



DATE PRESENTING CLINICAL SIGNS

1/23/26

Patient History: History of ureteroliths. Doing well at home. Won't eat renal diet, switching to urinary diet. Improved renal values. Last u/s: "Significantly reduced corticomedullary distinction in both kidneys with evidence of previous infarcts and nonobstructive nephroliths. Marked improvement in left sided hydronephrosis and hydroureter with a persistent ureterolith."

PATIENT

Bailey DeLuca

SPECIES

Feline

Current Medications: None.

Labwork Results: Labwork not attached, reported as: 1/13: Renal panel- BUN 44, U/A SG 1.030, RBCs > 50/hpf

Date of Previous IntraPet Ultrasound: Yes. See attached. Most recent 10/3/25.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

Imaging Performed by: Rachel Brillhart, RDMS.

SEX

Spayed Female

LIMITED ULTRASONOGRAPHIC EXAMINATION

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.

AGE

3/6/19

The left kidney is normal in size (3.42 cm) but irregular in shape (likely due to previous infarcts) with decreased corticomedullary distinction. There is significant to severe pyelonephritis/early hydronephrosis on today's exam, measuring at 1.78 cm in width (previous measurement 10/2025 was 0.55 cm). There are numerous small, non-obstructive nephroliths visualized. The proximal ureter is dilated and measures at 0.54 cm (previous measurement 0.24 cm), and there is a partially obstructive ureterolith visualized measuring 0.33 cm. The ureter measures approximately 0.26 cm at this level (previous ureterolith measurement at 0.30 cm with ureter measuring 0.22 cm in diameter).

WEIGHT

8.16 lbs

INTERPRETED BY

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

The right kidney is normal in size with irregular margins (likely due to previous infarct) measuring 3.45 cm, with decreased corticomedullary distinction. There are occasional non-obstructive mineralizations/nephroliths visualized. An example measures 0.33 cm (previous measurement 0.19 cm).

HOSPITAL NAME

Hickory Veterinary
Hospital

ULTRASONOGRAPHIC FINDINGS

- Progressive left-sided hydronephrosis and hydroureter with a stable to slightly increased in size ureterolith and numerous non-obstructive nephroliths. Stable non-obstructive nephroliths in the right kidney.
- Bilaterally irregular kidneys with decreased corticomedullary distinction – Findings are most consistent with chronic renal disease and urolithiasis.

REFERRING VET

Dr. Lyle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

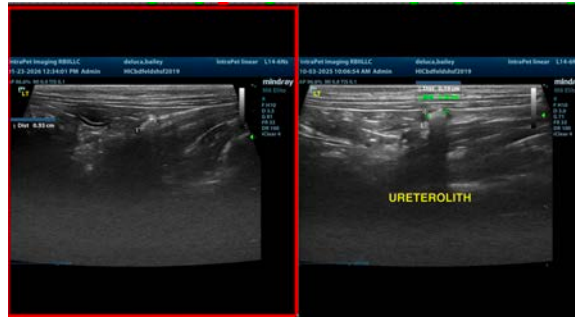
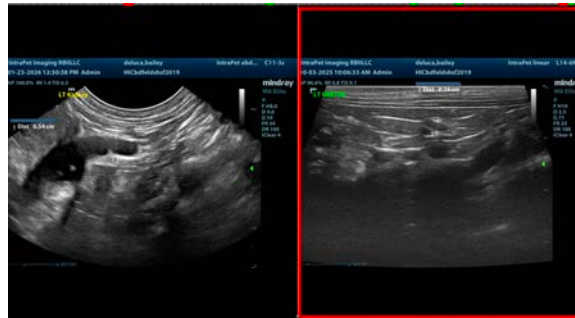
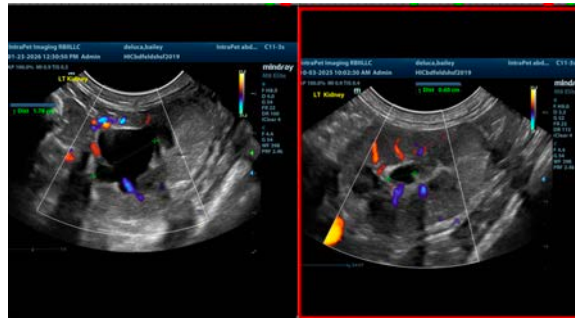
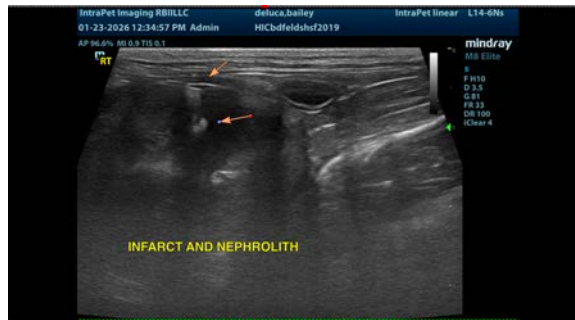
INVOICE

