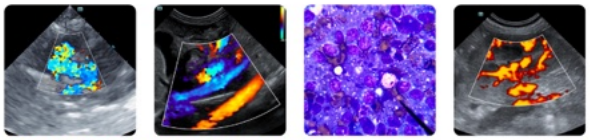

PATIENT

Moe Sinopoli

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

1 year

WEIGHT

3.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Sinopoli

INVOICE

69057

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: Emergency OVH 5/18 for dystocia. Recent heat activity and enlarged left kidney on palpation, otherwise eating and drinking normal.
Abnormal PE/Chem/CBC/UA Results: unremarkable other than enlarged left kidney CBC: WNL Chem: WNL EPOC: K 2.8 L Radiographs: enlarged left kidney POCUS: severe left kidney hydronephrosis and dilated ureter

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The left **kidney** presented complete hydronephrosis measuring 5.5 cm with a dilated proximal ureter that measured 0.7 cm. This appears to be strictured measuring approximately 3.0 cm caudal from the left renal pelvis. The cause is unknown. At the level of hydronephrosis the left renal cortex maximum thickness was 1.0 cm. The right kidney is normal in size and contour measuring 4.0 cm.

Portions of the tubular structures in the area of the left ovary may represent ovarian remnant. However, differentiation from dilated ureter and ovarian remnant was not possible and should be inspected at the time of surgery.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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 was 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

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Pancreas

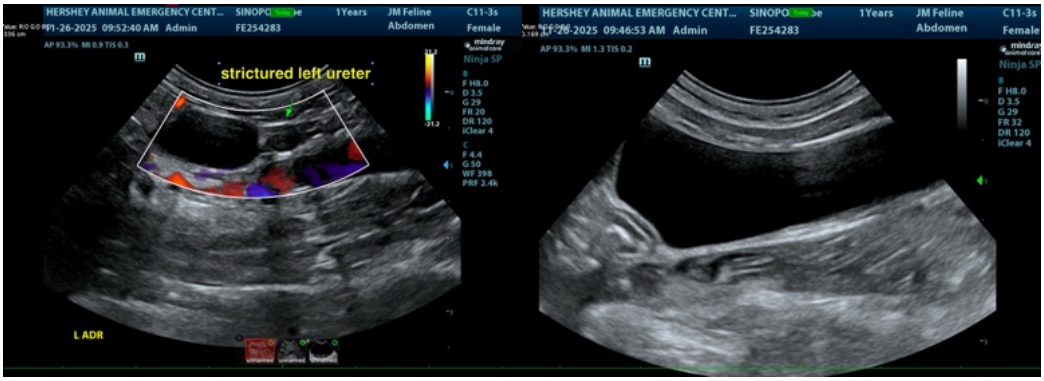
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Strictured left ureter and secondary hydronephrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention is recommended. It is debatable on whether the left kidney is viable. Left nephrectomy may be necessary in this patient. There was some residual left renal cortex and the kidney may be worth saving as liberating the ureteral stricture may allow for return of function.



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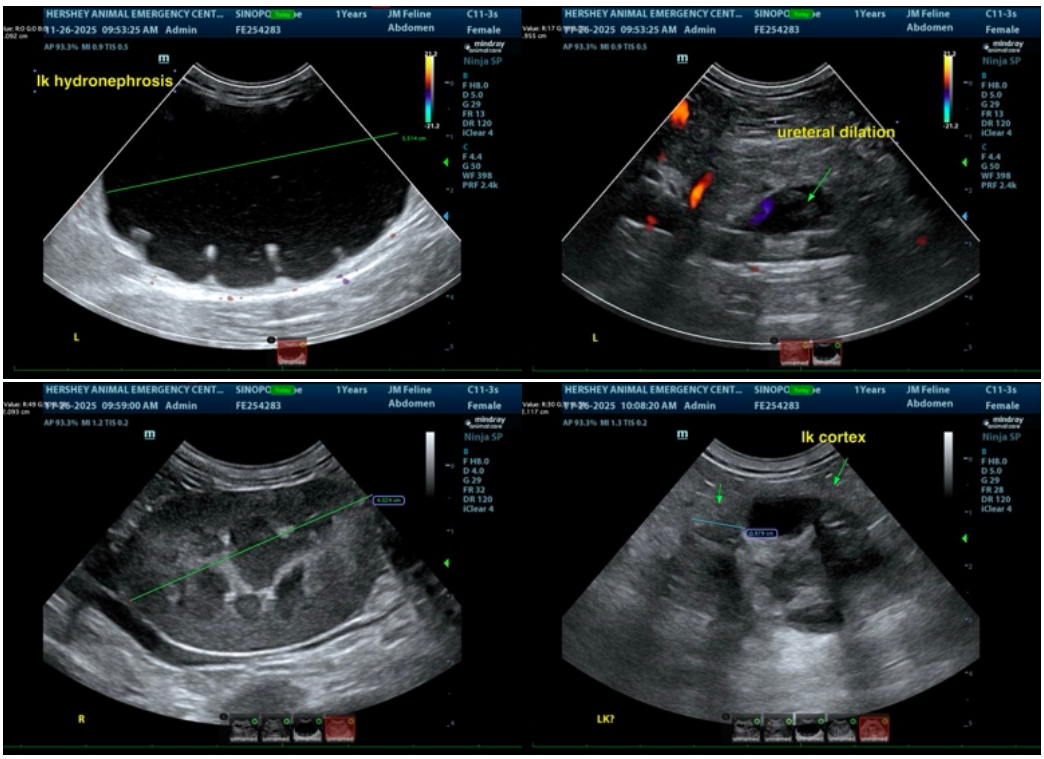

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com