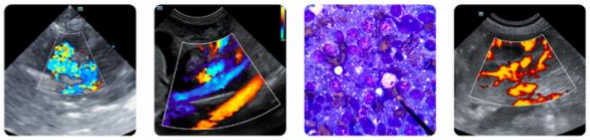


PATIENT

Ash Burgess

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years 9 Months

WEIGHT

8.7

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Dana Kraeutler, CVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr Sammie Thompson

INVOICE

36703

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Treated for FIP earlier this year, treatment finished in January. Elevated renal values noted at exam in February. At recent exam the left kidney was palpably irregular, firm, and enlarged, ultrasound was recommended.

Abnormal PE/Chem/CBC/UA Results: 4/20/26: HCT:31.4, HGB:10, SDMA:21, CREA:2.8, BUN:53

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

Both **kidneys** were found to have an abnormal appearance with the left kidney being dramatically abnormal in overall architecture. The left kidney had a rounded and irregular shape with loss of normal renal anatomy. There were multiple anechoic fluid-filled compartments within the central aspect of the left kidney. The left kidney measured approximately 4.6 cm x 4.45 cm in size. The right kidney also had overall decreased corticomedullary definition while it maintained a general renal architecture. There was a dilated renal pelvis with a width of 1.13 cm. The right kidney measured 4.32 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland measured 1.64 cm x 0.39 cm x 0.42 cm. The right adrenal gland measured 1.29 cm x 0.3 cm x 0.31 cm.

Spleen

The **spleen** was found to have mild splenomegaly with an increased reticulonodular pattern giving a mottled appearance throughout the splenic parenchyma. There was mild irregularity along the capsular contour. Width of the spleen was 1.09 cm.

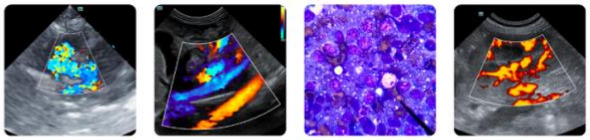
Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas



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The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with a mottled appearance throughout the splenic parenchyma.
- Abnormal left kidney with loss of normal architecture and a rounded and irregular appearance.
- Right kidney had loss of corticomedullary definition and dilated renal pelvis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a concern that the left kidney may be abnormal due to an underlying neoplastic process especially given the past history of this patient having been treated for FIP and knowing that in a small subset of patients they can then go on to being diagnosed with lymphoma.

There's currently a fine needle aspirate for cytology pending, which will help to better determine if there is evidence of underlying neoplasia or if there's a potential that this was pre-existing degenerative renal disease.

It is important to monitor this patient very closely for renal function since both kidneys are showing abnormal renal architecture. Since this patient does have current evidence of an elevated creatinine, SDMA, BUN, and low hematocrit, therapy for renal failure would be recommended including monitoring the blood pressure for evidence of hypertension, feeding a renal diet, and giving supportive care for any loss of appetite or vomiting.

The prognosis will be based upon this patient's response to renal failure management and the cytology results in the report.

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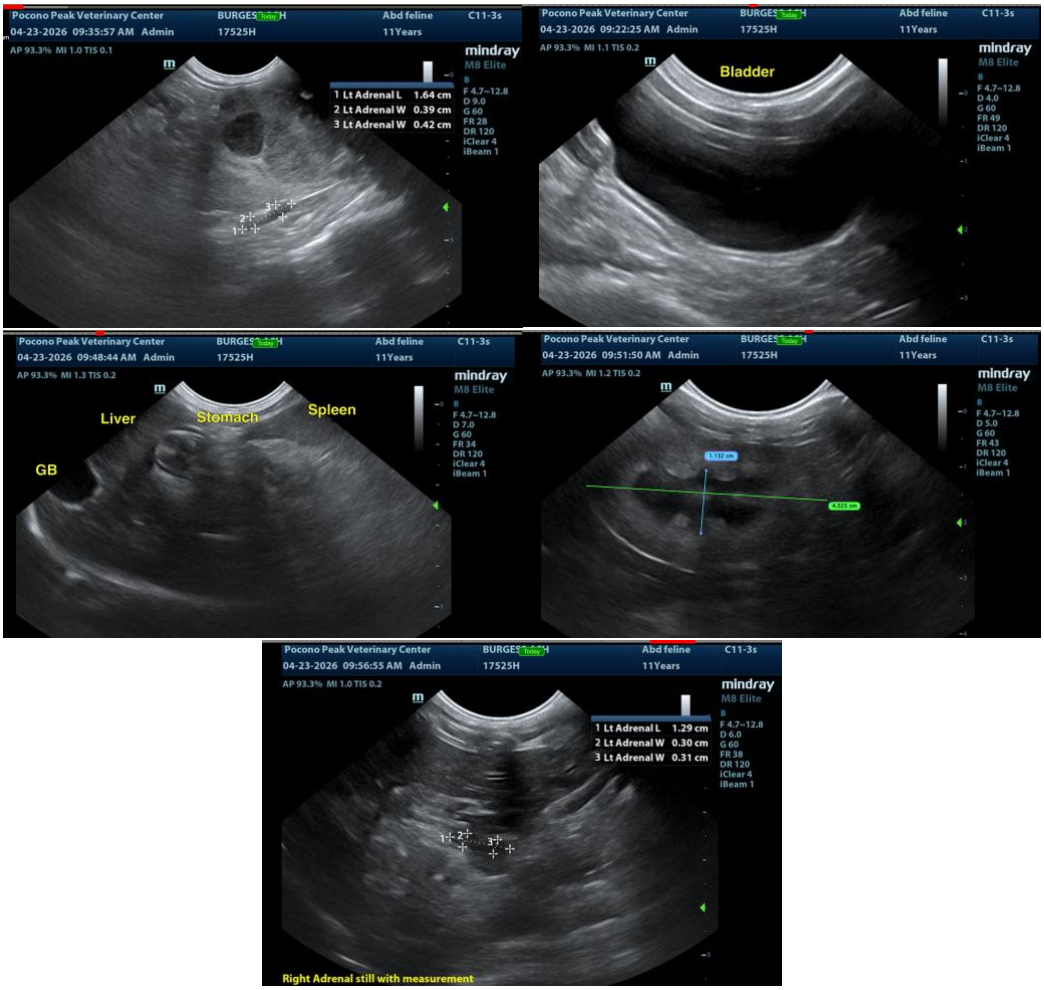

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com