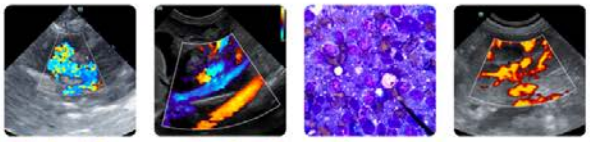

PATIENT

Missy Dunton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

8 Years

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Levy

HOSPITAL NAME

Court Street Veterinary Hospital

REFERRING VET

Dr. Velez

INVOICE

72184

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Hx vomiting and hematuria. On presentation for AUS, O reports improvement of vomiting + new development of increased appetite.

Abnormal PE/Chem/CBC/UA Results: Bloodwork showed hypercalcemia, followed w/ malignancy panel confirming clinically significant + ruled out primary hyperparathyroidism. Urine culture returned w/ no growth.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed small calculi, a grouping of which measured approximately 1.0 cm. Largest calculus measured 6.0 mm. The bladder itself was unremarkable. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 3.6 cm.

The **right kidney** revealed moderate hydronephrosis with corticomedullary calculi and cortical thinning. The right kidney measured 3.9 cm. Hydronephrosis measured 1.5 cm x 2.5 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

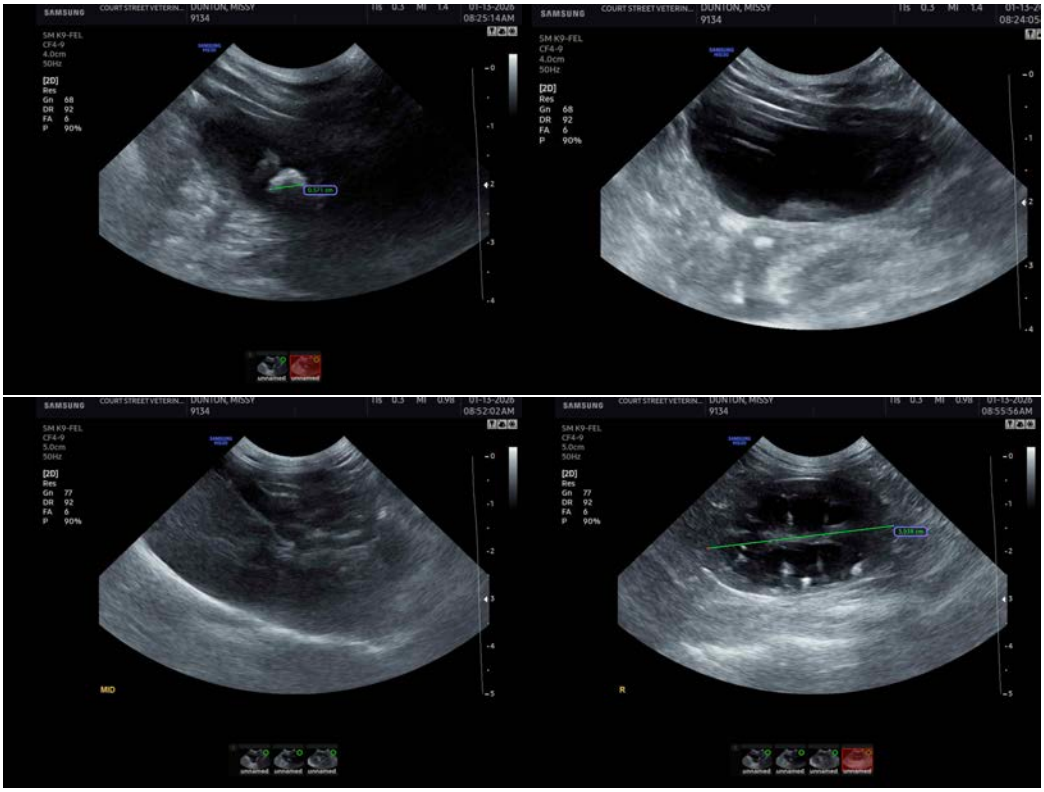
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Hydronephrotic right kidney, age related left kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the right hydronephrosis is likely owing to stricture or embedded non-visible calculus. Given the bladder calculi, exploratory surgery indicated with objective of cystotomy, stone analysis and culture, as well as inspection of the right kidney. IVP could be considered or further imaging of the right kidney with respect to potential right ureter dilation, even though not visible at the time of the sonogram.



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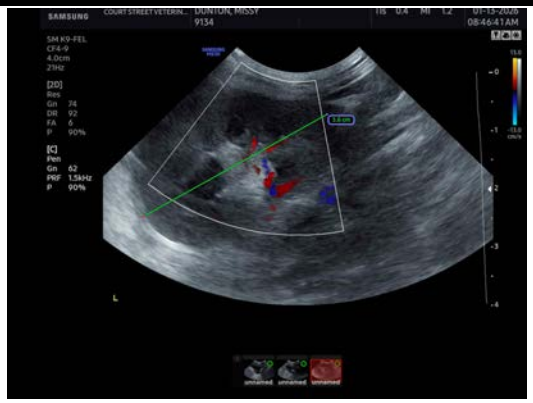

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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info@SonoPath.com