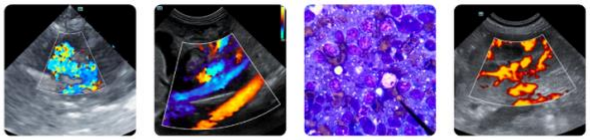


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Oscar Rombs

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
6 Months

WEIGHT
2.5 kg

INTERPRETED BY
Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. Stan

HOSPITAL NAME
Petzoic Emergency

REFERRING VET
Dr. Jeff

INVOICE
15228

DATE
04/17/26

PRESENTING CLINICAL SIGNS

Vomiting, lethargy, constipation.

Abnormal PE/Chem/CBC/UA Results: Significant azotemia, anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal shape and architecture. Moderate loss of corticomedullary distinction. The renal cortex is diffusely hypoechoic. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.2 cm in length.

The right kidney presents normal shape and architecture. Moderate loss of corticomedullary distinction. There are multifocal hypoechoic lesions throughout the cortex of the right kidney. The right kidney measured 4.0 cm in length. With the patient being six months old, this is on the upper end of normal in size or possibly slightly enlarged.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 4.1 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 3.6 mm width.

Spleen

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

Liver

Liver does appear heteroechoic and mildly enlarged with normal portal vessel markings. Portal vein to vena cava ratio was 1:1. PSS is not suspected or seen.

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

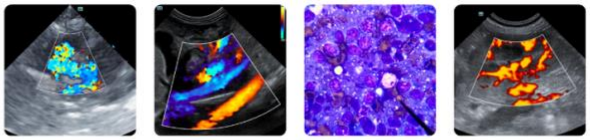
Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The stomach appears full. There's undigested kibble present within the lumen of the stomach.

Pancreas

The visible pancreas is diffusely hypoechoic with no surrounding steatitis. Most likely mild reactive pancreatic inflammation from the patient's renal disease.

Free Abdomen



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No free abdominal fluid is seen. Mild mesenteric lymphadenopathy is present with a representative node measuring 6.6 mm x 4.4 mm. These nodes are most likely reactive, less likely enlarged due to a neoplastic cause.

Mild prominent medial iliac lymph nodes were present with a representative node measuring 6.2 mm x 2.4 mm. Given the size, nodes are most likely normal in appearance or is possibly mildly reactive. A neoplastic cause for their appearance is not suspected.

ULTRASONOGRAPHIC FINDINGS

- Suspect bilateral interstitial nephrosis.
- Mesenteric and medial iliac lymphadenopathy.
- Hypoechoic pancreas.
- Heteroechoic liver.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of both kidneys is concerning for an infectious disease, possibly bilateral interstitial nephritis caused by pyelonephritis. Recommend urine culture if not already performed to rule out bacterial urinary tract infection. Other infectious diseases to consider would be feline infectious peritonitis caused by coronavirus. Consider aspirate of the kidney and submitting aspirate sample for coronavirus PCR. Other possibility given the patient's CBC would be panleukopenia. Panleukopenia is known to, in some cases, the virus can directly cause mild renal damage due to viral replication within the tissues. Consider testing for this disease via PCR as well.

The appearance of liver may be suggestive of an infiltrative disease, specifically possibly infiltrative infectious disease. As discussed for renal changes, other infectious disease to consider would potentially be Bartonellosis. If all other infectious causes are ruled out for the renal changes and the apparent hepatic changes, if coronavirus and panleukopenia ruled out, consider screening for Bartonellosis via titers and/or PCR submitted to North Carolina State University.

A neoplastic cause to the patient's renal and hepatic changes is not highly suspected. If infectious diseases are ruled out as underlying causes, patient's clinical signs and changes seen on ultrasound, consider aspirates of liver and kidney for cytology. Determine if a disease like lymphoma could be present. Generally, renal lymphoma has a different ultrasonographic presentation, larger kidneys, and generally more hypoechoic.

