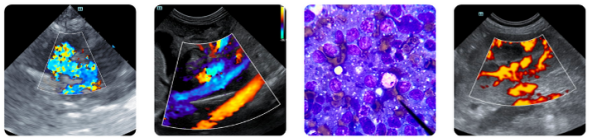


PATIENT

Bear Koski

SPECIES

Feline

BREED

Ragdoll

SEX

MN

AGE

3 years

WEIGHT

3.8 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Sabadilla Animal Clinic

REFERRING VET

Dr. Nathaniel Asemadahun

INVOICE

11299

DATE

2/13/2026

PRESENTING CLINICAL SIGNS

- Weight loss, lethargy

Abnormal PE/Chem/CBC/UA Results: Azotemia, low USG attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, or abnormal thickening visualized. A gravity dependent cystolith present measuring approximately 0.2 cm in length. The single cystolith is visualized in the neck of the urinary bladder.

The right kidney was normal in size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis is noted. Right kidney measures 4.01 cm in length.

The left kidney was mildly enlarged in size. There is moderate dilation of the renal pelvic measuring 1.27 cm in transverse view. Ureter is proximally dilated and slightly tortuous to the level of a shadowing ureterolith measuring approximately 0.45 cm in length. Distal to the ureterolith, ureter appears to taper normally. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis is noted. The left kidney measures 4.47 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right adrenal measures 0.43 cm in thickness, and the left adrenal measures 0.5 cm in thickness.

Spleen

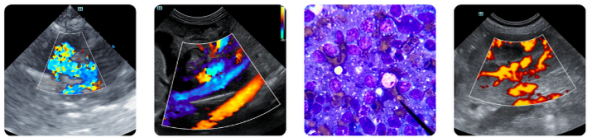
The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal



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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. 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. 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

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

ULTRASONOGRAPHIC FINDINGS

- Obstructive left ureterolith with left hydronephrosis, and bilateral nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unilateral pylectasia is secondary to obstructive ureterolithiasis, and a visible ureterolith is present. Abdominal radiographs or CT may of use to further visualize.

Consultation with a veterinary surgeon to discuss options for resolving the obstruction is recommended. Subcutaneous ureteral bypass device, ureterotomy, ureteral stent or nephrectomy may be available options.

Given the concurrent azotemia, there must be some degree of dysfunction of the contralateral kidney. This is likely exacerbated by acute obstruction of one kidney. The degree of permanent renal damage is uncertain at this time, but azotemia can significantly improve or even completely resolve with resolution of obstruction.

If surgical intervention is not pursued, pending patient stability, medical treatment can be tried. This involves fluid therapy, analgesia, and GI support as needed. Use of prazosin or other smooth muscle relaxant may help relieve ureteral spasm and encourage the passage of the stone into the urinary bladder. Cystotomy or dissolution diet may be required to remove the stone. Careful monitoring of fluid balance to avoid fluid overload, renal values and overall patient stability is essential.

Unfortunately, even if obstructive uropathy resolves with or without surgical intervention, this may be recurrent problem, as the stone was formed at the level of the kidney. A stricture may develop in the ureter predisposing to future episodes of obstruction. Renal damage may be permanent and long-term management of ongoing renal disease will likely be required.

