



PATIENT

Ninja Melrose

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

6.8 kg

INTERPRETED BY

Brad Harris, DVM,
DACVECC, Residency
trained in cardiology

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Fish Creek Pet Hospital

INVOICE

71844

DATE

11/15/25

PRESENTING CLINICAL SIGNS

Previous history of AKI and presenting today with concern for ureteral obstruction
Abnormal PE/Chem/CBC/UA Results: Azotemia - creatinine approx 300

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall is normal in thickness with adequate tone. The trigone, and pelvic urethra are unremarkable with no evidence of obstruction. There is a hyperechoic shadowing urolith at the cysto-ureteral junction, and the right ureter is visualized and traced cranially to the right kidney with mild to moderate dilation. There is a hyperechoic shadowing ureterolith within the right ureter.

The right kidney is moderately enlarged with evidence of hydronephrosis and moderate to severe pyelectasia. The right proximal ureter is severely dilated and is also traced caudally to the level of the urinary bladder. There is a mild amount of echogenic, partially shadowing small nephroliths within the right renal pelvis. The right kidney measures 5.37 cm.

The left kidney is small and moderately atrophied. It measures 2.73 cm in length. There is a mild amount of pyelectasia, and the left proximal ureter is also distended but appears to taper after several centimeters. The cortices appear uniform in texture with normal echogenic relationship to the spleen and liver.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.33 cm. Right measures 0.44 cm.

Spleen

The spleen measures 0.66 cm at the hilus. It 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.

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 contains a mild amount of echogenic ingesta, consistent with recent meal. The pylorus and pyloroduodenal junction are patent and without evidence of mechanical outflow tract obstruction. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. There is no



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shadowing small intestinal material or small intestinal dilation that would be concerning for mechanical obstruction. The colon contains normal shadowing feces.

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

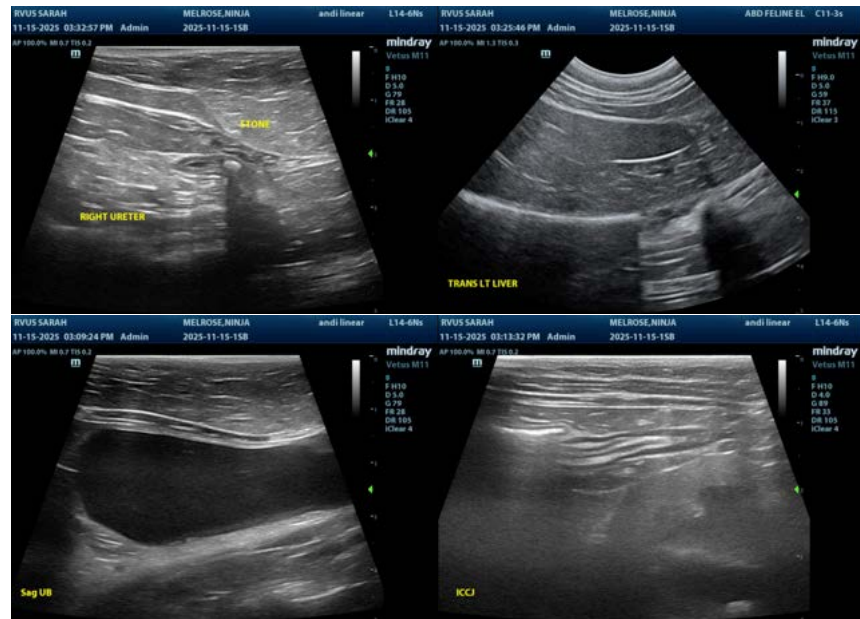
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- There is evidence for hydronephrosis of the right kidney with concern for ureteral obstruction as well as a urolith within the urinary bladder at the cysto-ureteral. The left kidney appears atrophied but also displays evidence of mild pyelectasis and proximal ureteral dilation and is concerning for either historic and chronic obstructions or an early left ureteral obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the degree of azotemia and concern for potential bilateral ureteral obstructions, a CT scan with angiography could be considered. However, ultimately an exploratory laparotomy with ureteral stenting or subcutaneous ureteral bypass may be required to alleviate obstruction and improve the azotemia and clinical signs.





