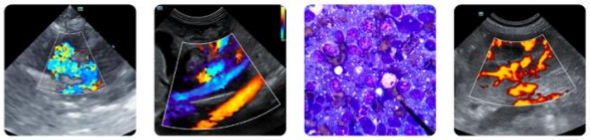


PATIENT

Morgan Forman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

7.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Katelynn Mazzochette, DVM

HOSPITAL NAME

Airpark AH

REFERRING VET

Michelle Kluchurosky, DVM

INVOICE

35544

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Hx FIV positive since 2015
- Hx of chronic weight loss, vomiting, anorexia, and chronic hematuria.
- Nephroliths present on radiographs as well as suspected bates body in L cranial abdomen.
- Gagging and dysphagia, suspected to be due to nausea- no obvious FB or abnormalities seen on radiographs.

Abnormal PE/Chem/CBC/UA Results: BW 12/30/25: CBC WNL Chem: SDMA 18, Creat 2.2, BUN 38 ProBNP WNL (24) T4 1.9, FT4 1.3 UA: USG >1.040, pH 6.0, significant hematuria with no obvious pyuria or bacteriuria, repeatable on UA from 1/7/26.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney is small (1.16 cm in length) and irregular. Overall echogenicity is slightly hyperechoic with significantly decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Renal architecture is greatly very abnormal. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal. Numerous nonobstructive nephroliths are noted, an example of which measures 0.24 cm.

The right kidney is normal/borderline large in size (4.18 cm). Overall echogenicity is slightly hyperechoic with decreased corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Renal architecture is greatly very abnormal. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal. Nonobstructive mineralizations are noted.

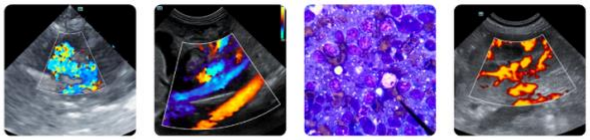
Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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 0.64 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 (0.96 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.



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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. 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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. The duodenum measured as normal (0.3 in wall thickness) and the jejunum measured as normal (0.22 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. The colon is distended with non-formed/liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis.

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

- Mild suspended echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture
- Small shrunken sclerotic left kidney with nonobstructive nephroliths and a larger right kidney with decreased corticomedullary distinction and nonobstructive mineralizations- Findings are most consistent with chronic renal disease and nonobstructive nephroliths.
- Pancreatic changes most consistent with chronic pancreatitis and chronic pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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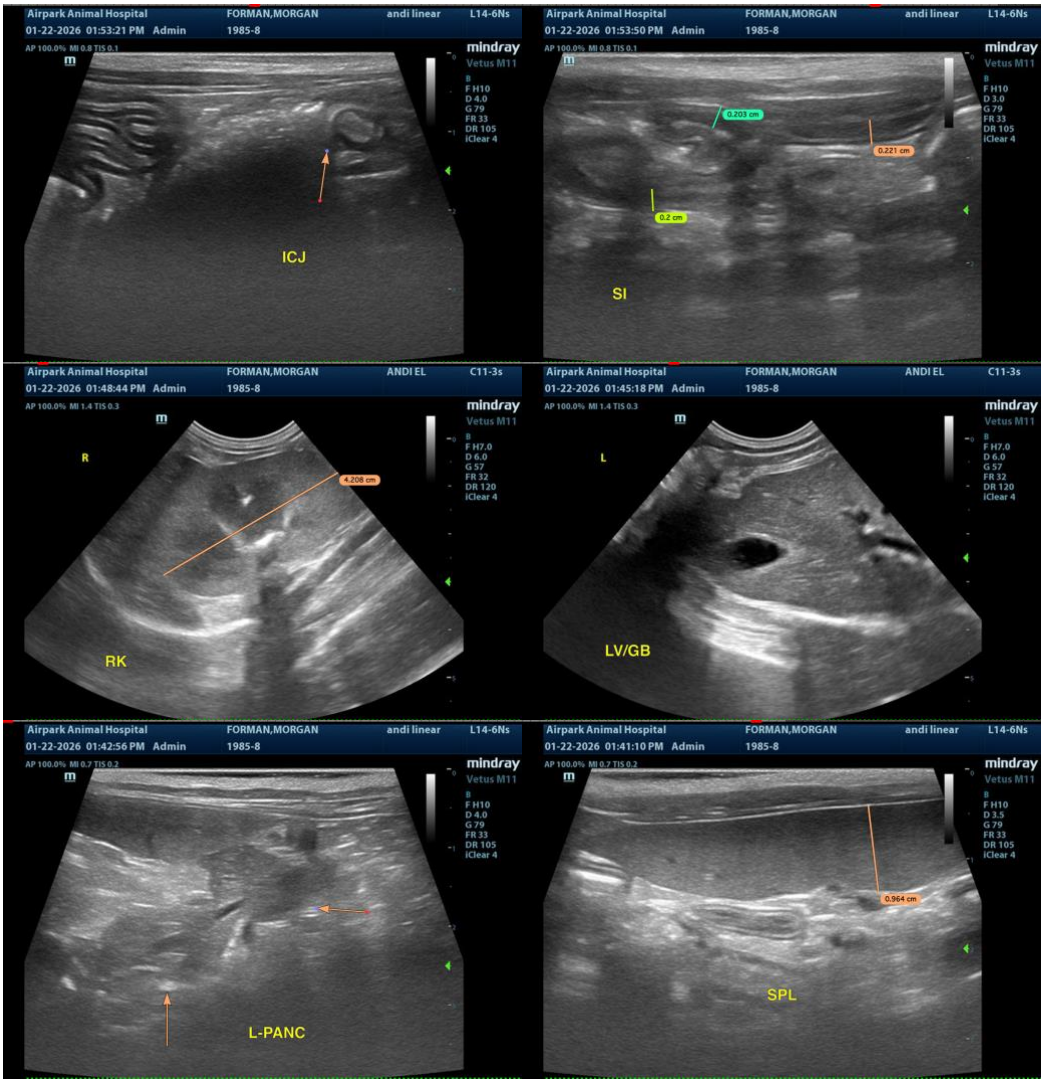
There are significant changes visualized associated with both kidneys. Recommend a urinalysis, culture, and a blood pressure evaluation. There is no obvious source for the hematuria reported, although this could be coming from the kidneys, secondary to the stones present. Consider short term diuresis and treatment for uremia in case there has been an acute on chronic crisis.

