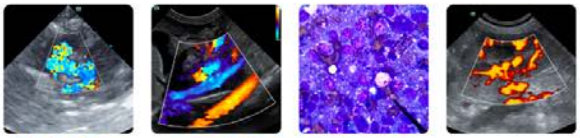


PATIENT

Lenore Gibbons

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

7.4 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Oxford Animal Hospital (London)

REFERRING VET

Dr. Rayala

INVOICE

73250

DATE

2/25/26

PRESENTING CLINICAL SIGNS

Stage 4/4 CRF based on SDMA. PU/PD, hematuria. Vomiting. PE NSF. Current Medications: Epikatin.

Abnormal PE/Chem/CBC/UA Results: See attached lab work Primary Question to Be Answered in This Exam see state of bladder/kidneys

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, uroliths or abnormal thickening visualized. Gravity dependent debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted.

The right kidney is mildly enlarged in size with normal structure, a smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Right kidney measures 4.77 cm.

The left kidney is in its normal position. It is very small in size with a very thin cortex, consistent with atrophy. Left kidney measures 2.44 cm.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left measures 0.31 cm in thickness. Right measures 0.60 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

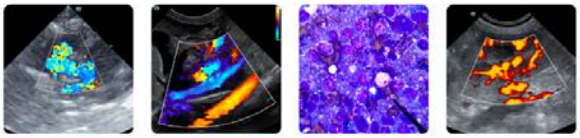
The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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

Gastrointestinal

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



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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 area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Left renal atrophy with compensatory mild right renal hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left renal atrophy is the likely cause of mild right renomegaly secondary to compensatory hypertrophy. This is likely a chronic change. In light of azotemia, acute on chronic renal insult is likely. Toxin exposure, leptospirosis, bacterial pyelonephritis, other infectious insults, recently resolved ureterolithiasis, among other things are all possibilities.

Additional diagnostics to be considered include urine culture (even if no bacteria on UA), leptospirosis testing, and careful questioning for the possibility of exposure to renal toxins (NSAIDs, lilies, vitamin D, rodenticide (primary or secondary exposure), etc). Doppler blood pressure measurement is recommended to screen for hypertension which can be present in both acute and chronic renal disease and worsens renal function.

Treatment with intravenous fluid therapy, GI support as needed including enteral nutrition and monitoring for stabilization or resolution of azotemia every 24-48 hours is recommended. Antibiotics are reasonable while awaiting infectious disease testing.

Management for any patient with chronic renal dysfunction includes renal specific diet (protein and phosphorus limited), encouraging increased water intake with canned food and providing clean, running water source, and management of proteinuria and hypertension with ACE-inhibitor with addition of more anti-hypertensives as required. Monitoring of bloodwork, urinalysis and blood pressure every 3-6 months, or sooner if feeling unwell, is recommended.

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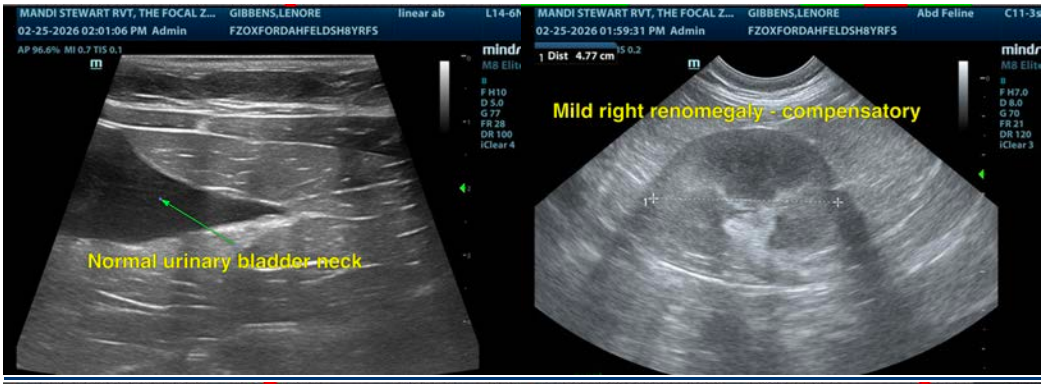

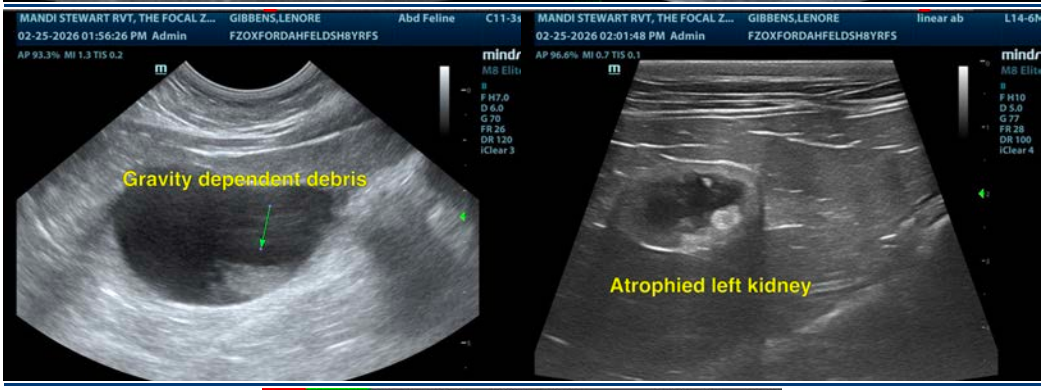

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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