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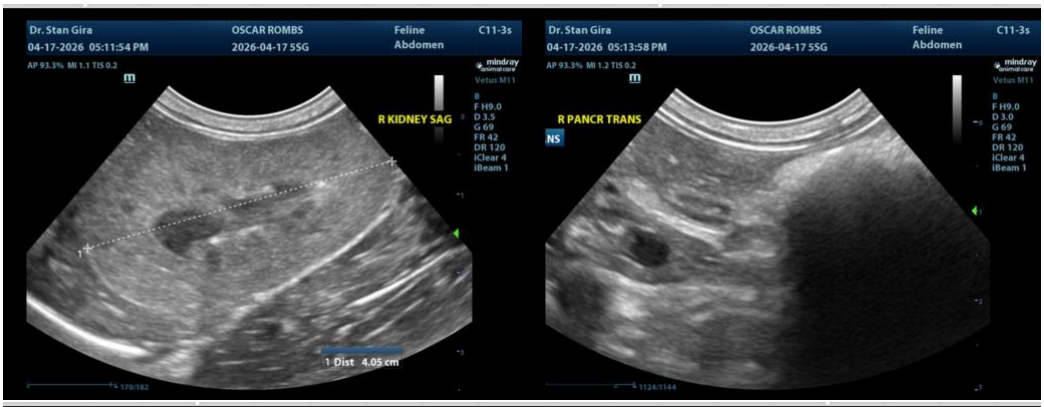

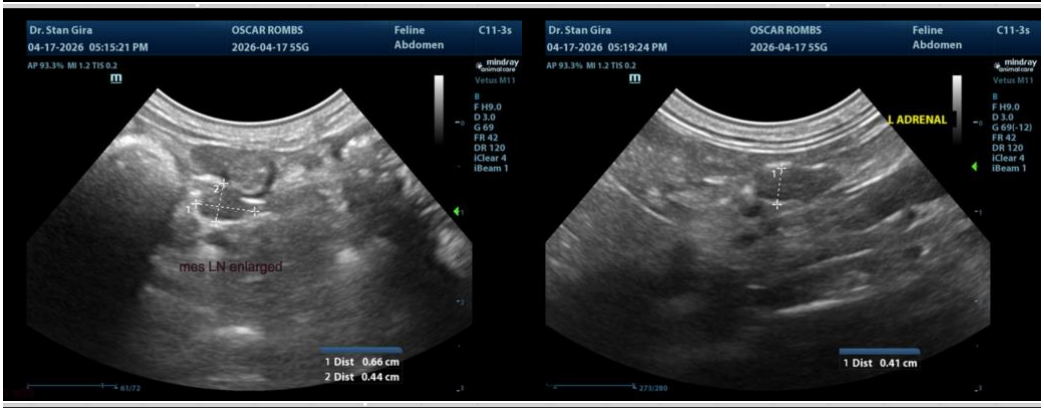

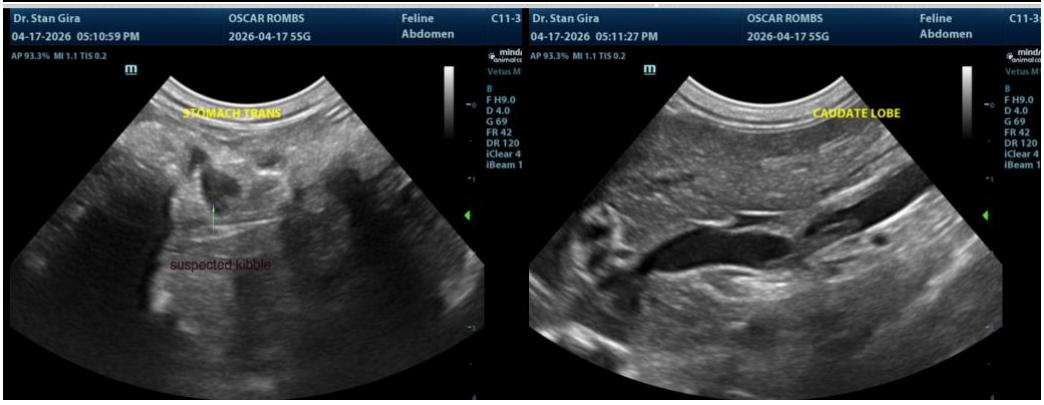

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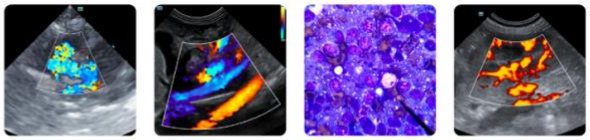

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com