



PATIENT

Midnite Nerone

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

9.6 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Meghan Morse LVT
 CVT

HOSPITAL NAME

Animal General on the
 Hudson

REFERRING VET

Dr. DiGiuseppi

INVOICE

15501

DATE

04/27/26

PRESENTING CLINICAL SIGNS

Pre dental echo, severe dental dz, grade IV/VI sternal HM

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/T4 WNL

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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.4 cm in length.

The right kidney is significantly abnormal in appearance. It has an abnormal shape and is small in size at 2.8 cm in length with a moderately distended renal pelvis measuring 8.9 by 18.5 mm in width. There are at least two hyperechoic approximately 1.5 mm in width nephroliths present within the renal pelvis. The right kidney appears obstructed. This obstruction appears chronic given the appearance of the right kidney.

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 3.8 mm width.

Spleen

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

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.



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Pancreas

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

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

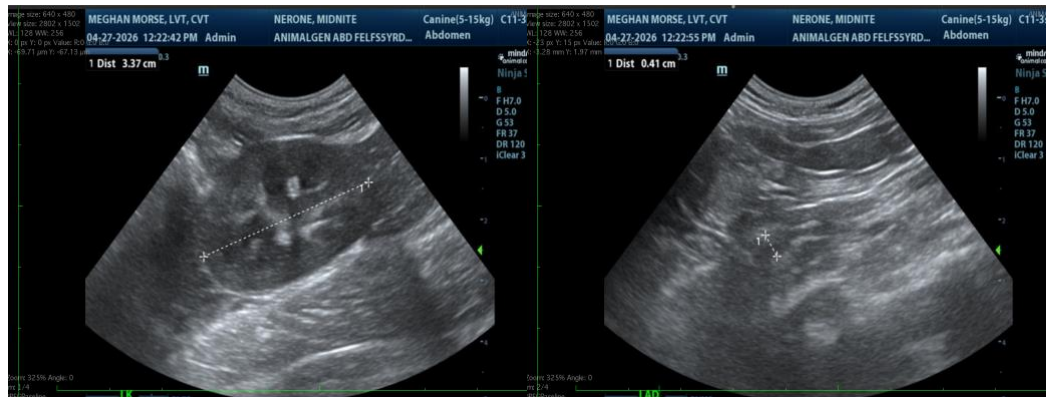
- Hydronephrosis of the right kidney with apparent chronic changes given the kidney is small and irregular in shape. The obstruction has most likely been present for a considerable amount of time.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If full lab work has not been performed, recommend full lab work including CBC, chemistry, urinalysis. In this case given the possible pathologic urinary bladder debris, recommend urine culture.

Recommend starting with a blood pressure to determine if patient's renal disease is right-sided renal disease that may potentially be causing hypertension. Recommend performing full international renal injury society guideline staging.

No cause for the obstruction of the right kidney is clearly seen on this exam. Suspect an obstructive nephro-ureterolith however, not seen on this exam. It is unclear if the right kidney still retains function, however, should assume some function remains. Consider referring patient to a facility that can discuss a placement of a subcutaneous ureteral bypass system into the right kidney. Further imaging before this procedure is recommended. Either additional ultrasound evaluation to determine if ureterolith is obstructing kidney or possibly CT scan prior to subs placement. It is unlikely that the appearance of the right kidney is the cause of the patient's heart murmur





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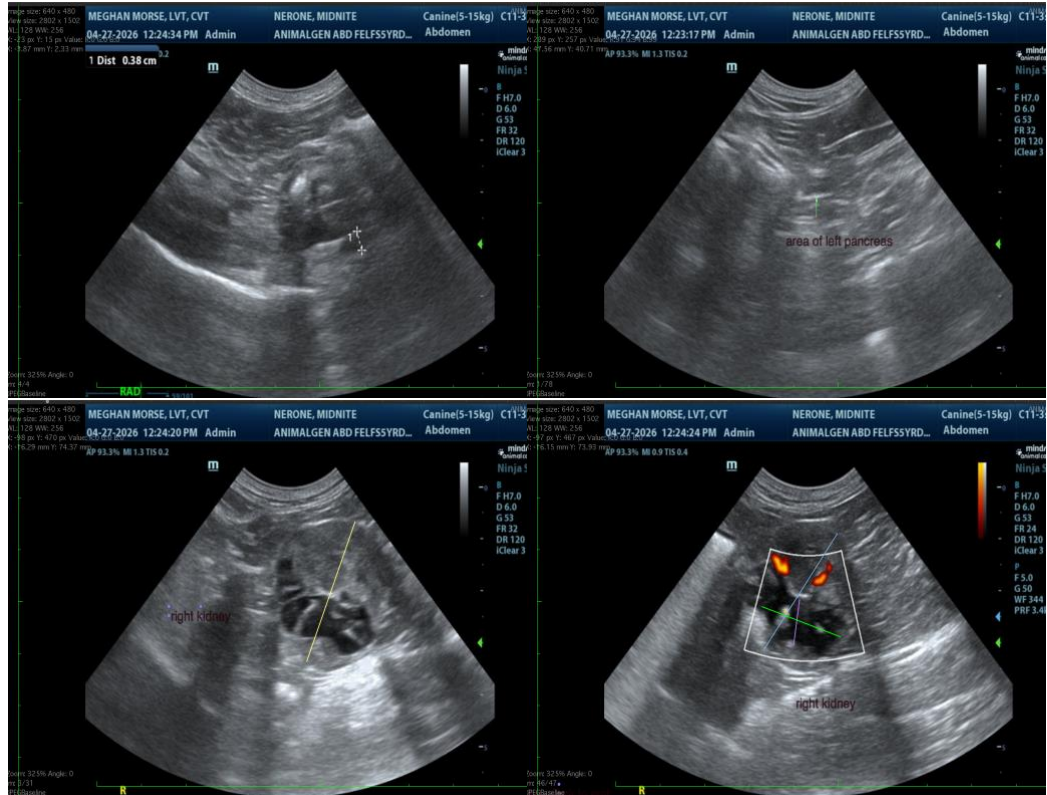
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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