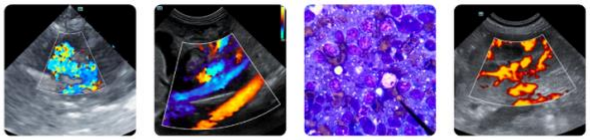

PATIENT

Bishop Hatter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

12.75 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Fronteir AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

37085

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Acute onset vomiting and lethargy. Previously on 9/20/2024 he had a Left hyroureter and left renal pyelectasia (Sonopath ultrasound report 9/20/24). Resolved with SQ fluids and antibiotics.

Abnormal PE/Chem/CBC/UA Results: CBC - WNL CHEM - WNL UA - WNL, well concentrated - no evidence of UTI or crystals.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **right kidney** was normal in size and contour, measuring 4.1 cm.

The **left kidney** revealed residual minor in pyelectasia (0.94 cm in short axis). The left kidney measured 3.95 cm. The left ureter was persistently dilated (0.23 cm). Mild enhanced fat was noted around the left kidney, suggested for some level of residual inflammation. Slight free fluid was noted around the left kidney.

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. The left adrenal gland measured 0.3. The right adrenal gland measured 0.24 cm.

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. The spleen measured 1.0 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.

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Pancreas

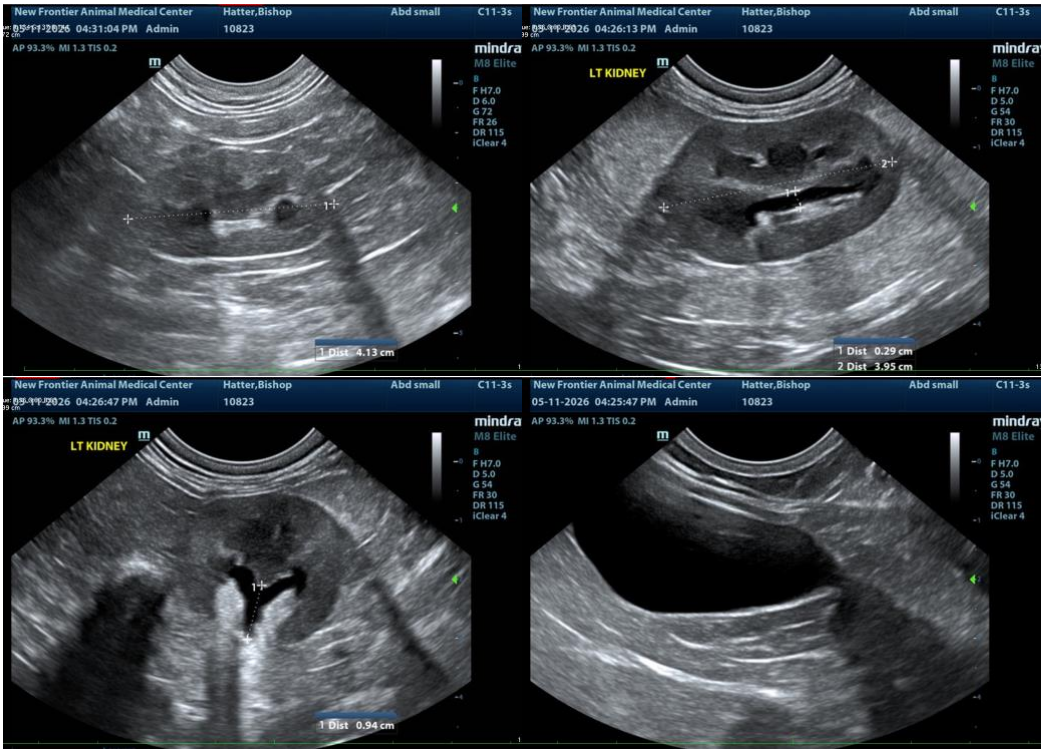
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Subacute on chronic inflammation and pyelectasia in the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and/or ultrasound guided pyelocentesis with culture would be appropriate, which would also decompress the left kidney, however, embedded infection within the left kidney may be an issue. Coagulation panel and blood pressure measurements are recommended prior to sampling. Otherwise, referral for potential stent or SUB device would be indicated, however, this largely depends on whether the pyelectasia is present owing to physical obstruction primarily or owing to embedded infection or both. The right kidney appears to be able to maintain metabolic need as necessary, however, left kidney is best described as low-grade, subacute on chronic inflammation and pyelectasia from likely physical obstruction from ureteral stricture and/or infection/pyelonephritis.



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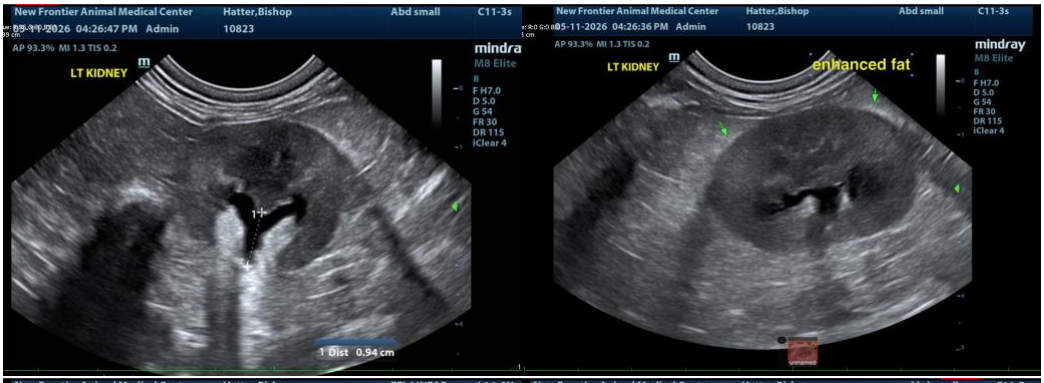

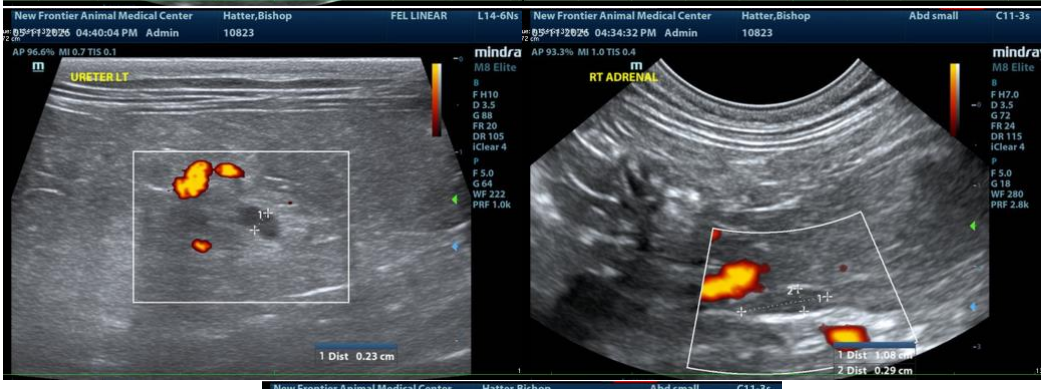

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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