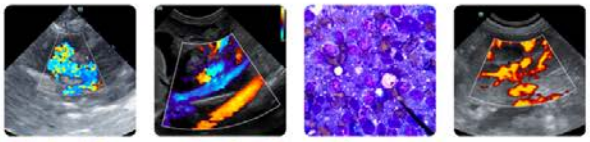


PATIENT

Wally Shesterniak

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

6.48 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Lameg (Corydon Animal Hospital)

INVOICE

71736

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Hematuria persists repeat U/A showed blood (has no hx of hematuria on any sample collected previous to this) -Iris stage 2 -On canned and dry early renal disease food -Current medications: Fluoxetine

Abnormal PE/Chem/CBC/UA Results: CBC WNL Creat higher side of normal SDMA WNL on Nov 6th (previously high creat and sdma) Sept 16/25-Hematuria, possible iatrogenic? Sediment appears non-reactive USG 1.027 consistent with well managed early iris stage 2 ckd T4 WNL Sept 19/25-Repeat urinalysis: hematuria persists ddx iatrogenic, uroliths, mass, infarct, fic etc..

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 (3.87 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. 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 (4.0 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. 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 left adrenal gland is normal in size measuring 0.45 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.

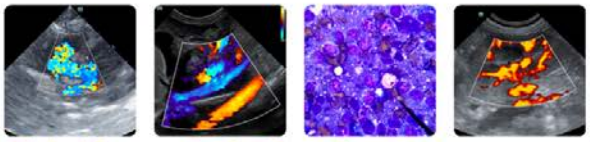
The right adrenal gland is normal in size measuring 0.42 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.74 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.

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 occasional ill-defined hypoechoic nodules, the most prominent of which is in the mid liver measuring 1.15 cm x 0.55 cm. Additional nodules visualized measuring 0.40 cm and 0.35 cm in diameter.



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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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.20 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. There are some prominent lymph nodes near the ileocecal junction, an example of which measures 0.19 cm in diameter. There is a prominent sublumbar lymph node measuring 0.20 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic nodules visualized associated with the liver – The significance of this is uncertain. These could represent benign or early neoplastic lesions.
- Mildly "ropey" small intestine with some areas exhibiting a prominent muscularis layer – The significance of this is uncertain, particularly in the absence of underlying gastrointestinal symptoms. If these should develop, a mild primary enteropathy could be present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions are visualized associated with the urinary bladder to explain the hematuria reported. If possible, correlate with a free catch sample and recommend continued monitoring for any symptoms of lower urinary tract disease. Findings could be consistent with mild inflammatory cystitis (if urine culture is negative) or even a urethral lesion. If symptoms are persistent or progressive, consider repeat evaluation in the future, looking for the progression of or development of new lesions.

There are occasional hypoechoic nodules in the liver. The significance of this is uncertain. If a safe window for sampling is available, consider a fine needle aspirate. Otherwise, recommend continued monitoring with ultrasound.

