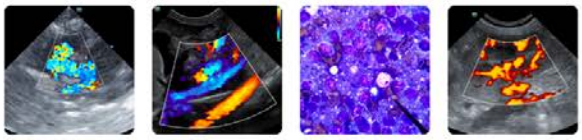


PATIENT

Mushka Hannon

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

3.6 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens Veterinary Hospital

REFERRING VET

Dr. Brouillette

INVOICE

71978

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History of allergic dermatitis likely secondary to food hypersensitivity and environmental. Patient has been doing well on Atopica and hypoallergenic diet for 1.5 years. Patient developed UTI, which was responsive to Orbax in August of 2025. Repeat lab work indicated that patient has developed renal disease - IRIS stage III. Repeat urine culture performed on 10/07/25 demonstrated no growth. Recommended discontinuing Atopica 2 months ago and transition patient over to renal/hydrolyzed diet. High normal T4; free T4 WNL.

Abnormal PE/Chem/CBC/UA Results: most recent lab work performed on 10/29/25: mild elevation of ALT @ 116 IU/L (previously WNL); BUN elevated @ 40 mg/dL (previously 46); Creatinine elevated @ 2.9 mg/dL(previously 3.1); SDMA elevated @ 23.9 ug/dL (previously 22.7); elevated serum cholesterol @ 221 mg/dL; CPK mildly increased @ 588 IU/L (hemolyzed serum); neutrophilia @ 9,300/uL; eosinophilia @ 2,170/uL; T4 high normal @ 2.7 ug/dL (no weight loss); urine low normal with SpGr @ 1.019; renal tech positive.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney is small at 2.78 cm. Right kidney is small-normal at 3.2 cm. Chronic infarcts are noted bilaterally.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

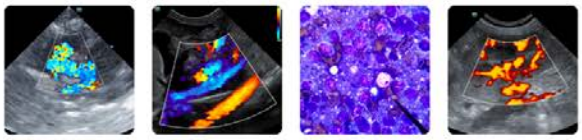
The right adrenal gland is normal in size measuring 0.35 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. Additionally, multiple non-visibly obstructive shadowing mineral densities/cholecystoliths are noted within the gallbladder. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Mild pancreatic duct dilation is suspected.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a trace amount of anechoic free fluid.

Assessment of heart base images is included when/if a splenic nodule/mass is present (as a complimentary add on). They are also assessed when a specific request is made for assessment of a limited second cavity (heart base and/or thorax) for an additional charge. Images of the heart (and/or) thorax were not assessed for this study. Please contact us if you would like a second cavity.

ULTRASONOGRAPHIC FINDINGS

- Chronic kidney disease changes characterized by a small left kidney and bilateral chronic infarcts.
- Multiple non-visibly obstructive cholecystoliths are of unknown clinical significance and could be an incidental finding but should be interpreted in combination with clinical signs, laboratory changes, etc. that indicate an active pathologic clinically significant process versus not.
- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- The trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased

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oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

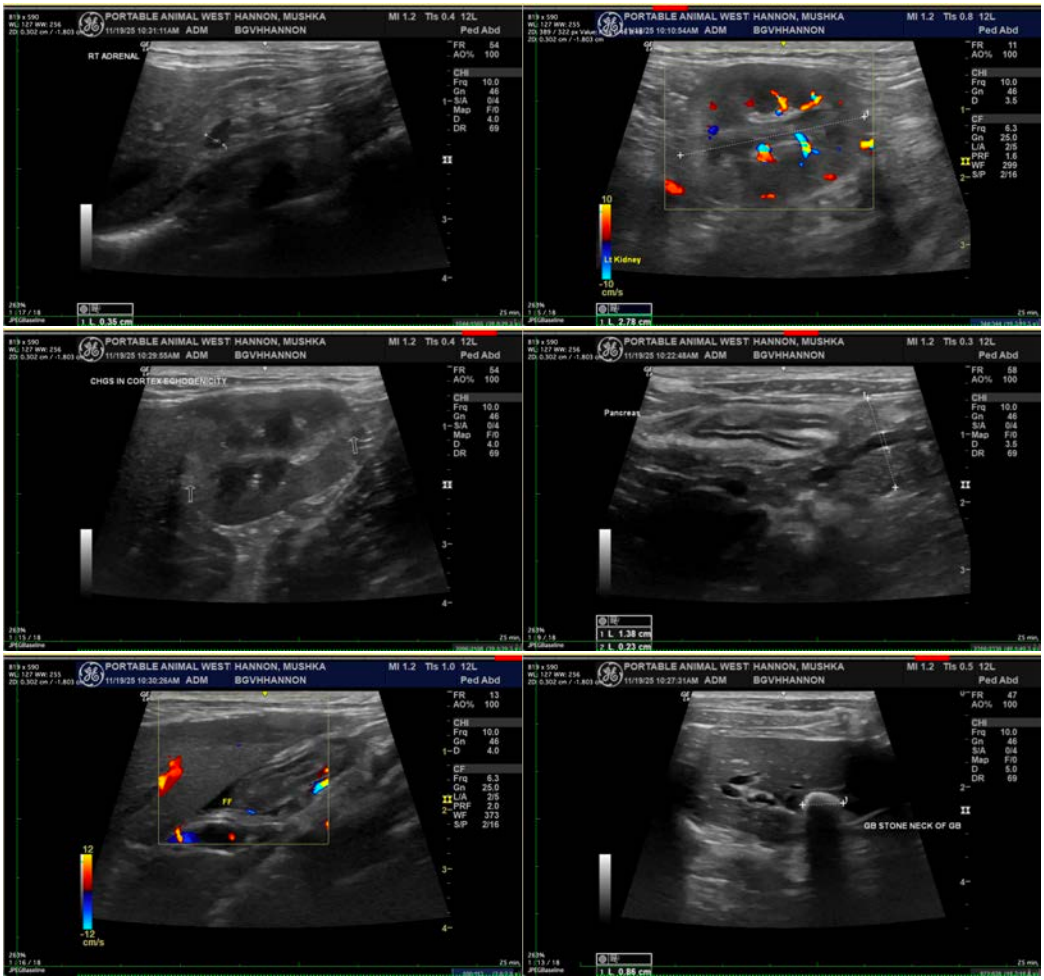
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urine culture could be considered.

A blood pressure is also recommended.

Further recommendations regarding the biliary and pancreatic changes, etc. are largely dependent on patient's clinical status.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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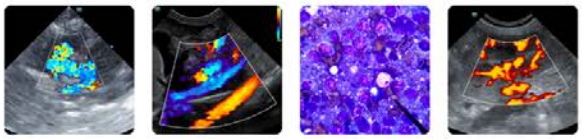

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com