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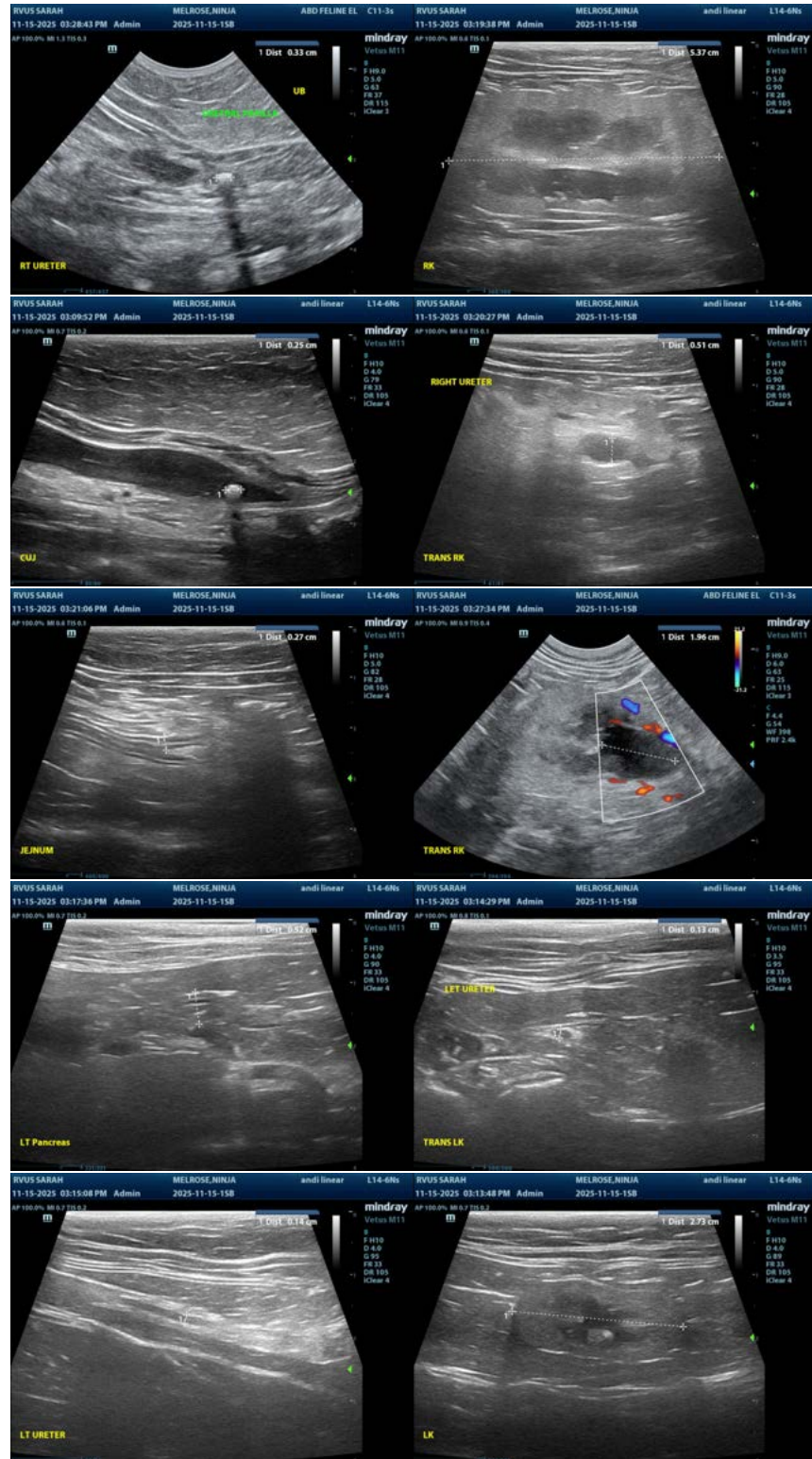
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

info@SonoPath.com