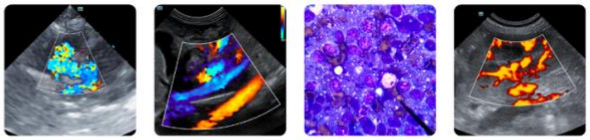


PATIENT

Margie Bielecki

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

9.0 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Mary Pearce

INVOICE

35093

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Significant weight loss, 0.8lb over last 2 weeks, 4.4lb total weight loss over the last year. Lethargic and sleeping a lot, and for the last few days she has only eaten a small amount. She is not drinking much. Increased urination has been observed. No v/d/c/s. Hind end weakness/sensitivity noted. Concerns based on diagnostics for renal disease, pyelonephritis, neoplasia (infiltrative in one kidney vs other), open diagnosis. Urine culture pending.

Abnormal PE/Chem/CBC/UA Results: Discomfort on abdominal palpation. Muscle loss over hind end. 12/26/25: HCT 29.7%, nonregenerative. WBC/PLT normal. Glu 181, Creat 1.7, BUN 38, phos 6.7, glob 5.9, K 3.3, TT4 3.6, and panc lipase normal. USG 1.032, pro 30mg/dL, glu 100mg/dL, mild hematuria/pyuria. suspect presence cocci, bacteria visible on images. Radiographs: Thoracic structures unremarkable. Stomach moderately gas dilated. Mild gas throughout small intestines. Colon contains gas and formed fecal material. Liver and UB normal. Right kidney visibly larger than left (left about 2/3 size of right), slight renal pelvic mineralization in right kidney.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 this age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia and pinpoint corticomedullary mineralizations were noted in the kidneys. The left kidney measured 3.0 cm. The right kidney measured 4.1 cm. Recent cortical infarct was noted in the dorsal cortex of the right kidney with adjacent calculi. Pyelectasia and pelvic scarring may be owing to movement of calculi, yet no obstructive patterns were noted at the time of the sonogram.

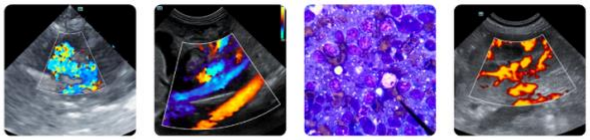
Adrenal Glands

The **left adrenal gland** was 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. The left adrenal gland measured 0.27 cm.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** was mildly enlarged (up to 1.9 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss



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is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. A hypoechoic nodule was noted in the spleen, measuring 0.5 cm.

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.

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

- Splenomegaly with focal nodule- Differentials include splenitis, reactive spleen, emerging round cell neoplasia all possible. 25-gauge FNA is indicated.
- Renal dystrophy, calculi, and recent infarct in the right kidney. Pyelectasia was also noted and may be owing to embedded infection, possible pelvic scarring, or proximal ureteral stricture.
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for UTI and pyelonephritis are indicated. 72 hour IV fluid support after urine culture and blood pressures are indicated. FNA cytology and culture of the spleen is indicated to assess for round cell neoplasia or splenitis. Prognosis long term is guarded depending upon further diagnostics and response to therapy.

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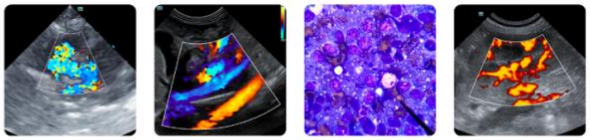

