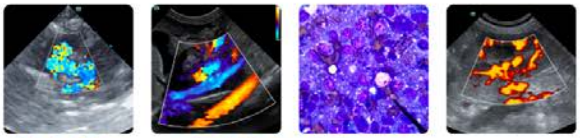


PATIENT

Bat Troya

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

4 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Novel Vet Clinic

REFERRING VET

Dr. Gibbs

INVOICE

72243

DATE

1/15/26

PRESENTING CLINICAL SIGNS

This is a recheck ultrasound to see how kidneys are during treatment for renal lymphoma. Current Medications Gabapentin.

Abnormal PE/Chem/CBC/UA Results: Labs and prev US report attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is normal in size but slightly irregular in shape, measuring 4.23 cm. (Previous measurements 6.56 cm on 10/2025 and 4.18 cm 12/2025). The cortex appears mottled with hyperechoic striations. There is poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is mild pyelectasia at 0.33 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size but slightly irregular in shape, measuring 4.19 cm. (Previous measurement 10/2025 was 6.63 cm, 12/2025 was 4.51 cm). The cortex appears mottled with hyperechoic striations. There is poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is mild pyelectasia at 0.27 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.25 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

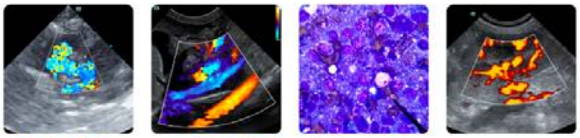
Spleen

The spleen is subjectively normal in size(0.92 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

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Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.19 cm. Visualized peristalsis appears appropriate. In the mid abdomen there is a prominent segment of bowel that appears mildly thickened, measuring at 0.46 cm, with intact wall layering.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Irregular kidneys with reduced corticomedullary distinction and mottled/irregular cortices and bilateral pyelectasia – Renal changes are improved from the previous two exams.
- Prominent/thickened segment of small intestine – The nature of this thickening is uncertain. This could represent anatomic variation, focal inflammation, or early infiltrative disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys appear significantly improved from the previous exam 10/30/25 with mild continued improvement over the last month. It is unlikely that the kidneys will normalize in appearance, but improvement has been significant. Recommend continued therapy and monitoring.

There is a focal section of bowel visualized in the mid abdomen. The exact location of this segment is uncertain. It is somewhat thickened and prominent with some mildly reactive mesentery, but wall layering appears intact. There is concern that this could represent an early neoplastic lesion, although prominent bowel loop or focal inflammation is also possible. Consider repeat evaluation in 4-6 weeks, sooner if there is concern for progression.

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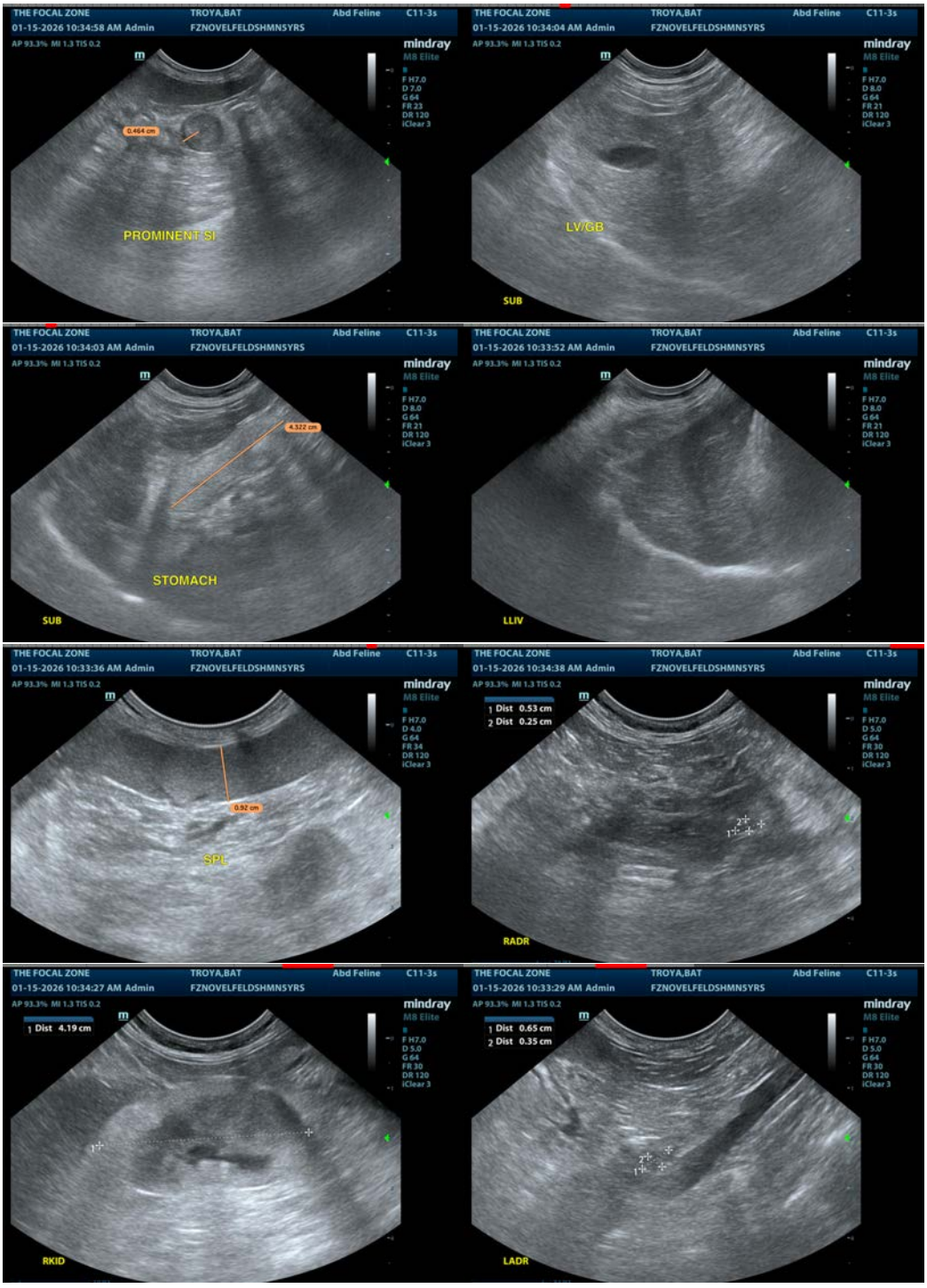

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com