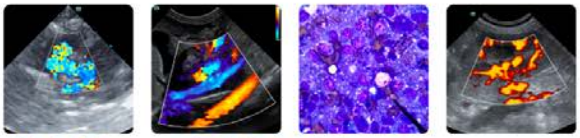

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Sterling MacLean

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

8 Years

WEIGHT

3 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region Emergency Clinic

REFERRING VET

Dr. Diane Ho

INVOICE

71519

DATE

11/3/25

PRESENTING CLINICAL SIGNS

Presented as transfer from RDVM for decreased appetite, significant weight loss. Baseline BW at RDVM showed severe azotemia(Creatinine 1200, BUN 80), severe hyperphosphatemia(P 7.0) Admit Nov 2 to emerg, PE revealed significant dehydration and quiet demeanor. Start IVF, Maropitant, Ondansetron, Pantoprazole, Methadone, Marbofloxacin, KCL

Abnormal PE/Chem/CBC/UA Results: Recheck BW after 12 hours of IVF at 1X maintenance showed static azotemia, moderate hyponatremia, severe hypokalemia, baseline UA showed USG 1.010, mild hematuria, mild pyruria, non hyaline casts, no obvious bacteria, doppler BP 110mmHg, culture pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. The bladder contains a moderate amount of suspended mobile echogenic debris. No overt shadowing urolithiasis noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a decreased corticomedullary definition. There are rare micro cortical cystic changes and mild to moderate pyelectasia with shadowing renal pelvic nephrolithiasis. The proximal ureters are not visualized. A ureteral obstruction cannot be definitively excluded. The renal capsules are mildly irregular bilaterally. The left kidney measures 4.04 cm. The right kidney measures 3.46 cm.

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 0.36 cm. Right measures 0.30 cm.

Spleen

The spleen measures 0.46 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 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

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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.

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

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The bilateral renal changes are most consistent with age related chronic renal disease. Given the presence of pyelectasis and suspicion of nephrolithiasis, this is likely exacerbated by a post-renal obstruction or ascending pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider more aggressive fluid diuresis, given the concern for ureteral obstruction. However, an abdominal CT with contrast may be beneficial in further evaluating potential ureteroliths and renal obstructive disease.

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Continue empiric antibiotic therapy pending results of the urine culture.

Also consider the addition of phosphate binders, given the presence of hyperphosphatemia, and emergent therapy for hypokalemia, which would involve potassium supplementation in IV fluid.

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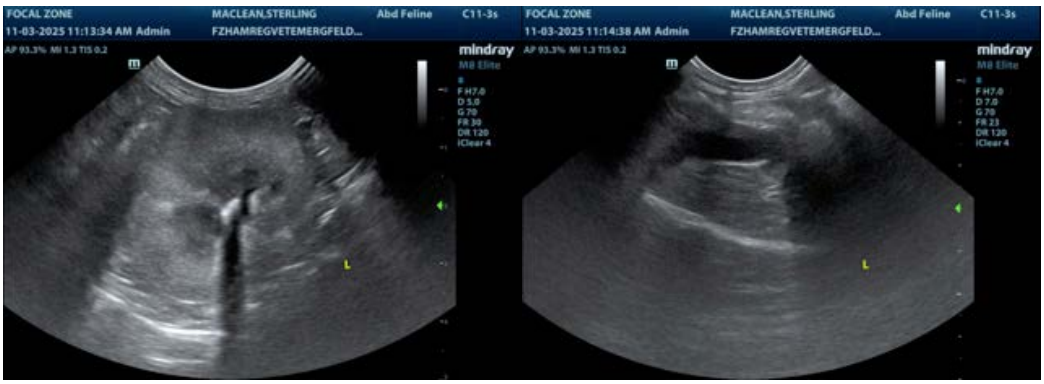

