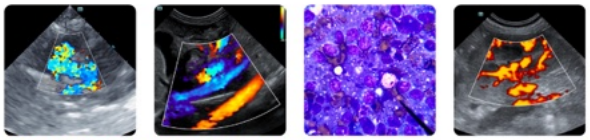


PATIENT

Cotta Oh

SPECIES

Feline

BREED

Angora

SEX

Neutered male

AGE

7 years

WEIGHT

12.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Varujan Belekdanian

HOSPITAL NAME

Overpeck Creek AH

REFERRING VET

Dr. Belekdanian

INVOICE

71560

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Cotta is a 7 year old MN Angora who presented last week with an overall unremarkable physical exam. Owner reported that patient has had some weight loss over the course of several months, believes it could be attributed to the new baby in the house.
- Patient's labwork showed that he had a mild, non-regenerative anemia (HCT 29.4%), and elevated kidney markers (SDMA 16, Creatinine 3.2, and BUN 47). Patient is asymptomatic. A urinalysis has not been collected yet. Seven blood pressure readings were taken before sedated ultrasound, average being around 196 mmHg (patient slightly stressed)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

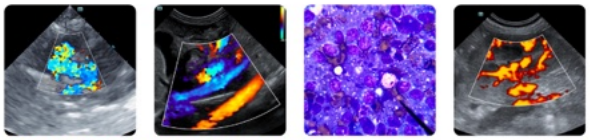
The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney was dystrophic and subnormal in size measuring 3.5 cm with pyelectasia. The left kidney was 3.53 cm. Blood flow to the kidneys was subnormal.

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.



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Liver

The **liver** presented fairly uniform parenchyma with slight coarse architecture and minor increased portal markings. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct were unremarkable.

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

Mild hepatic remodeling.

Chronic interstitial nephrosis pattern, subjectively near end stage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for chronic renal failure is indicated. Renal biopsy would be necessary for further definition. The prognosis is guarded. Pyelectasia was noted in the right kidney, embedded infection may be an issue or this may be secondary to scarring or passage of calculi. The prognosis is guarded.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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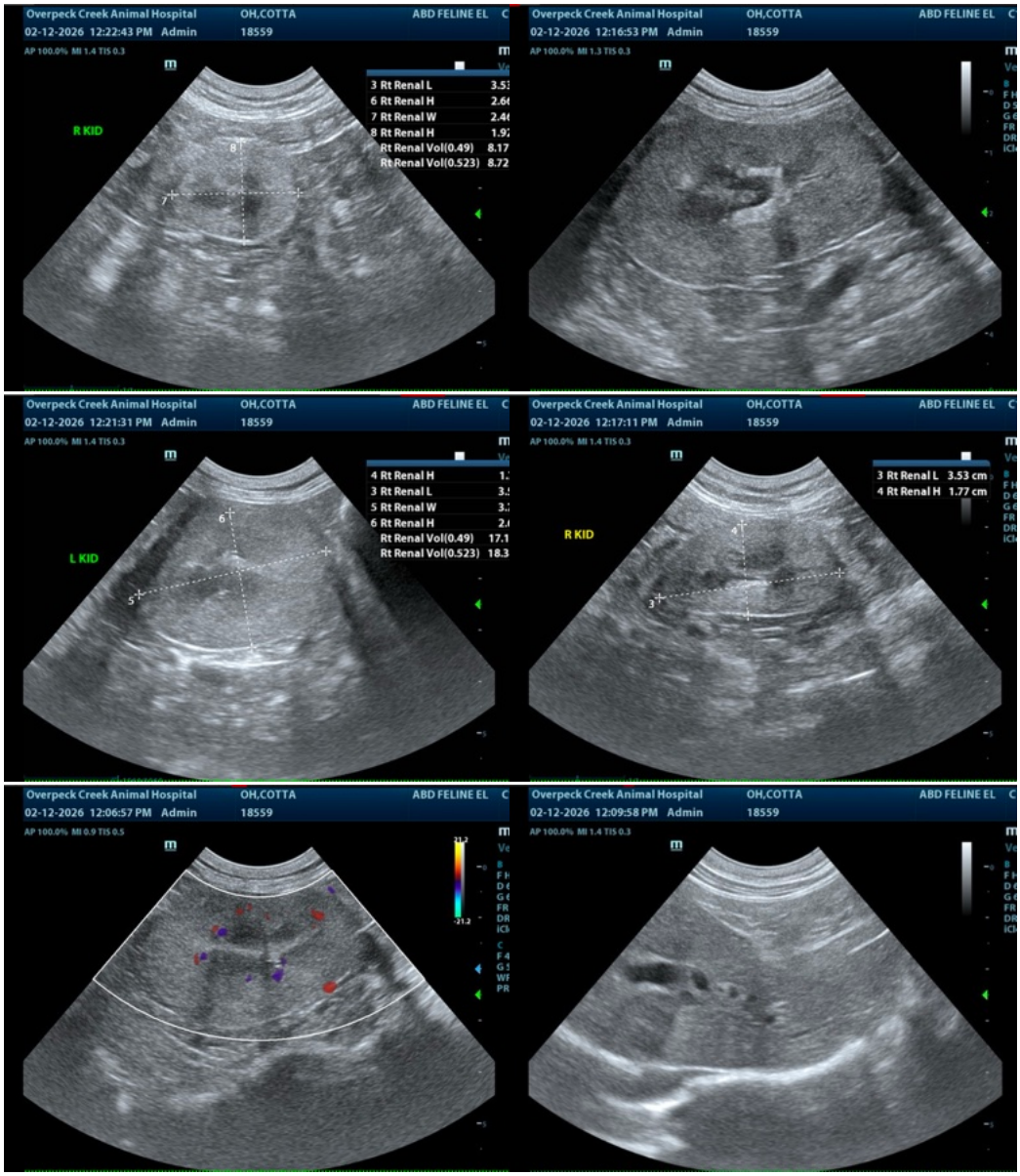

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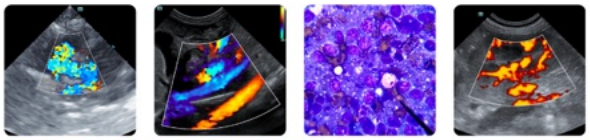

Clinical Sonography & Telecytology
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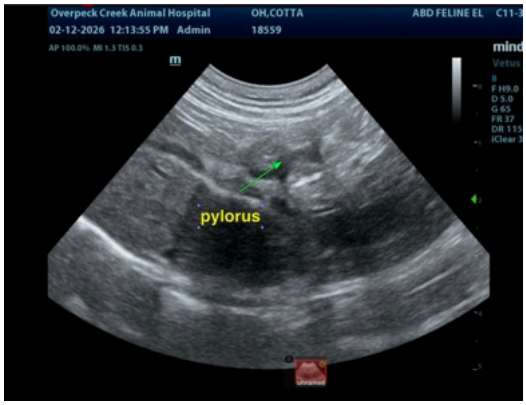

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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