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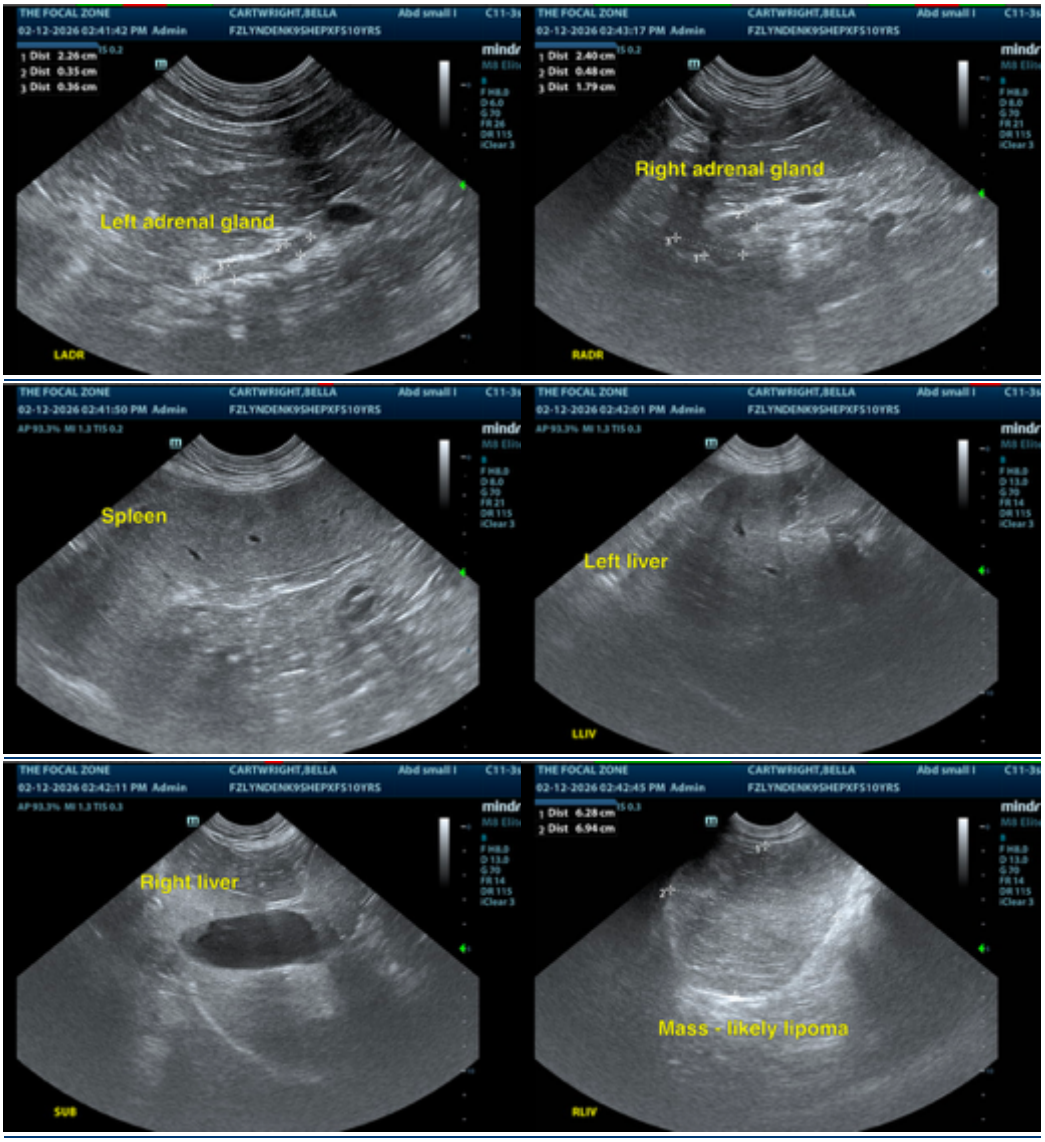

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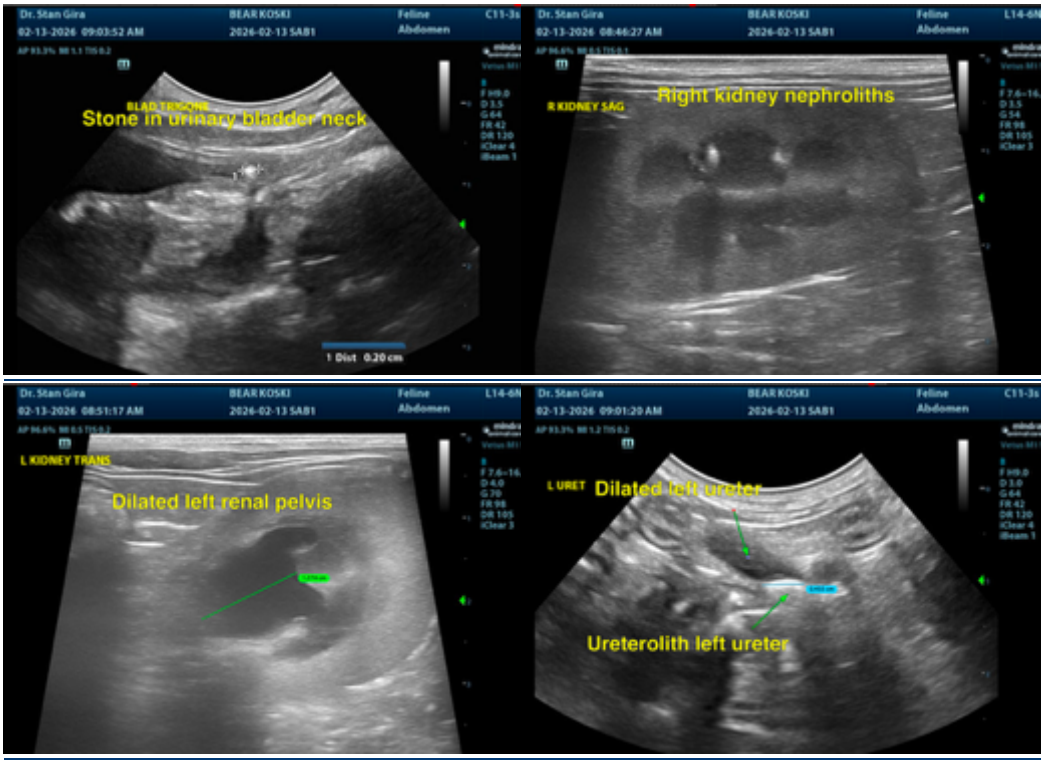

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com