



PATIENT

Diego Costello

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

6 Years

WEIGHT

Not Provided

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Banister Animal
Hospital

REFERRING VET

Dr. Banister

INVOICE

74051

DATE

3/26/26

PRESENTING CLINICAL SIGNS

Check bladder/ kidneys

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney presents normal size (4.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.3 cm) with normal shape and architecture. Normal corticomedullary distinction. Moderate renal pelvic dilation noted at 4.1 mm. There are numerous hyperechoic shadowing nephroliths present in the renal pelvis, appearing obstructive. The ureter is not clearly seen to determine if a ureterolith is the cause of the mild pyelectasia at this time.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.8 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.



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Free Abdomen

Mild mesenteric lymphadenopathy noted, an example measures 3.1 mm in width.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

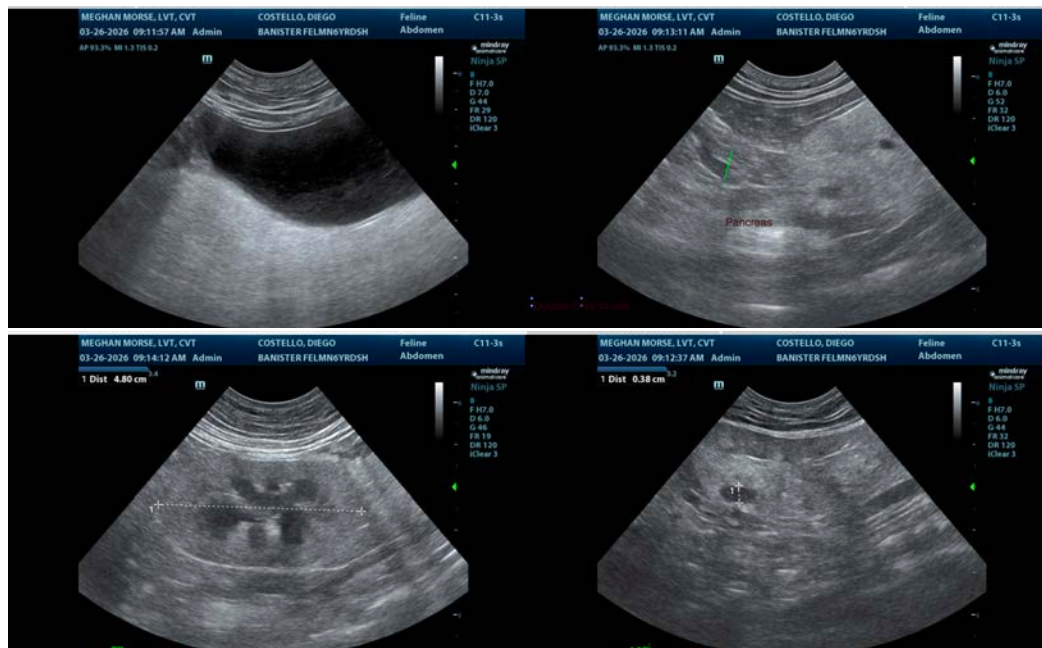
- Obstructive nephroliths in the left kidney.
- Urinary bladder debris.
- Mild mesenteric lymphadenopathy – Most likely reactive to the patient’s left-sided kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urinalysis if not already performed, and urine culture if active urine sediment.

Regarding the left kidney, consider referral to discuss subcutaneous ureteral bypass system placement. Monitoring the patient for azotemia and also monitoring for increase in size of the left renal pelvis would be recommended. If referral at this time to discuss further management of the nephroliths within the left kidney is not chosen by the owner, then periodic rechecking to evaluate renal values and for progressive dilation of the left renal pelvis is recommended. It does appear from this ultrasound that the nephrolithiasis and renal pelvic dilation is caught at an early juncture in the disease process, and with management that may include as discussed placement of subcutaneous ureteral bypass system, patient may be able to retain a significant amount of renal function of the left kidney.

Patient’s prognosis is currently open pending resolution of the mild obstructive process within the left kidney.





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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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
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