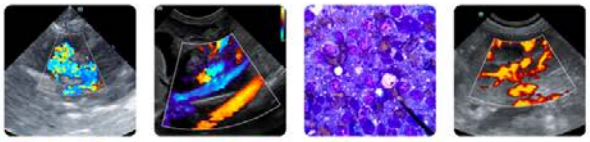


PATIENT

Licorice Zemil

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed Female

AGE

11 Years

WEIGHT

9.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Ashleigh Bisset

INVOICE

72554

DATE

1/29/26

PRESENTING CLINICAL SIGNS

Licorice is a 9-year-old, female spayed, domestic medium hair cat presenting for increased thirst and urination, including urinating outside of the litterbox. Her appetite has been decreased for the past two days, and today she is only consuming tube-style treats. She was also noted to be more lethargic. There was one episode of vomiting after drinking water on January 24, 2026, with no further episodes. Owner mentioned increased drinking and urination in Dec of 2025 but we were not able to obtain urine and blood due to patient demeanor.

Abnormal PE/Chem/CBC/UA Results: BW performed on 1/27/26 revealed: HCT 30.6 L, Hemoglobin 10.5 L, SDMA 20 H, Creat 2.7 H, BUN 52 H, Cystatin B 305 H, Ca 14.5 H, Na 145 L, Cl 108 L, TP 13.7 H, Albumin 2.3 L, Globulin 11.4 H, Ab/Glob ratio 0.2 L, AST 295 H, Cholesterol 31 L, CK 638 H. Urine pH 5.5 l, Urine protein 2+, WBC 75-100 H, Bacteria - mod rods 9-40/HPF, T4 1.6 N

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall subjectively appears mildly thickened and irregular, measuring at 0.28 cm. The region of the trigone and ureteral papillae appear normal. The urethra is somewhat prominent, measuring 0.41 cm in diameter. No focal lesions are observed.

The left kidney is normal in size but somewhat rounded/swollen in appearance, measuring 3.74 cm, with decreased corticomedullary distinction. There is a small amount of surrounding inflammation and scant free fluid noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size but somewhat rounded/swollen in appearance, measuring 3.66 cm, with decreased corticomedullary distinction. There is a small amount of surrounding inflammation and scant free fluid noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

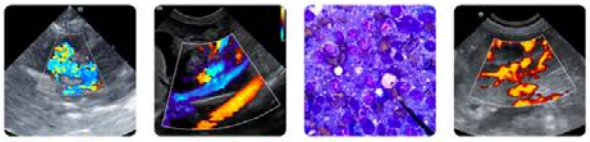
Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 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 0.47 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 normal/borderline “plump” at 0.97 cm. 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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 a scant amount of free fluid visualized around the kidneys. No significant lymphadenopathy noted. The omentum is mildly hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Subjectively mildly thickened bladder wall and urethra – Findings could be consistent with lack of urine distention or mild cystitis/urethritis.
- Decreased corticomedullary distinction associated with both kidneys, with a somewhat rounded/swollen appearance with scant surrounding free fluid and inflammation – Findings could be consistent with acute renal injury, pyelonephritis, infiltrative neoplasia, FIP, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys measure normal in size but have a somewhat rounded/swollen appearance with reduced corticomedullary distinction and some regional inflammation and scant free fluid. Given the active urine sediment, bacterial cystitis/urethritis and possible pyelonephritis would be a significant concern. Recommend a urine culture with diuresis and treatment for acute renal injury and pyelonephritis.

If symptoms are persistent or worsening despite this therapy, repeat imaging could be considered in the future, looking for the progression of today's lesions. If kidney function is deteriorating, a fine needle aspirate of the kidneys could be considered, looking for early infiltrative neoplasia or similar, although

