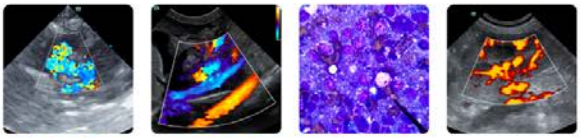


PATIENT

Caesar Saltos

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

3.52 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bond Vet Paramus

REFERRING VET

Not Provided

INVOICE

75249

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Evaluate renal structure and investigate causes for increased leuk.

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. There is mild loss of corticomedullary distinction. Mild renal pelvic dilation noted at 1.8 mm in width.

The left kidney presents normal size. There is marked loss of corticomedullary distinction. Mild renal pelvic dilation noted at 3.7 mm in width.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.2 mm in width.

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

Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

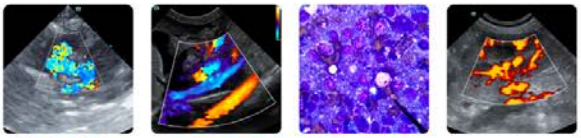
The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

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

Pancreas

The visible pancreas is diffusely hypoechoic and large, measuring approximately 1.3 cm in width. No significant hyperechoic fat.



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Free Abdomen

Several moderately to markedly enlarged mesenteric lymph nodes are noted. Two representative nodes measure 8.1 mm and 8.0 mm in diameter respectively. These nodes are hypoechoic and rounded.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Mild loss of corticomedullary definition and pyelectasia bilaterally in the kidneys.
- Hyperechoic hepatomegaly.
- Large, hypoechoic pancreas.
- Moderately to markedly enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of both kidneys is consistent with chronic kidney disease. Recommend full staging, monitoring and managing per IRIS guidelines. The bilateral renal pelvic dilation may indicate possible pyelonephritis. If not already performed, recommend performing a urine culture. The renal pelvic dilation may also be due to polydipsia and polyuria, so it may be necessary to question the owner further regarding this possibility.

I suspect the patient may have lower urinary tract disease and/or possibly pyelonephritis. As previously discussed, recommend urine culture.

The liver presentation is possibly consistent with early hepatic lipidosis. Recommend discussing with the owner patient's caloric intake to determine if the patient may be in a negative energy balance, causing early hepatic lipidosis. If hepatic lipidosis is identified, recommend placement of an esophageal feeding tube for the patient to obtain enteral nutrition while diagnosis is determined and a treatment plan is implemented. Less likely the appearance of the liver could be due to infiltrative disease such as lymphoma. Recommend a fine needle aspirate of the liver and submit for cytology to help determine exact etiology.

The patient appears to have pancreatitis. Recommend submitting cPLI to evaluate further for possibility of clinically significant pancreatic disease.

The enlarged mesenteric lymph nodes are consistent with possible neoplastic etiology such as lymphoma or mast cell disease. Recommend a fine needle aspirate of one or several of these lymph nodes for cytology to determine etiology. No free abdominal fluid is seen.

Suspected causes of the reported leukocytosis could include lower urinary tract infection and/or pyelonephritis, or apparent pancreatic disease.

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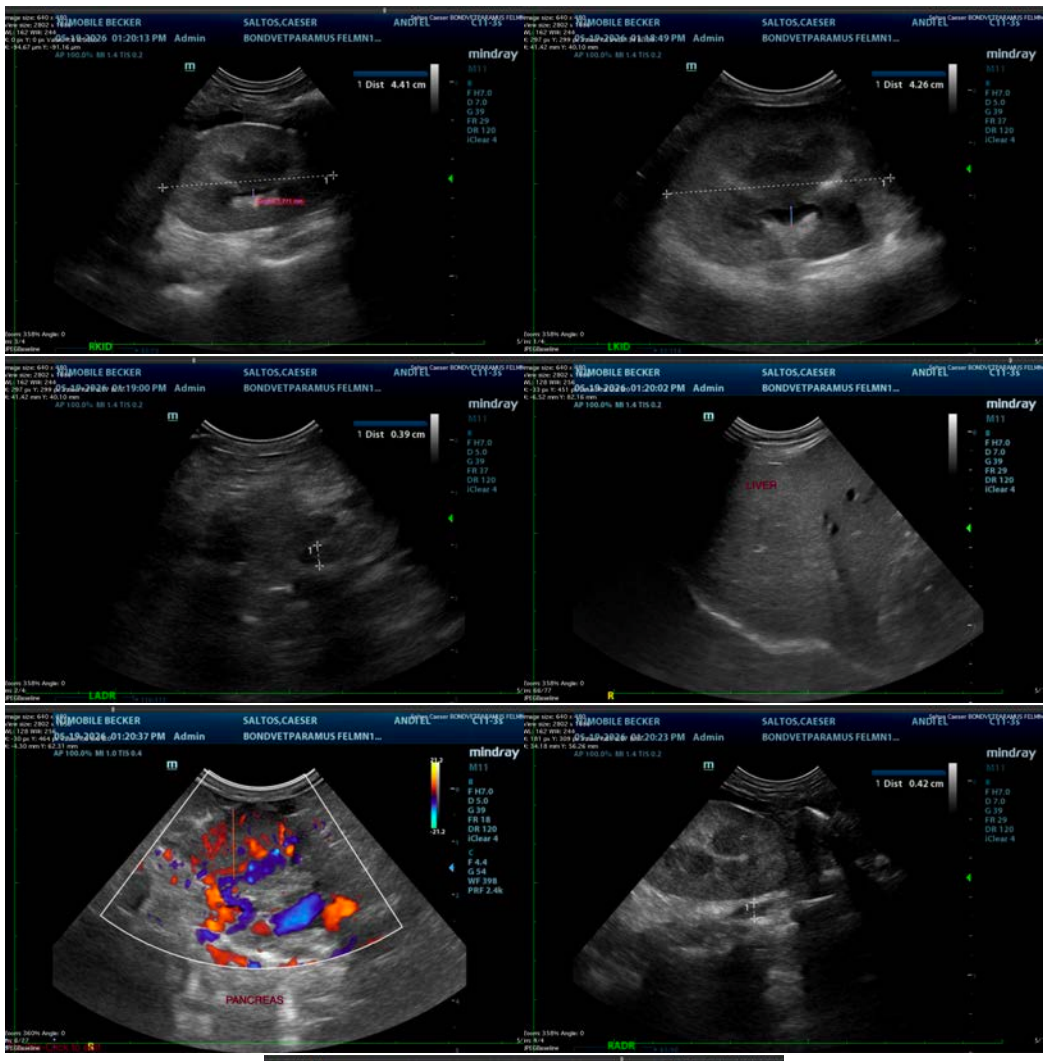
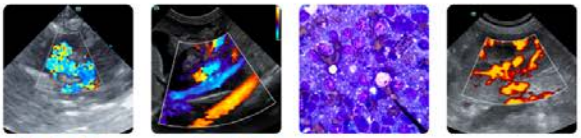


New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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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