



PATIENT

Wunkus Graham

PRESENTING CLINICAL SIGNS

P presented to ER clinic for ARF.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BUN >120, Crea 6.42, Lactate 3.75 usg 1.018, Pro 500mg.dL, BLD 250/ery/uL, WBC 7 /hpf, RBC 32 /hpf

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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, or cystic calculi. There is a tubular appearing structure visualized dorsal to the urinary bladder, possibly consistent with a dilated ureter or a vascular structure measuring 0.24 cm in diameter at the level of the cystourethral junction.

AGE

9 Months

The left kidney is borderline large and rounded, measuring 4.23 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is significant pyelectasia and hydroureter present. Renal pelvic measures 0.44 cm. The proximal ureter measures 0.38 cm and is followed distally as it somewhat tapers TO .24cm. A definitive obstruction is not visualized. There is no evidence of nephroliths or infarcts. Renal vasculature is normal. There is a significant amount perinephric inflammation present and a scant amount of free fluid.

WEIGHT

3.3 kg

The right kidney is borderline large, measuring 4.21 cm. Mild pyelectasia is noted at 0.20 cm. Overall echogenicity is slightly hyperechoic with mildly decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. The proximal ureter is prominent measuring 0.15 cm. There is no evidence of nephroliths or infarcts. Renal vasculature is normal. There is a significant amount perinephric inflammation present and a scant amount of free fluid.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Kathleen Byrnes

The left adrenal gland is normal in size measuring 0.34 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.

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The right adrenal gland is normal in size measuring 0.31 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

REFERRING VET

Dr. Wolverton

The spleen is subjectively normal in size (0.65 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.

INVOICE

72275

Liver

DATE

1/16/26

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.



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The gall bladder is normal/borderline large in size. 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 bile duct appears dilated and tortuous, measuring 0.38 cm proximally, and appears to taper distally. No evidence of an obstruction is clearly visualized.

Gastrointestinal

The stomach contains minimal luminal contents. 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.

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 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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

There is scant free fluid visualized particularly around both kidneys. There is no evidence of a significant lymphadenopathy. Prominent lymph nodes at the ileocecal junction measure 0.23 cm and 0.37 cm in diameter. The omentum is hyperechoic around both kidneys.

ULTRASONOGRAPHIC FINDINGS

- Large kidneys with significant left-sided pyelectasia and hydroureter (mild right-sided) and bilateral perinephric inflammation and effusion – Findings are concerning for acute renal failure +/- ureteritis, a ureteral obstruction, pyelonephritis or ectopic ureter.
- Dilated tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Questionable dilated ureter at the level of the cystourethral junction – Findings could be seen with an ectopic ureter. A vascular structure in the region cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys appear large, are surrounded by hyperechoic mesentery and free fluid consistent with acute inflammation and acute renal failure. The left kidney has significant pelvic dilation and a dilated ureter, which can be followed distally. The exact termination is not clear. There is a suspicious linear structure visualized at the cystourethral junction, which could represent an ectopic ureter. There is mild



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pyelectasia associated with the right kidney.

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The gallbladder appears large with a dilated/tortuous bile duct. A definitive obstruction is not clearly visualized. Correlate with current lab work. Consider empirical treatment for cholecystitis and Ursodiol therapy with continued monitoring of the gallbladder.

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Recommend diuresis for acute renal failure (quantitate urine output-ins and outs etc..). If possible, consider a contrast CT scan or other contrast study to further evaluate the ureters for ectopia, strictures an obstruction etc.. (also the bile duct). Additionally recommend a blood pressure and a urine culture.