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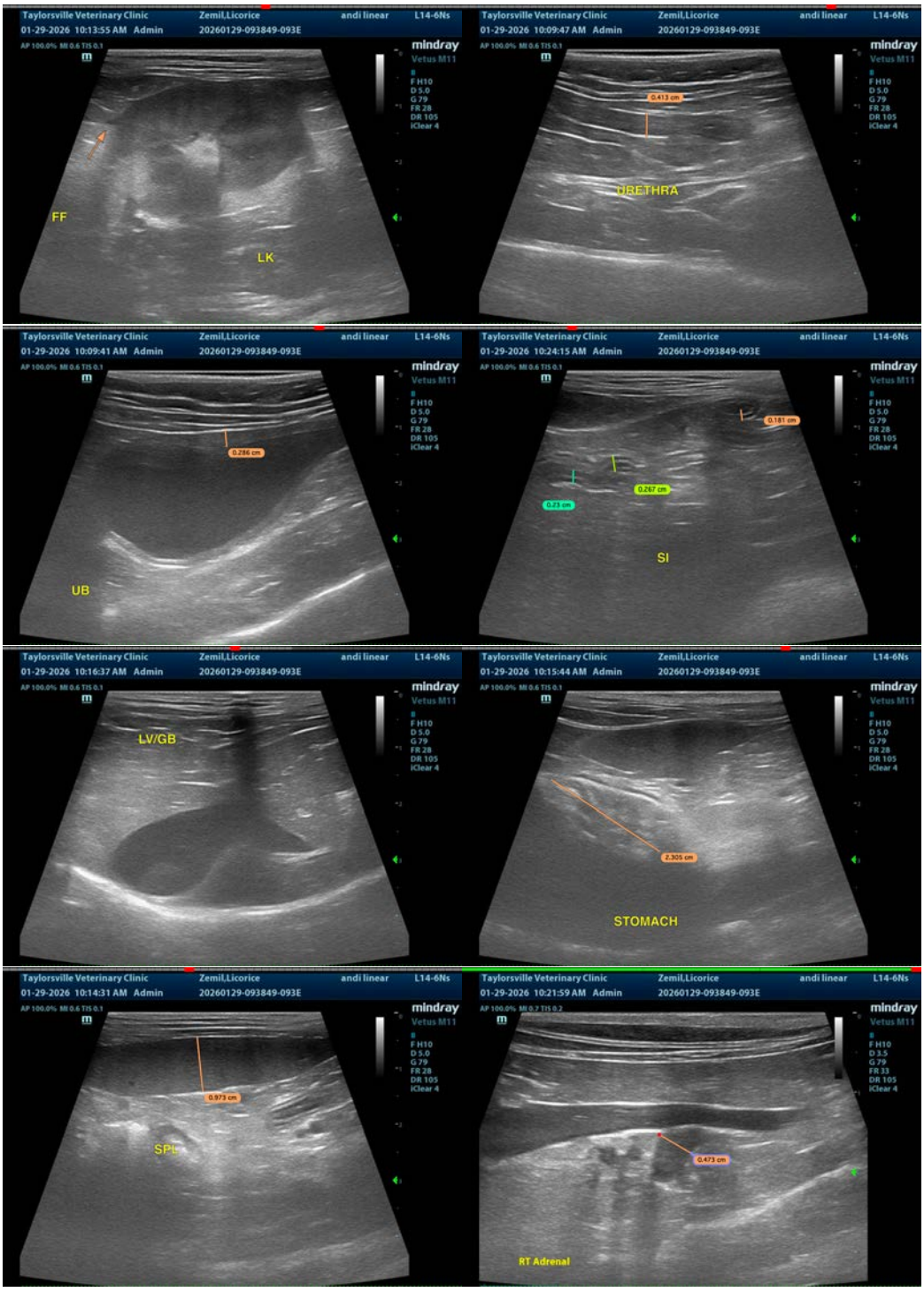
there are no focal mass lesions or significant irregularity at this time.

The spleen appears somewhat “plump” with normal echogenicity. A fine needle aspirate could be considered in the future if there are concerns for systemic round cell neoplasia or similar.



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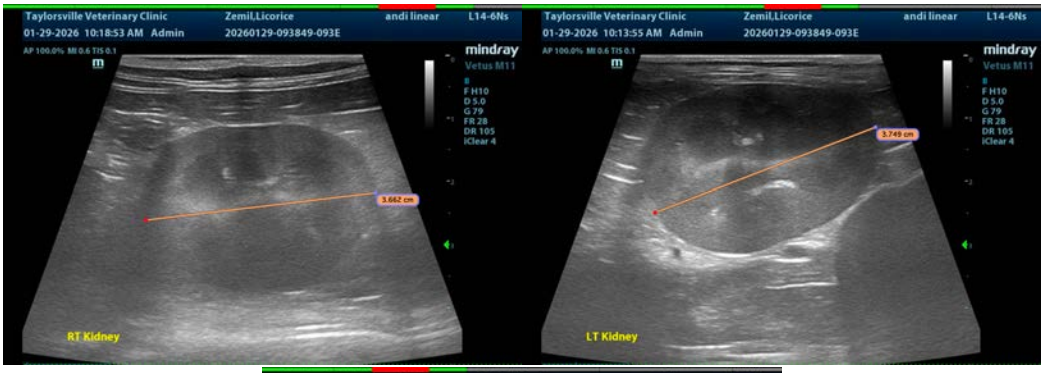

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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