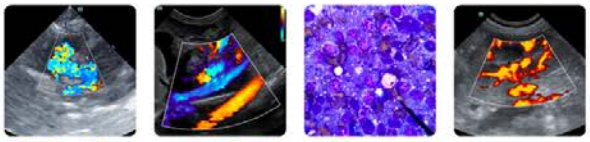


PATIENT

Scarlette Petrone

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

8.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

72340

DATE

1/21/26

PRESENTING CLINICAL SIGNS

Recently diagnosed with Stage 1 CKD in March 2025, USG dilute but creatinine 1.4. October 2025 creatinine increased to 2.1. Was on monthly Solensia. I discontinued because there were reports of accelerated CKD. She's been on K/D+ mobility and Purina NF early. Mild weight loss 0.2lbs since October. Subjectively appears to have decreased muscle mass.

Systolic BP in hospital (with gaba but still stressed) 190, will try at home.

Superchem/CBC/T4/UA-pending.

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 has a normal shape and size (3.1 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a thin hyperechoic line separating the cortex and medulla, most consistent with medullary rim sign. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.35 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a thin hyperechoic line separating the cortex and medulla, most consistent with medullary rim sign. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

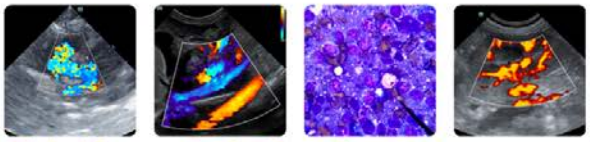
Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is prominent/borderline “plump”, measuring at 0.99 cm in width at the level of the hilus. The echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenicity nodule visualized in the caudal half of the spleen with a hyperechoic center and hypoechoic rim measuring 0.51 cm x 0.82 cm. This mildly deviates the splenic capsule.



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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. There are numerous cystic lesions within the hepatic parenchyma. A large cystic lesion is visualized in the dorsal aspect of the liver measuring 1.23 cm x 1.24 cm. A more complex cystic lesion is visualized in the cranial aspect of the ventral liver measuring 1.18 cm x 0.84 cm. Numerous other small, moth-eaten/cystic lesions are visualized.

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.

Gastrointestinal

The stomach contains moderate fluid/ingesta. 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. Moderate intraluminal fluid is most consistent with a non-fasted patient. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none clearly visualized).

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid/chyme. 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. Moderate fluid is most consistent with a post-prandial patient and passing ingesta. If the patient was fasted this could represent ileus.

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 left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic 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

- Medullary rim sign visualized associated with both kidneys – Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.
- Mixed echogenicity splenic nodule – This could represent a benign or early neoplastic lesion (lymphoid hyperplasia, hematoma, atypical myelolipoma, hemangiosarcoma, hemangioma, carcinoma, metastatic lesion, etc.).

