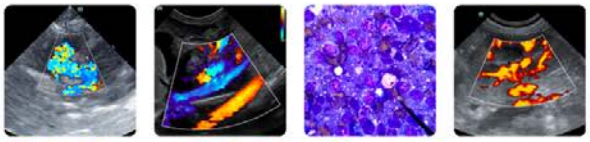


PATIENT

Frankie Mineo

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.4 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Varujan Belekdanian

HOSPITAL NAME

Overpeck Creek Animal Hospital

REFERRING VET

Dr. Varujan Belekdanian

INVOICE

75448

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Frankie is a 10 year old MN Domestic shorthair who presented today for a bicavitary ultrasound (echocardiogram and abdominal) after abnormal bloodwork. Patient is overall asymptomatic. Patient is extremely aggressive and is unable to properly examine without sedation. Alfaxalone 2 mg/kg and butorphanol 0.4 mg/kg were given. After sedating, patient's heart was auscultated and no gallop rhythm or murmur was heard.

Abnormal PE/Chem/CBC/UA Results: Elevated proBNP of 230, diluted urine of 1.027, proteinuria 3+ and hematuria of 3+/75-100 RBCs per HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 4.09 cm. In the cranial pole of the right kidney there is an approximately 1.0 cm x 1.8 cm hypoechoic density that appears to communicate with the medulla, extending through the cortex and almost appears to communicate with free fluid or subcapsular rim surrounding the kidney as well as enhanced hyperechoic mesentery and fat in that area. Right kidney measured 4.35 cm.

Adrenal Glands

The areas of the adrenal glands are examined without evident adrenal gland pathology.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

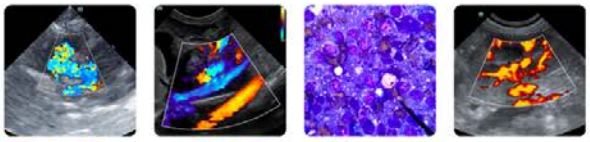
Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with



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normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a trace amount of free fluid adjacent to the right kidney.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The hypoechoic density within the right renal cortex appearing to communicate with the medulla but not necessarily the renal pelvis could indicate a focal inflammatory or infectious change such as an abscess or a complicated cyst, hematoma, other. An infiltrative neoplastic nodule such as seen with lymphoma, however, can't be ruled out without tissue sampling. There does not appear to be blood flow in the hypoechoic area, and an acute infarct is also a differential. The changes adjacent to the right kidney suggest focal inflammation and suggest an acute insult.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urine culture is recommended.

A blood pressure is recommended.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the hypoechoic density within the right kidney could be considered if patient's coagulation status is appropriate.

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

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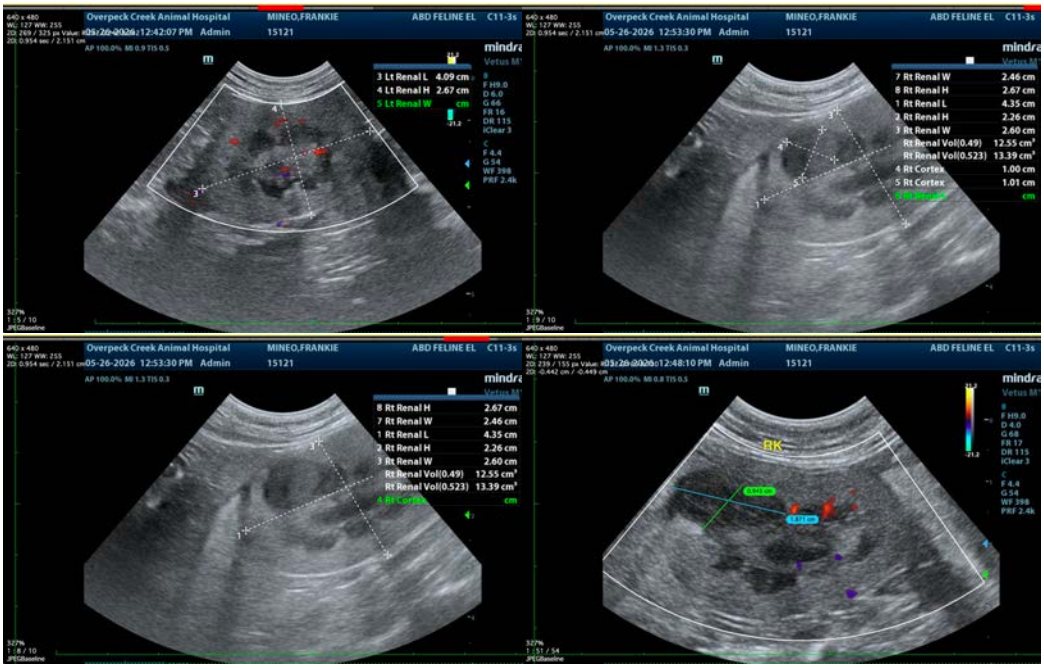

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com