The pancreas (particularly the left limb) is prominent and hypoechoic with a prominent pancreatic duct. Correlate with a PLI level. These changes are concerning for chronic active pancreatitis and chronic pancreatic remodeling. A neoplastic is less likely but cannot be ruled out.

No focal lesions are visualized associated with the small intestine, although a concurrent enteropathy cannot be ruled out based on a normal ultrasound alone. If this is a concern, you could consider a GI panel to Texas A & M for a qualitative PLI, TLI, cobalamin and folate, looking for additional information. If vomiting is persistent, you could consider an upper GI endoscopy to evaluate the esophagus, stomach, and proximal GI tract and obtain biopsies. A combination hydrolyzed protein/renal diet could be considered (Royal Canin has one).



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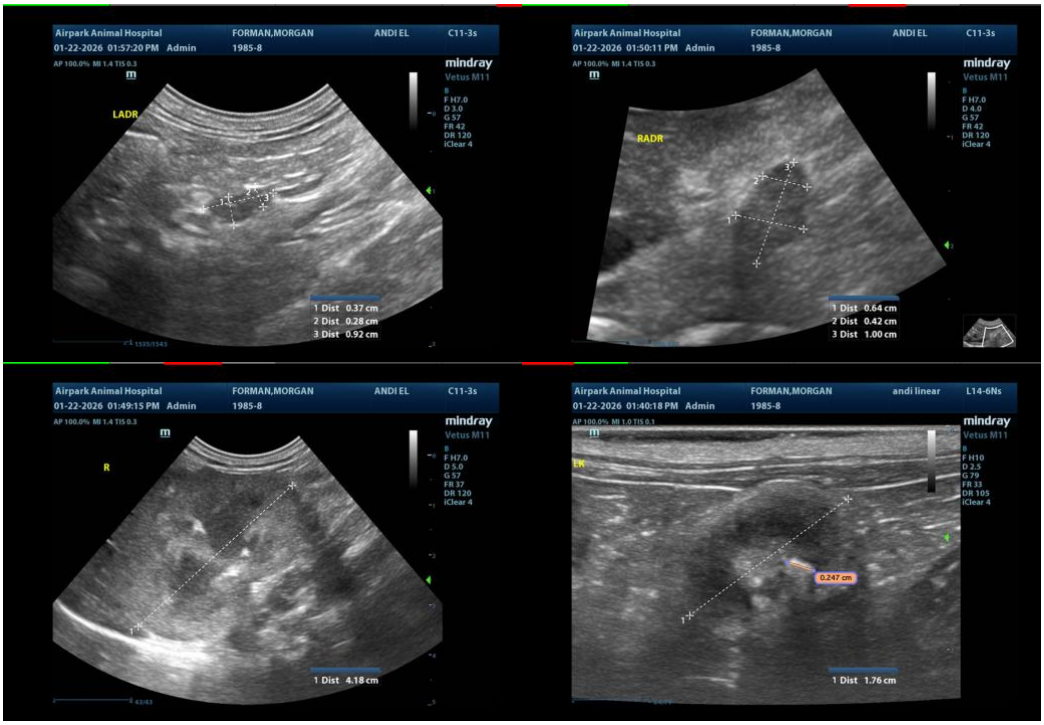

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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