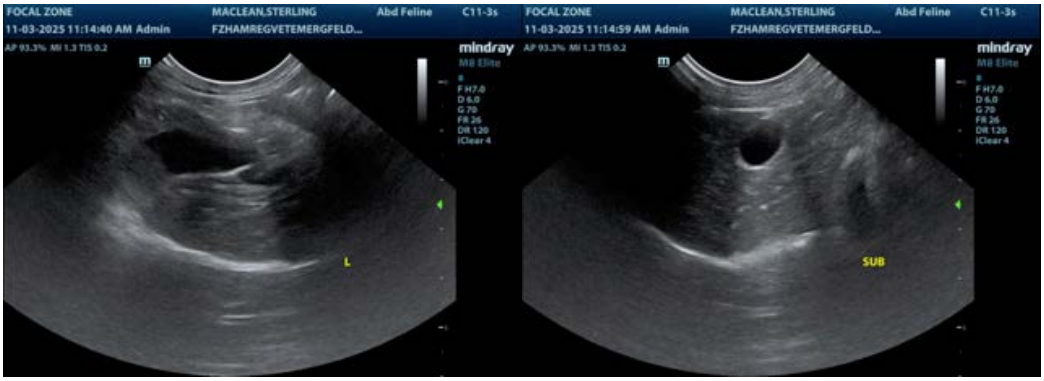

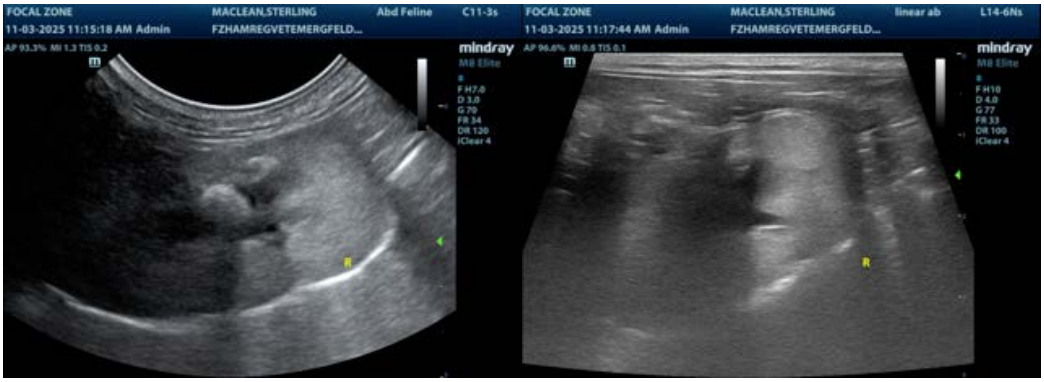

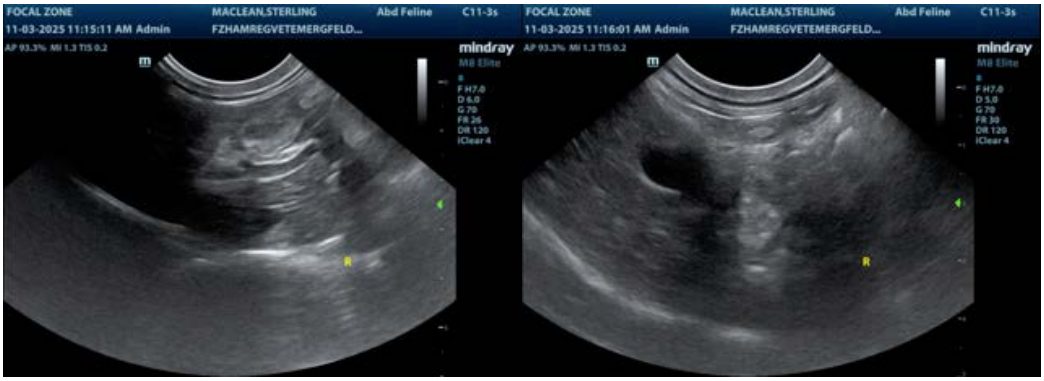

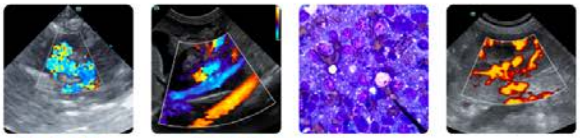

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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