



PATIENT

Squish Thackston

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

6.31 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Alyssa Sakmar

INVOICE

11833

DATE

4/29/2026

PRESENTING CLINICAL SIGNS

Patient presented for recent weight loss, occasional vomiting. Normal appetite. Normal litter box behavior. May be drinking more water. SDMA 37, creat 6.6, BUN 72, cystatin B 325, K 3.5.

ULTRASONOGRAPHIC EXAMINATION OF THE URINARY TRACT

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Both kidneys are irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no mineral observed.

Left kidney is small in size measuring 2.85 cm and contains trace pyelectasia.

The right kidney is normal in size measuring 3.76 cm. The normal size of the right kidney is likely related to marked pyelectasia/emerging hydronephrosis, measuring 0.9 cm in transverse view. The ureter is dilated as far as it can be followed in these images approximately 2.0 cm from the kidney, measuring 0.33 cm dilated.

ULTRASONOGRAPHIC FINDINGS

- Marked pyelectasia/emerging hydronephrosis and hydro proximal ureter in the right kidney could be secondary to urinary obstruction from mineral not visible in these images, stricture versus other contributing ascending infection/pyelonephritis can't be ruled out.
- Concurrent bilateral chronic kidney disease changes.

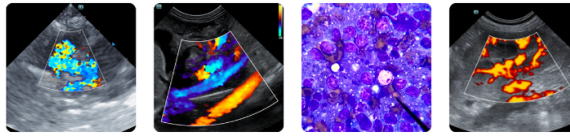
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Concurrent direct sampling of the right renal pelvis could be considered if patient's coagulation status is appropriate.

Pending patient's response to supportive/symptomatic medical management for presumed pyelonephritis, chronic kidney disease, etc., while closely monitoring the azotemia as well as the appearance of the right kidney for progression versus improvement, advanced imaging such as abdominal contrast CT scan may be indicated to help determine whether there is a ureteral obstruction that can be bypassed in a timely fashion to preserve right kidney function.

Consultation/referral to a Veterinary specialist such as an Internist could be considered.



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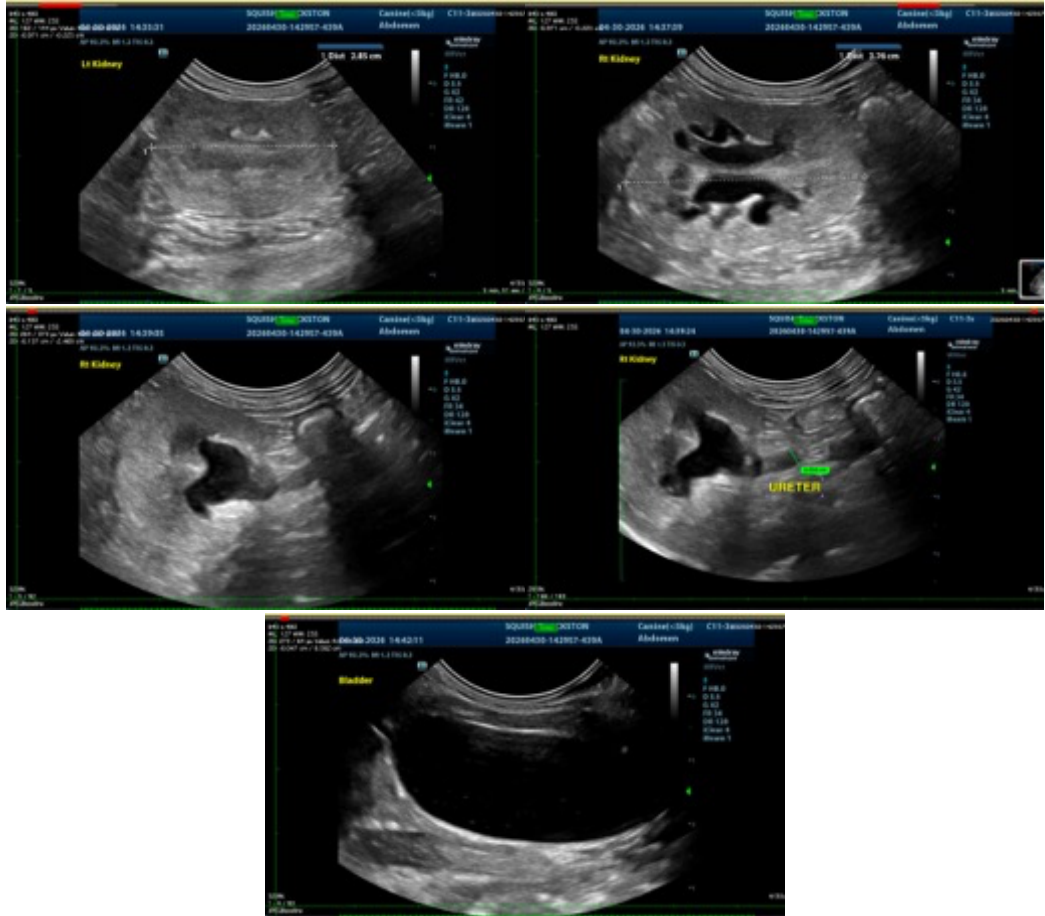
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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