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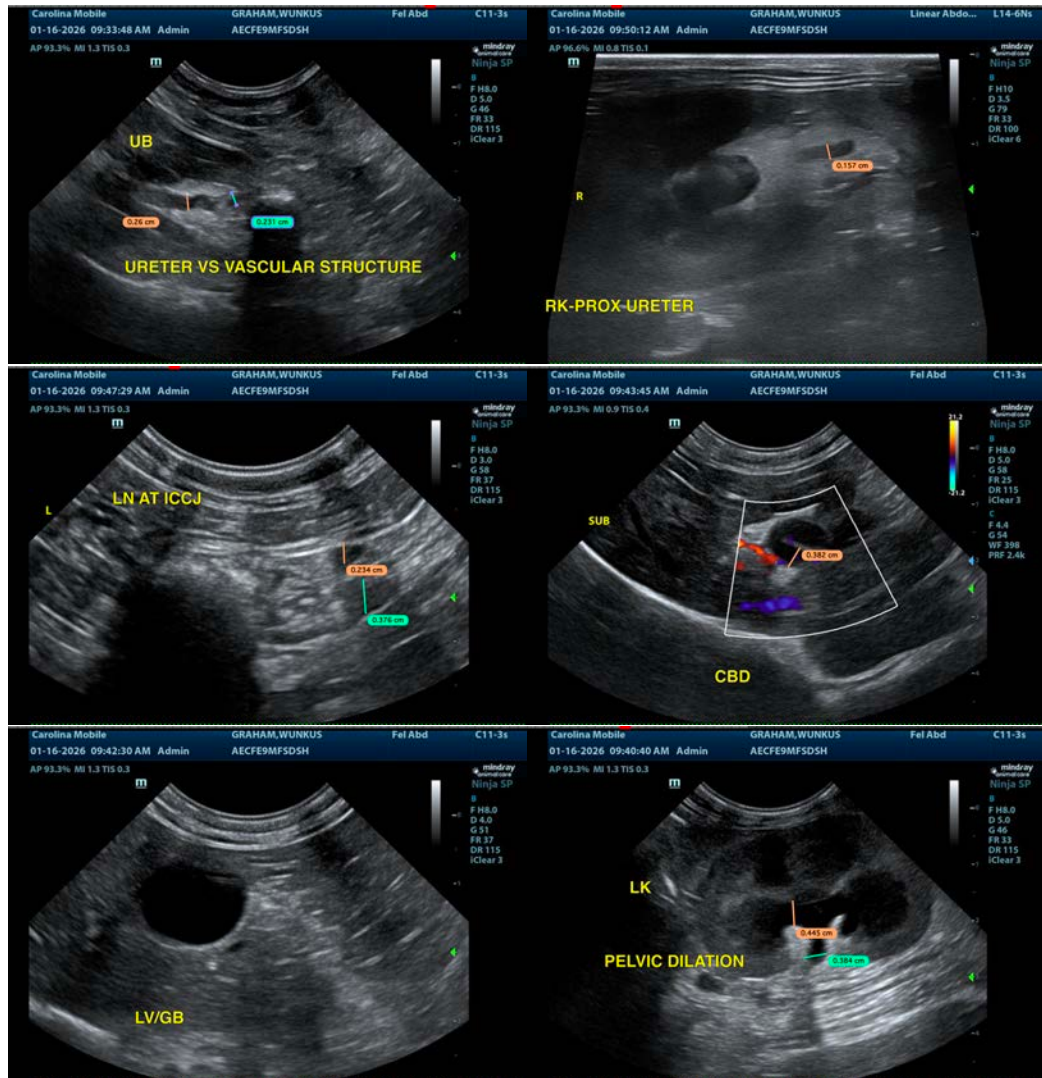
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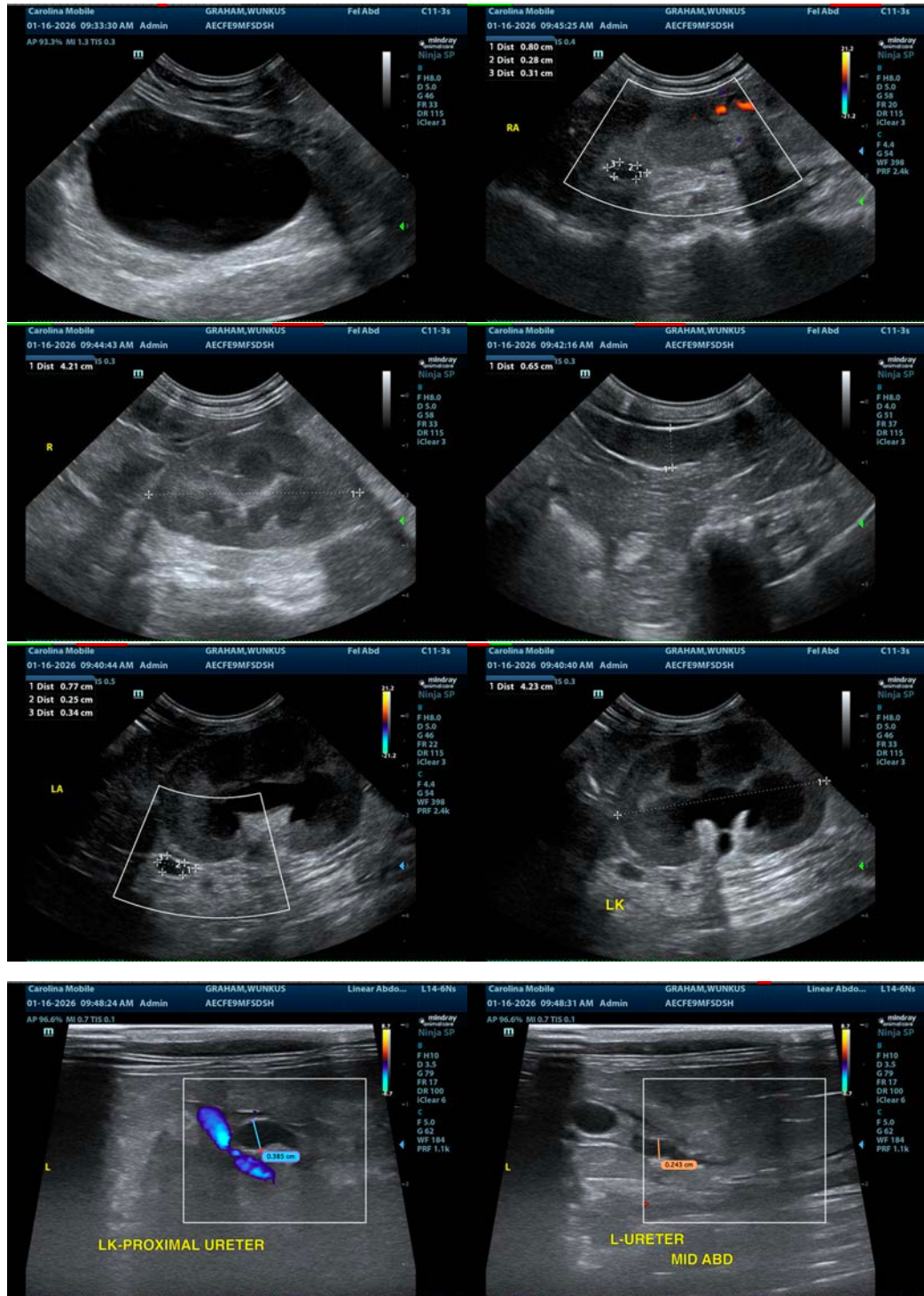
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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