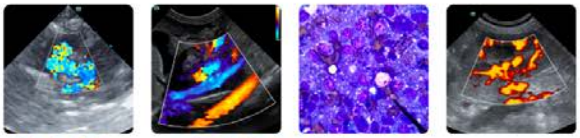


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Dusty Madill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

5 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Preston Animal Clinic

REFERRING VET

Dr. McCausland

INVOICE

74002

DATE

3/25/26

PRESENTING CLINICAL SIGNS

Hx of R renomegaly and proteinuria, now elevation of SDMA. Next diagnostic steps involve AUS to evaluate renal disease (hydronephrosis vs neoplasia vs CKD)

Current Medications: none

Abnormal PE/Chem/CBC/UA Results: Mild monocytosis (0.77) - non-concerning, likely partial stress leukogram - Platelet clumping -> artifact thrombocytopenia (88) - appeared adequate on film, no concerns Chemistry : - Mildly elevated SDMA (16) - Ddx: transient vs early renal disease **Creatinine and BUN WNL T4: WNL UPCR: 1.4 - improved from 2, but still significant proteinuria UA: - good USG (1.042) - hematuria (30-50/hpf) - Ddx: cysto artifact vs cystitis vs renal disease - Rare transitional epithelial cells - Ddx: variation of normal (normal in small amounts) vs neoplasia Primary Question to Be Answered in This Exam evaluate renal disease (hydronephrosis vs neoplasia vs CKd

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. Mobile debris present in the urinary bladder. No evidence of inflammatory or neoplastic changes were noted. In the pre-pelvic urethra there is a very small partially shadowing hyperechoic object most consistent with a urolith. It does not appear obstructive.

The left kidney is mildly enlarged and slightly rounded with a hyperechoic enlarged cortex. The renal pelvis is non-dilated. Left kidney measures 4.43 cm.

The right kidney is very small. The caudal pole is effaced with hypoechoic tissue. It is roughly spherical but somewhat irregular and appears to have focal areas of mineralization within the tissue. The right renal pelvis non-dilated. Right kidney measures 2.55 cm.

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. Left measures 0.34 cm in thickness. Right measures 0.44 cm in thickness.

Spleen

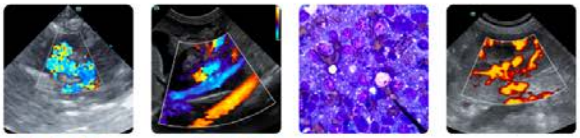
The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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

In the area of the left limb of the pancreas there is a structure suspected to represent left pancreas with an ovoid anechoic structure within the parenchyma measuring approximately 0.60 cm x 1.0 cm, suspected to represent a pancreatic cyst.

Free Abdomen

Ileocolic lymph nodes are enlarged with spherical anechoic structures consistent with cystic ileocolic lymph nodes. Mesenteric lymph nodes are prominent with surrounding hyperechoic mesentery consistent with inflammation. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged left kidney – Consistent with compensatory hypertrophy.
- Small right kidney, caudal pole effaced with partially mineralized tissue concerning for renal mass versus degenerate cyst.
- Cystic ileocolic lymph nodes, prominent mesenteric lymph nodes.
- Suspect left pancreatic cyst.
- Small urolith in pre-prelvic urethra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlargement of the left kidney is likely compensating for significant decrease in right renal function.

The right kidney is very small, and the caudal pole is nearly completely effaced with abnormal tissue. The appearance of the tissue is not consistent with a typical fluid filled renal cyst. However, it may represent a degenerate benign renal cyst that has led to right renal atrophy. There is also concern this may represent neoplasia, especially given the mineralization within the tissue, and FNA of the lesion is recommended.

The clinical significance of abnormal lymph nodes is uncertain. FNA could be attempted.

The cystic structure in the area of the left pancreas is suspected to represent a pancreatic cyst. This is likely an incidental finding. FNA of the structure could be attempted to ensure pancreatic origin and further define.