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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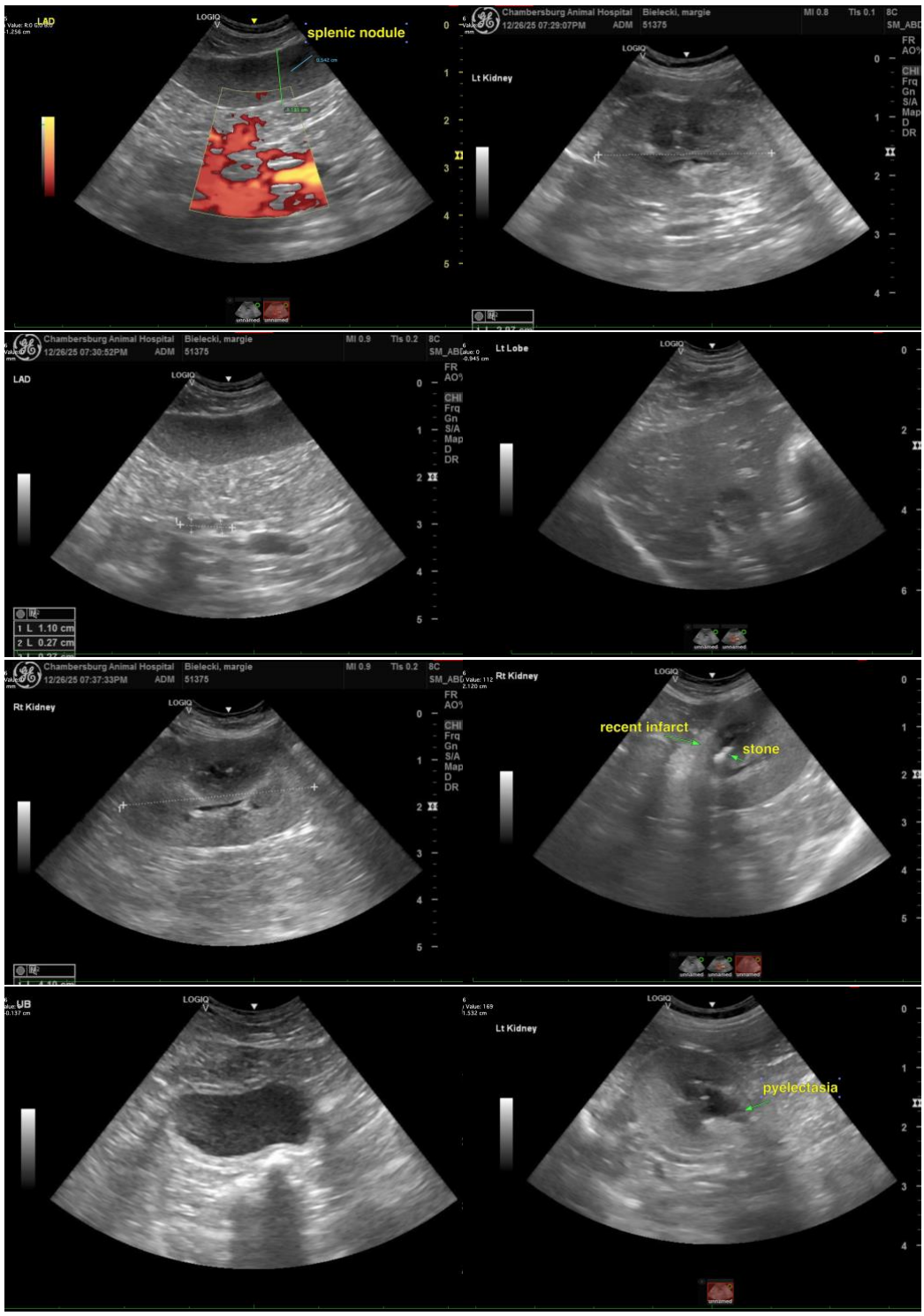
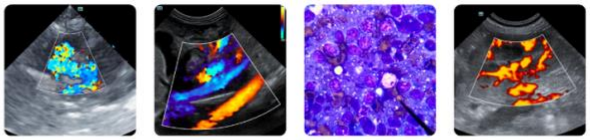


The information and recommendations provided are based on the images presented by the referring



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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, Owner, Founder -- SonoPath.com
info@SonoPath.com