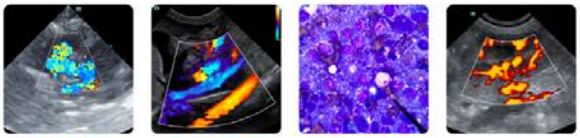

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Mr. Maggie Brown

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

15.4 lbs

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene Animal Hospital

REFERRING VET

Dr. Sundholm

INVOICE

72628

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: 2 month history of chronic vomiting. No loss of appetite or diarrhea. P has stage 2 CKD and is on amlodipine for hypertension. Last BP check was ~200 systolic so P was increased to 1.25 mg Amlodipine once daily.

ABNORMAL Labwork Values: CBC/Chem/T4/UA was done on 1/24 and found hypercalcemia (11.6), slightly increased PSL (35), slight leukopenia, and normal T4 (2.1)

Current Medications: 1.25 mg Amlodipine SID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths. The pelvic urethra was visualized to a depth of 3.0 cm past the cystourethral junction.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were subnormal in size with an irregular shape secondary to old cortical infarcts causing cortical collapse in the cranial pole. There was increased echogenicity in both cortices, and mildly indistinct corticomedullary junction. Both kidneys contained intrapelvic renoliths that appear non-obstructive currently. The right kidney renolith measured 3.0 mm. There was mild pelvic dilation in both kidneys. No visible peripelvic inflammation noted. The right kidney measured 4.2 cm. The left kidney measured 3.3 cm.

Adrenal Glands

Both adrenal glands were normal in size and shape. The parenchyma was homogeneous. Left measures 0.45 cm. Right measures 0.46 cm.

Spleen

The spleen was subnormal in size, possibly due to volume contraction. There are variably sized hyperechoic splenic nodules, which are minimally vascular on doppler exam. The remainder of the splenic parenchyma is normal. The vasculature showed good vascularity at the splenic hilus.

Liver

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

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Gastrointestinal

The stomach wall was mildly thickened, primarily due to mucosal hypertrophy. The stomach wall measured 0.53 cm in width. There was suspected ingesta and/or softly shadowing hair within the stomach that did not appear to be causing an obstruction.

The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering.

Pancreas

The pancreas was normal in size with a mildly irregular capsule contour. The parenchyma was isoechoic to heterogeneous compared to the mesentery. No signs of active inflammation or neoplasia.

Free Abdomen

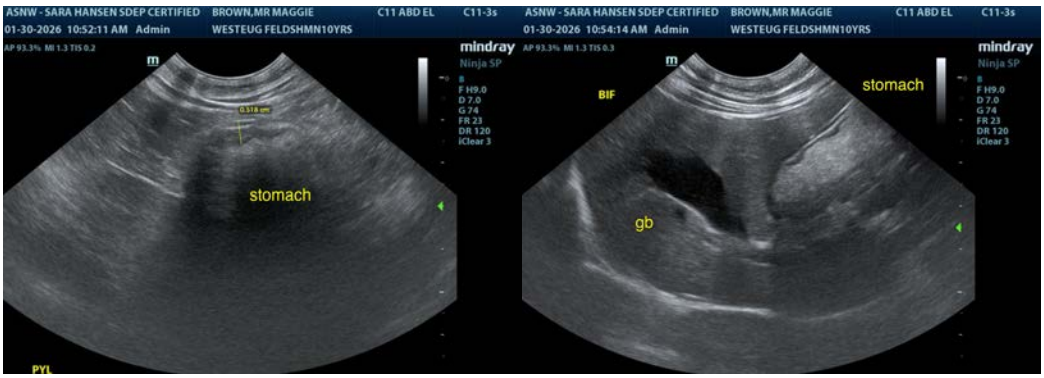
There was no visible free peritoneal fluid or mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Renal changes consistent with CKD and previous cortical infarcts.
- Intrapelvic renoliths bilaterally.
- Hyperechoic splenic nodules – ddx benign considered most likely, cannot entirely rule out neoplastic or infiltrative nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant findings on this exam involve the kidneys. This cat very likely intermittently passes renoliths. There is also evidence of gastritis, which I suspect is secondary to the renal disease. The hypercalcemia is also likely secondary to the renal disease. Additional hydration support, analgesia and cerenia as needed for pain and vomiting are recommended.