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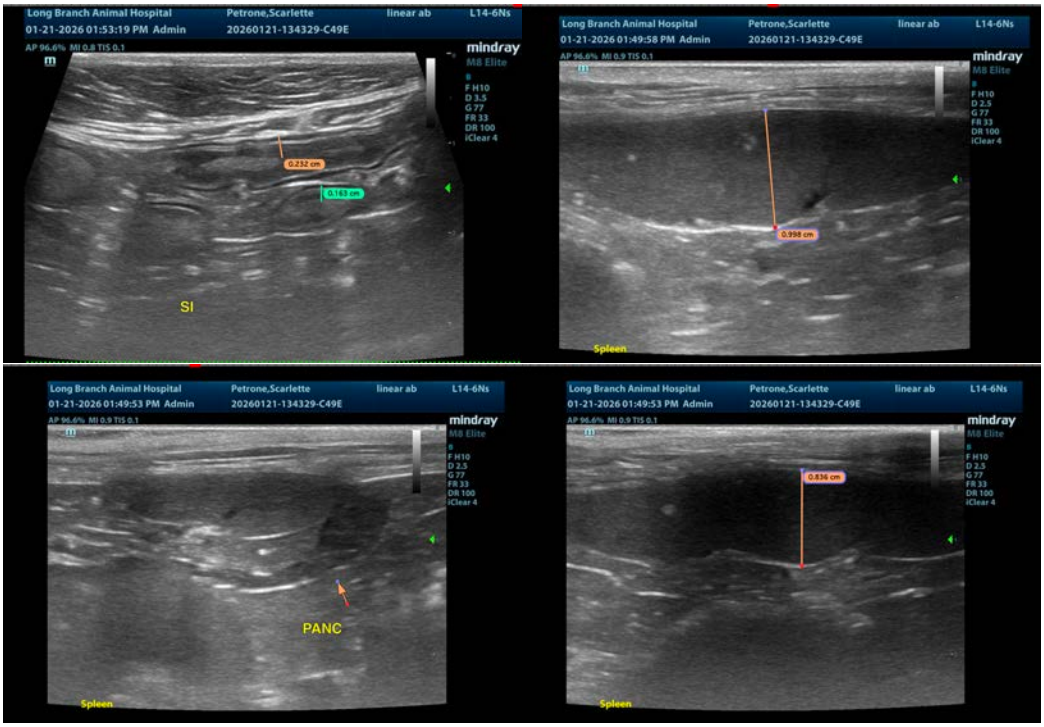
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Cystic lesions in the liver – Findings are most consistent with benign cystic lesions, cystadenomas. Cystadenocarcinomas cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If possible, consider a fine needle aspirate of the splenic lesion to further assess. Otherwise, recommend continued monitoring, looking for progressive enlargement. This could represent a benign or neoplastic lesion.

Both kidneys have changes most consistent with chronic renal disease.

The left limb of the pancreas is prominent. In the absence of symptoms consistent with pancreatitis, this could be related to pancreatic remodeling. If there is concern for underlying gastrointestinal symptoms, then consider a quantitative fPLI level and treatment for chronic pancreatitis.



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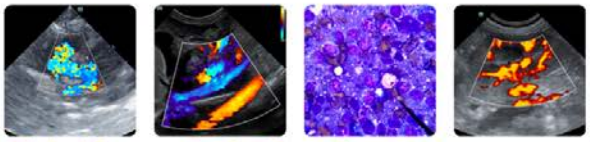

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Educational Teleconsultation Services™

