PATIENT

Dudley Glenn

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years 1 Month

WEIGHT

12 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Wallace

INVOICE

75607

DATE

6/2/26

PRESENTING CLINICAL SIGNS

P presented for US due to abnormalities on bloodwork.

Abnormal PE/Chem/CBC/UA Results: Previous neutrophilia resolved but Mono 0.6 Glu 186, SDMA 17, BUN 40, Crea 3.2, urine cystatin B 228, Ca 13, ICa pending, Amylase 2700, Lipase 67 T4 normal Urinalyssi usg 1.019, 1+ pro 2+ blood, Rbc's 20-30 hpf, 1+ ca oxalate crystals

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. Left kidney measured 4.2 cm. Mild non-obstructive nephrolithiasis noted in the left kidney. There is a single hyperechoic shadowing nephrolith in the left renal pelvis that measures 4.5 mm in width. Right kidney measured 4.4 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.7 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.3 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.

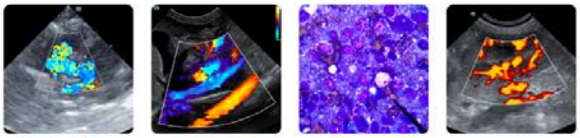
The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

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

Pancreas

The pancreas is diffusely hypoechoic and slightly enlarged, measuring 9.1 mm in width. No surrounding hyperechoic fat. The pancreas has a diffuse heterogeneous echotexture. In the left limb of the pancreas



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there are several hypoechoic cystic lesions, the largest of which measures 1.4 mm in width. The fluid within the cystic lesions is hypoechoic without echogenic debris present. Pancreatic abscess is not suspected.

Free Abdomen

There is a moderate amount of free fluid throughout the abdomen.

There is a hypoechoic, round structure that measures 2.7 mm in width caudal to the left kidney. The structure does not have blood flow. I suspect this may be a perirenal lymph node. Given that the left kidney is not dilated, it is most likely not the left ureter.

Heart

Left atrial to aortic ratio is 1.4, which would be considered normal. No obvious evidence of cardiac disease. There is scant to mild pleural effusion present.

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes with left kidney nephrolithiasis.
- Hyperechoic hepatomegaly.
- Slightly enlarged, hyperechoic pancreas with hypoechoic cystic lesions.
- Moderate amount of free abdominal fluid.
- Hypoechoic structure caudal to the left kidney, likely a perirenal lymph node.
- Scant to mild pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing the patient per IRIS guidelines. Patient's creatinine is reported to be 3.2 and USG 1.019, consistent with stage III chronic kidney disease. Once patient has fully recovered from current episode of illness, recommend re-staging patient per IRIS guidelines to determine if azotemia has improved or remains stable. Recommend periodic monitoring of the left renal nephrolithiasis via ultrasound every 3-6 months to evaluate for possible obstruction occurring.

Recommend fPLI if not already performed to screen further for clinically significant pancreatic inflammation.

Recommend submitting the free fluid sample for fluid analysis and cytology to help determine the cause.

Given the appearance of the pancreas and presence of the cyst, suspect chronic intermittent pancreatitis as cause of the changes seen within the pancreas.

The appearance of the liver could possibly be due to infiltrative neoplasia such as lymphoma. However, more likely the appearance of the liver is suggestive of a vacuolar hepatopathy possibly due to hepatic lipidosis. Recommend a fine needle aspirate of the liver with submission for cytology to help determine the cause of the changes seen in the liver.

If not already performed, recommend heartworm testing.

No obvious evidence of right heart disease that could be causing hepatic congestion that may explain the appearance of the liver. However, consider submitting NT-proBNP, and if elevated, recommend full echocardiogram to rule out right heart disease.

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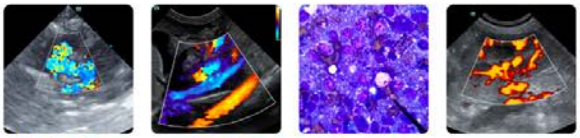

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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