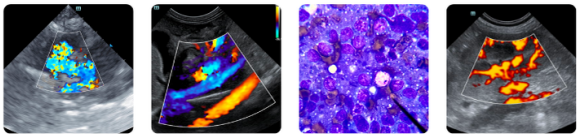

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Marco Howard

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

4.76 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Crystall Hill

HOSPITAL NAME

Hawkins Animal Hospital

REFERRING VET

Dr. Hawkins

INVOICE

11869

DATE

5/6/2026

PRESENTING CLINICAL SIGNS

One week history of ADR and anorexia. Presented with severe dehydration and bloodwork revealed elevated kidney enzymes. Has been on IVF, Ampicillin, Famotidine and Cerenia.

Abnormal PE/Chem/CBC/UA Results: Please see attached rads and lab results.

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. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney is moderately enlarged with a mild decrease in corticomedullary distinction. Renal pelvic is mildly dilated. There is a very scant amount of anechoic fluid surrounding the left kidney, and surrounding retroperitoneal tissue is hyperechoic. Left kidney measures 4.85 cm in length.

The right kidney is comparatively small with a somewhat irregular capsular margin and moderate decrease in corticomedullary definition. There is hyperechoic shadowing material in the renal pelvis, consistent with a non-obstructive nephrolith. The right kidney measures 3.16 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.

Left adrenal measures 0.43 cm in thickness, and the right adrenal measures 0.38 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.

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

ULTRASONOGRAPHIC FINDINGS

- Left renal hypertrophy with surrounding inflammation and right renal atrophy with non-obstructive nephrolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right renal atrophy with left renomegaly, is most consistent with a previous insult to the right kidney causing some degree of atrophy and acute renal insult may have caused mild nephritis of the left kidding, leading to unilateral signs of perinephric inflammation. Progression of chronic renal disease, 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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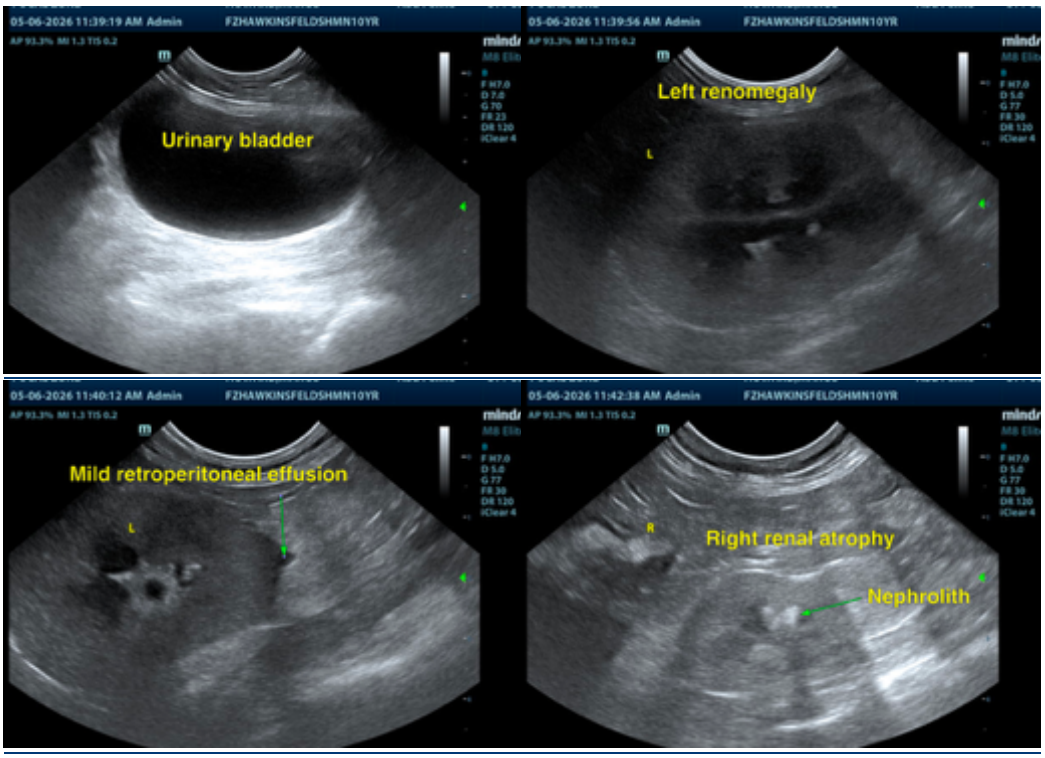

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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