



PATIENT

Eilish Ryzoff

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5

WEIGHT

8.8

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

12062

DATE

6/3/2026

PRESENTING CLINICAL SIGNS

Lethargy, dry heavy producing yellow bile.

Abnormal PE/Chem/CBC/UA Results: WBC 20.68 BUN > 130 Creat >13.6 Phos >16.1 K 6.9 cHLOR 108.

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.

The right kidney is uniformly enlarged/swollen (4.8 cm) with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Normal smooth peripheral margination and shape are maintained. The renal pelvis are dilated with anechoic fluid and hyperechoic thickened pelvic fat. There appears to be some mineral/sand debris within the renal pelvis. No overt evidence of neoplasia observed. The perinephric area is enhanced by hyperechoic fat and mesentery.

A thin rim of left renal cortex is the only tissue present, surrounding a markedly fluid dilated renal pelvis/collecting system. Narrow bands of hyperechoic tissue extend from the capsule towards the hilus. The left kidney measures 3.47 cm.

Adrenal Glands

The right adrenal gland is normal in size (X cm at cranial pole and X cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (X cm at cranial pole and X cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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



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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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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.

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

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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.

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Free Abdomen

There is a trace amount of anechoic free fluid noted in these images.

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There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Marked bilateral pyelectasia with hydronephrosis in the left kidney, are concerning for some degree of possible, at least partial obstruction, at least on the left side with differentials being a non-visible ureterolith, ureteral stricture, mucous, or other debris, clog, etc. Concurrent ascending infection cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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.

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A blood pressure is recommended if not recently evaluated.

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If a representative urine sample is unable to be obtained from the urinary bladder, direct sampling of the left renal pelvis could be considered if patient's coagulation status is appropriate. Further specific treatment, and further diagnostic recommendations are largely dependent on the results of that sampling, as well as results of supportive/symptomatic medical management of clinical signs, the azotemia response to rehydration, etc. Advanced imaging such as an abdominal contrast CT scan may be helpful to further identify or rule out ureteral obstruction, which would warrant more aggressive intervention sooner rather than later, if possible.

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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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