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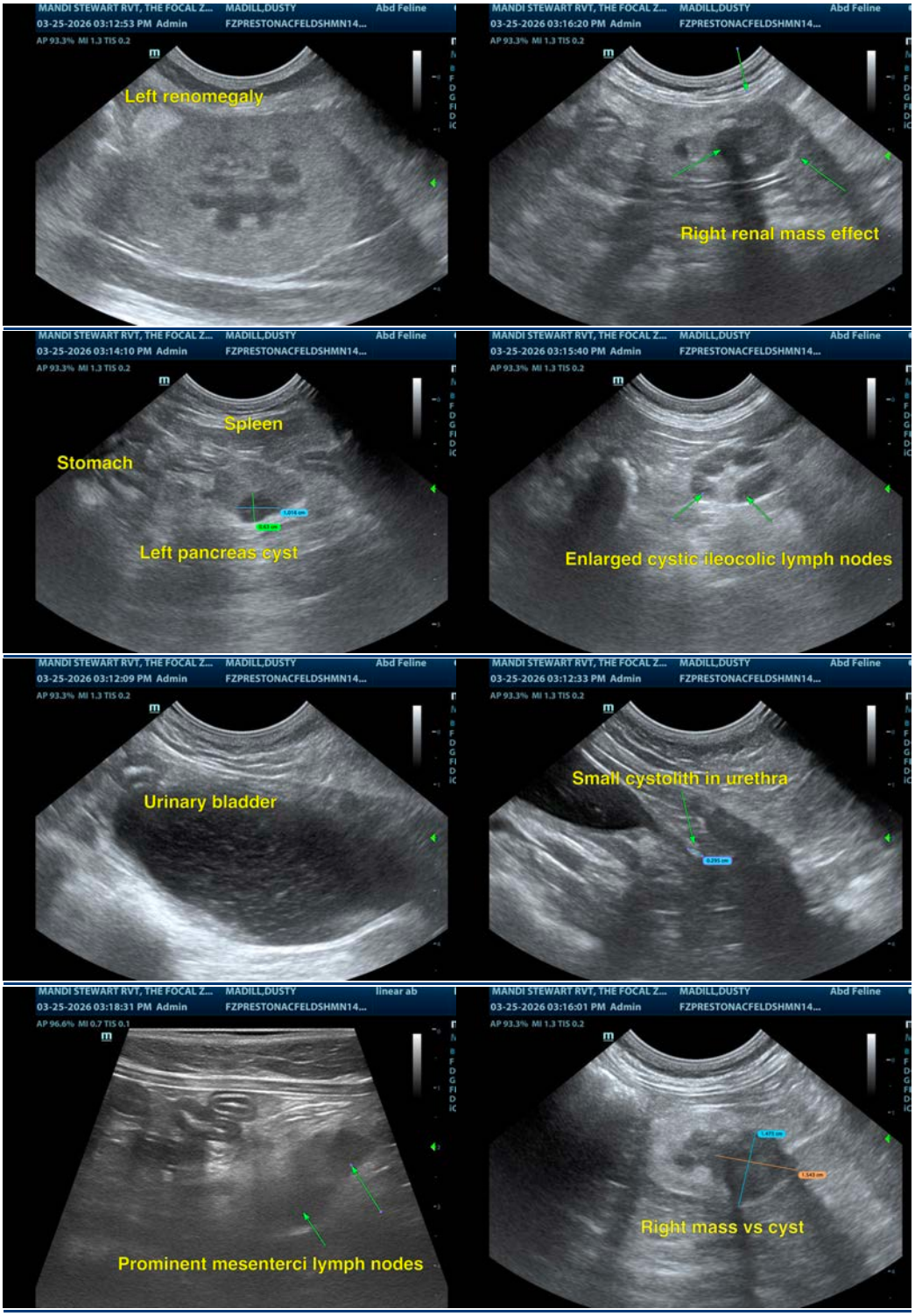
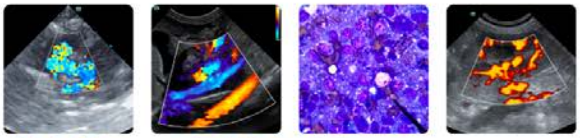
The very small urolith noted in the pre- pelvic urethra does not appear obstructive. Monitor for signs of stranguria.





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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