consistent with inflammatory bowel disease, emerging lymphoma (less likely) or may be a normal variant for this older feline patient. Correlation with the patient's clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's clinical history, consider the following:

1. Empirical treatment for the urinary tract infection (despite negative urine culture results)
2. A UPC if proteinuria persists following empirical treatment for a urinary tract infection
3. Baseline blood pressure measurement
4. +/- renal aspiration assuming normal clotting status and blood pressure measurement
5. Transition to a prescription renal diet when the patient's appetite normalizes.
6. Serial monitoring of the patient's renal values to assess progression of the azotemia



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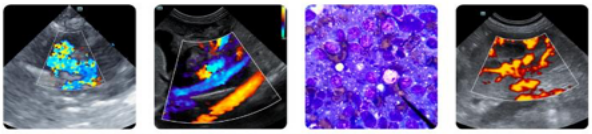

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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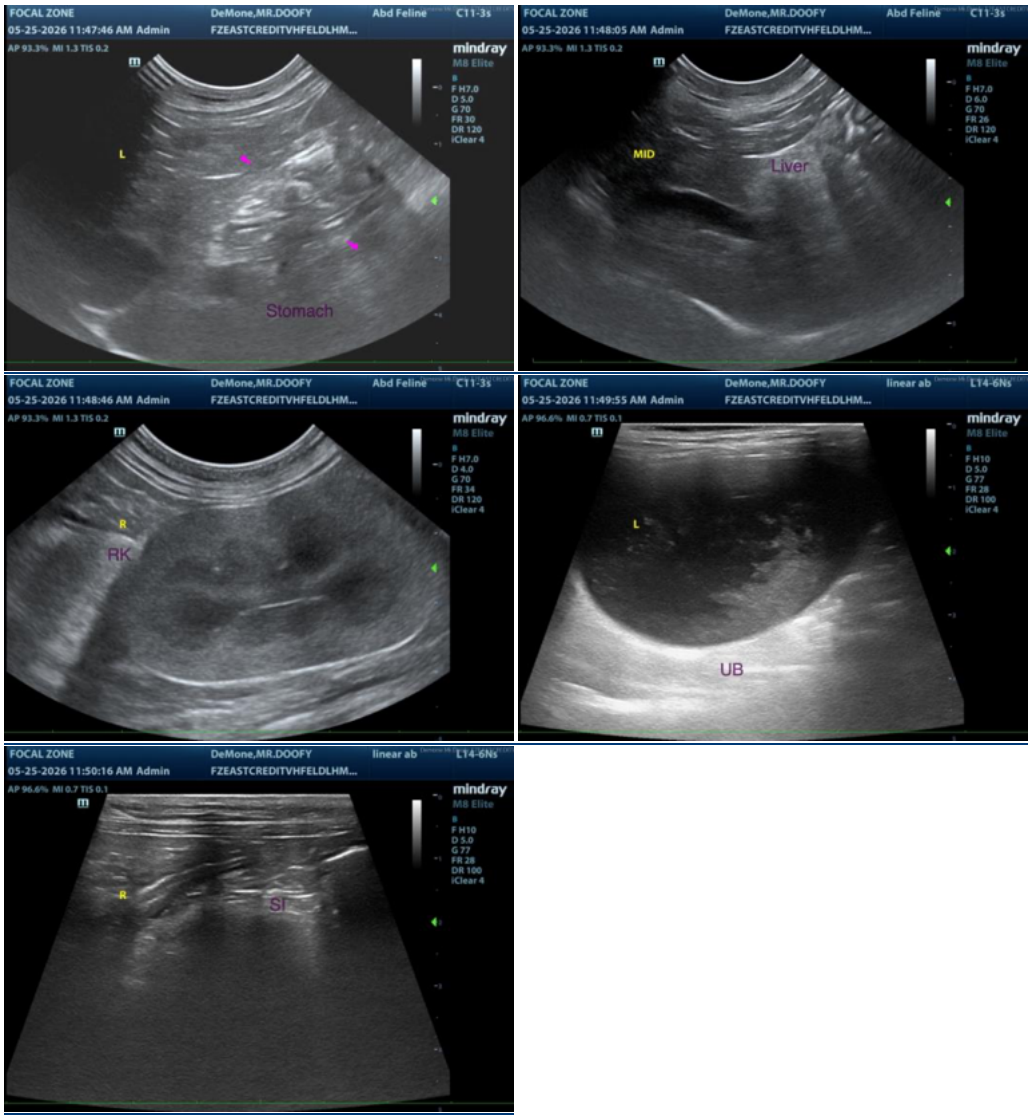

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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