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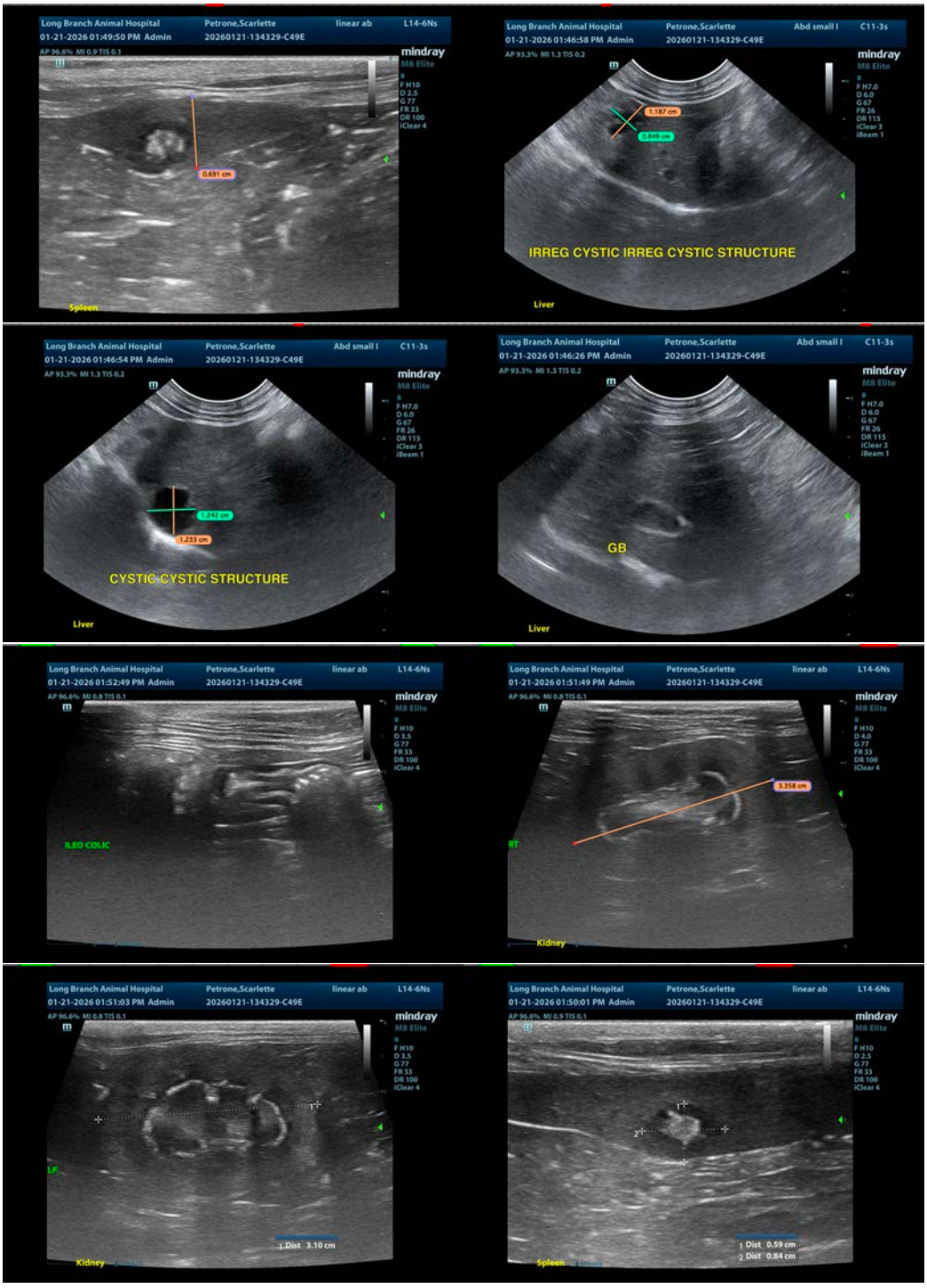

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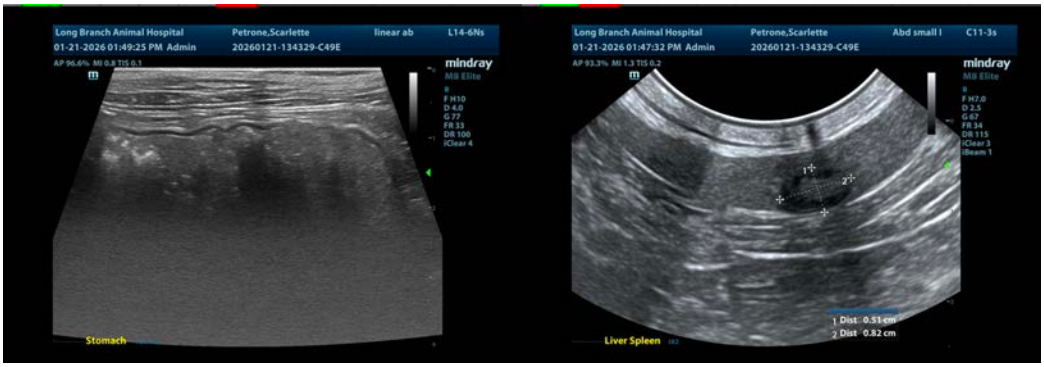

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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