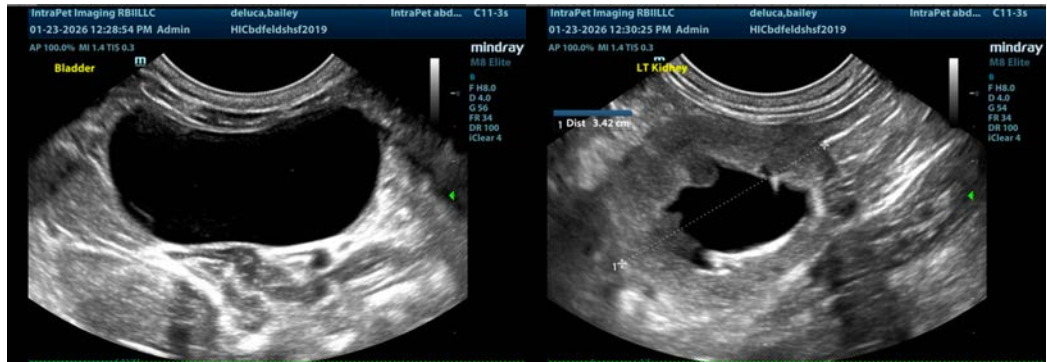
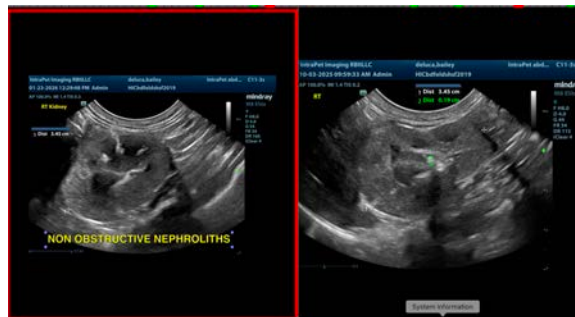
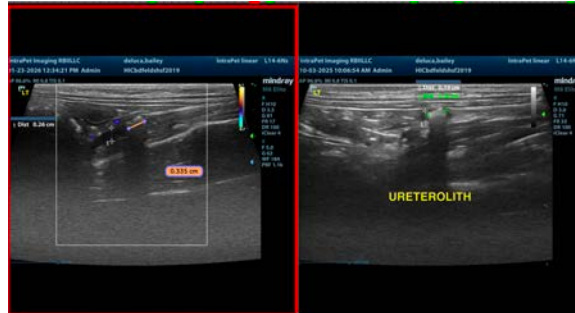
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The left kidney appears to have more significant pelvic dilation on today's exam, and hydroureter appears more severe. The stones appear similar. The right kidney appears sonographically stable.

Correlate these findings with patient's clinical status, degree of azotemia, etc. Consider a current urine culture in case of recurrent pyelonephritis (if urine culture is negative you might consider a course of antibiotics regardless, as pyelonephritis does not always culture as positive). Medical management as

previously discussed with pain management, fluid therapy, muscle relaxants, etc. could also be considered. Consider reevaluation in 4-6 weeks (sooner if concerned). If progressive obstruction is occurring, a bypass procedure may need to be considered.





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.

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