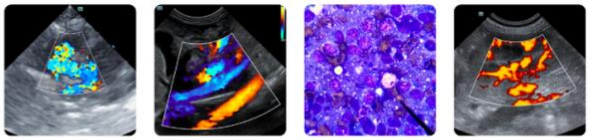

PATIENT

Misty Brown

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

7 Months

WEIGHT

2.8 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Laura De Cordon

HOSPITAL NAME

Lakeview Animal Hospital

REFERRING VET

Dr. Laura De Cordon

INVOICE

12280

DATE

11/15/25

PRESENTING CLINICAL SIGNS

Vomiting (acute onset, undigested food progressing to liquid) - lethargy - dehydration - decreased stool production, - mild abdominal tension

Abnormal PE/Chem/CBC/UA Results: Creatinine 12.0 mg/dL Range 0.8- 2.4 BUN > 130 mg/dL Range 16 - 36 Potassium 8.6 mmol/L Range 3.5 - 5.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are slightly prominent or enlarged with appropriate cortex to medulla definition and normal cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to the liver and spleen and the medullary structure differs distinctly from the cortex. There is moderate pyelectasis bilaterally with hyperechoic shadowing nephroliths within the renal pelvis. The proximal ureters are bilaterally dilated, and the ureter is not visualized distal to the kidney. The renal capsules are smooth and uniform in shape bilaterally. The left kidney measured 4.56 cm in length. The right kidney measures 4.41 cm in length.

Adrenal Glands

Both adrenal glands are not definitively visualized.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.77 cm at the hilus.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

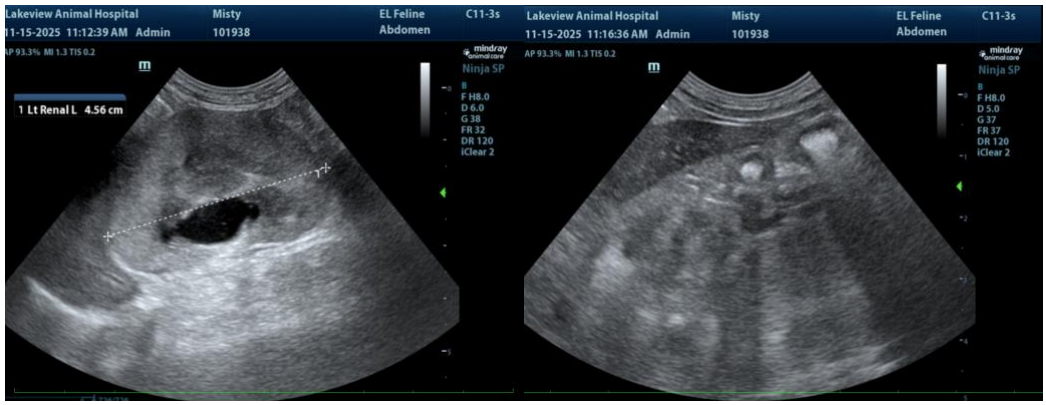
There are several prominent mesenteric lymph nodes with a normal length: width ratio and an isoechoic parenchyma. There is no significant free peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- The bilateral renal pelvic dilation and borderline hydronephrosis with proximal ureteral dilation is concerning for a post-renal obstructive disorder resulting in the reported azotemia. The presence of nephrolithiasis noted most overtly in the right kidney gives concern for potential ureterolith resulting in bilateral urinary tract obstruction, however, given the patient's age, congenital ectopic ureters or other condition causing post renal azotemia cannot be definitively excluded. However, these are not highly suspected given the normal appearance to the bladder.
- The slightly prominent mesenteric lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection. An abdominal CT scan with angiography should be considered to further evaluate the ureters and lower urinary tract for urolithiasis or other congenital causes of the lower urinary tract obstruction.



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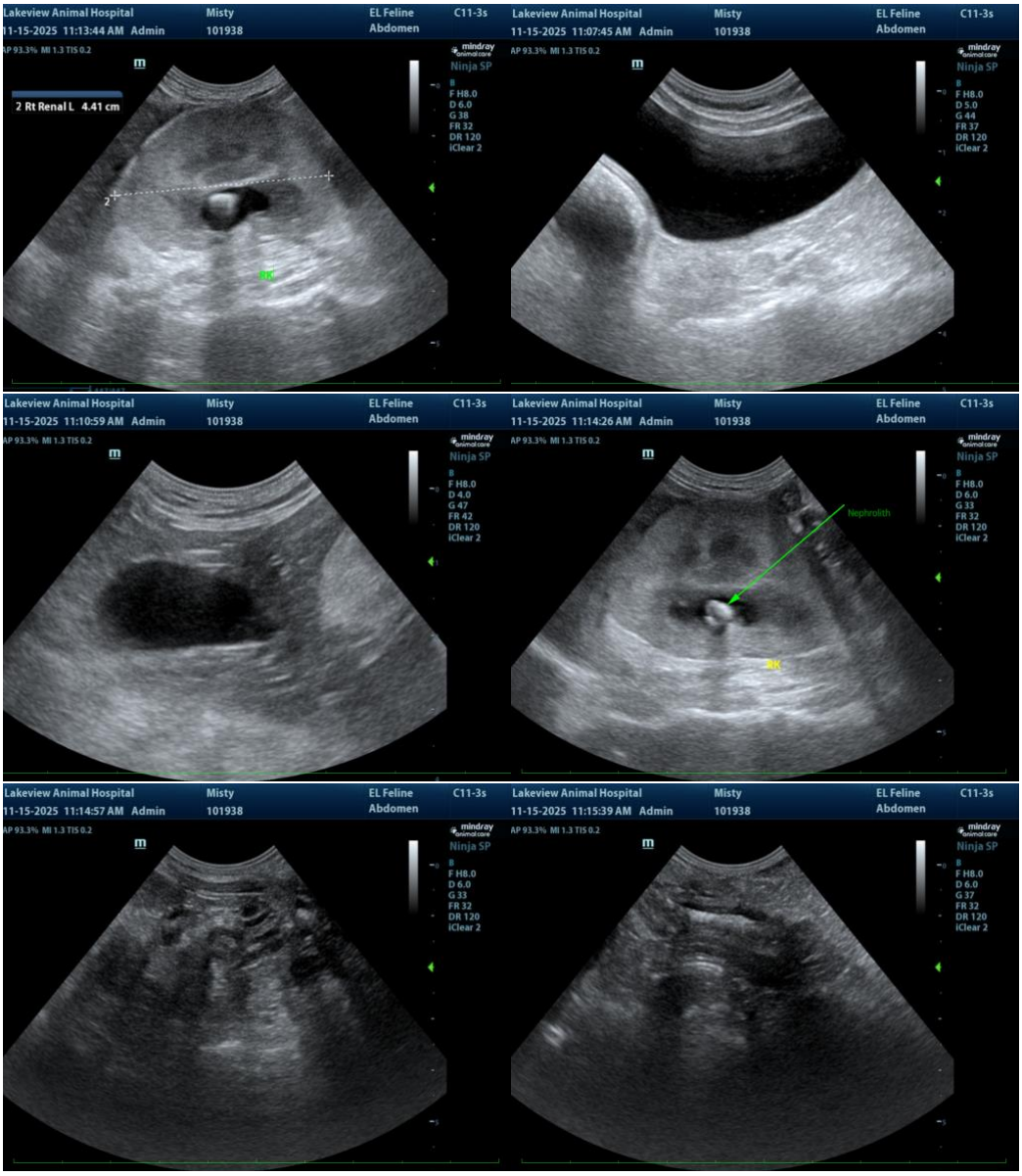

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com