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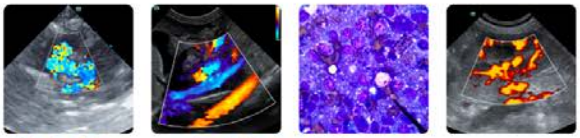

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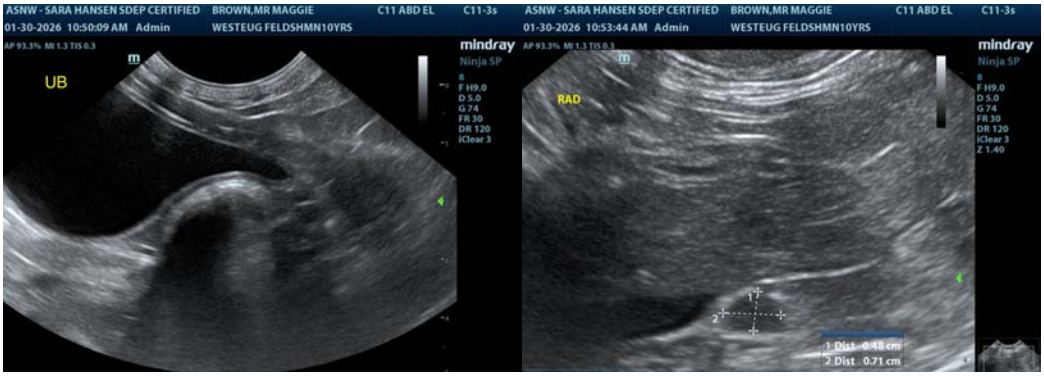

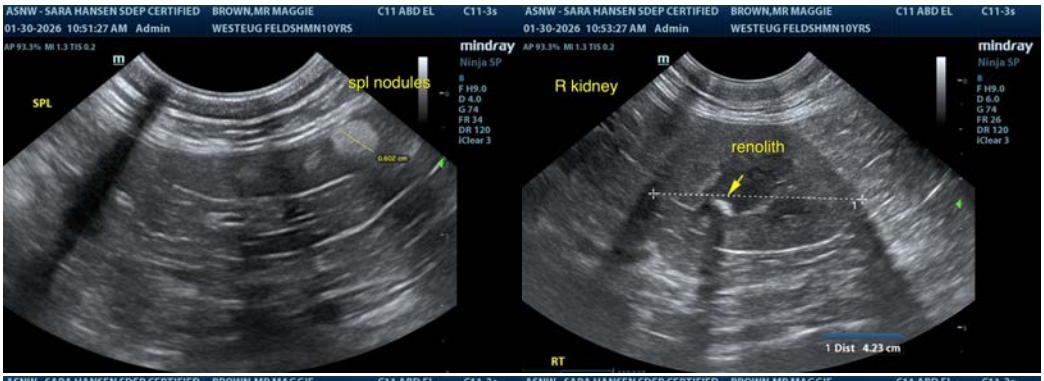

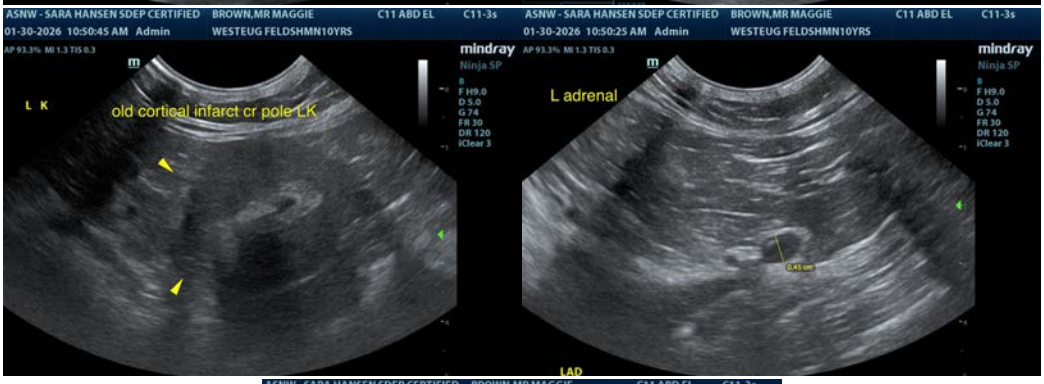

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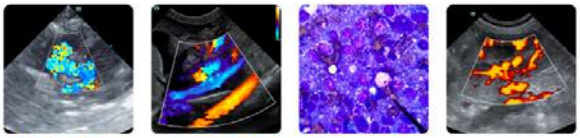

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com