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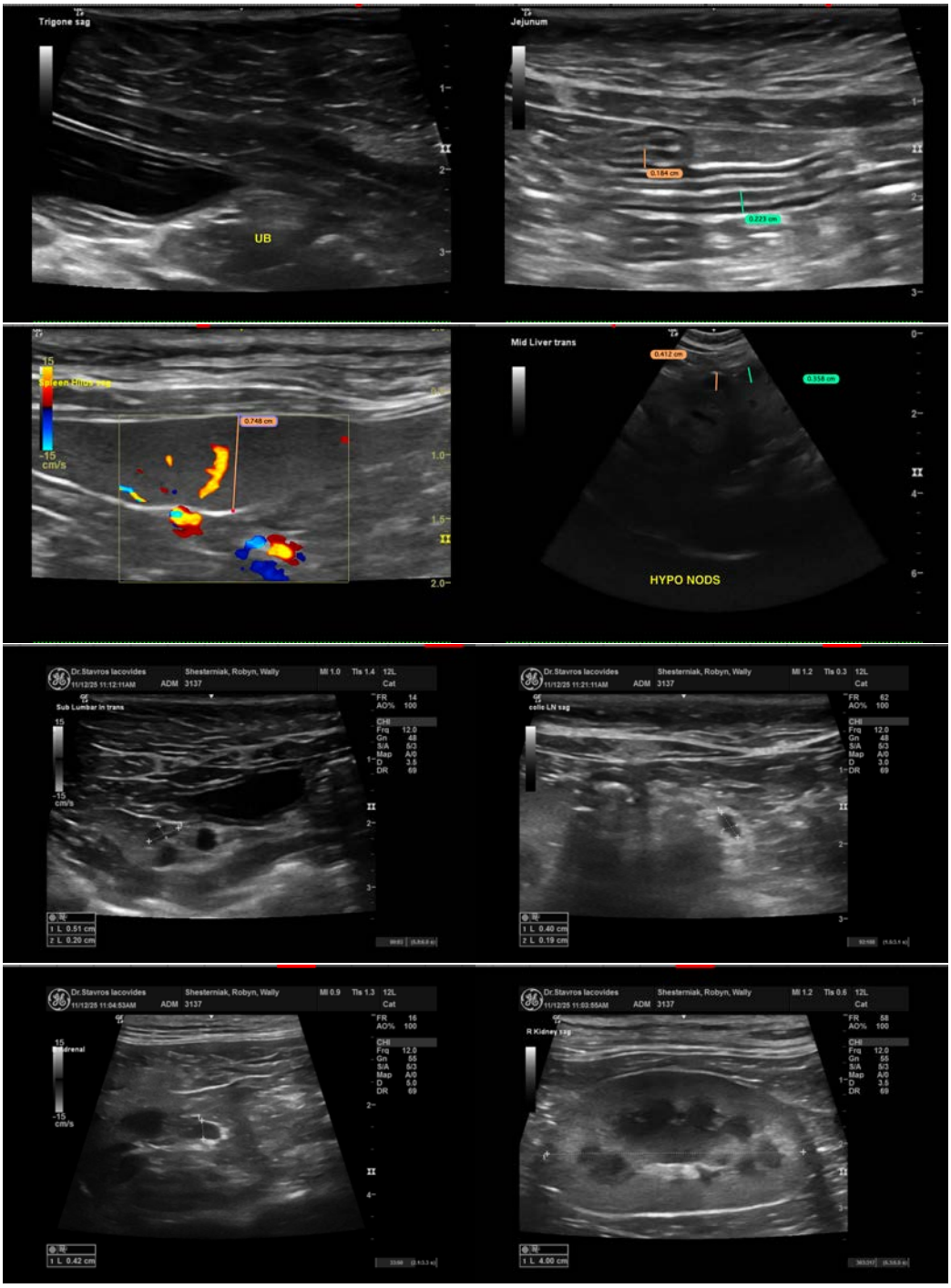

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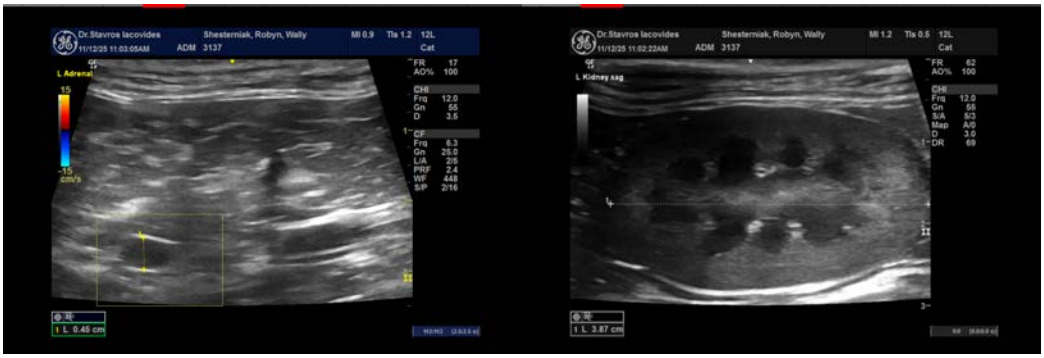

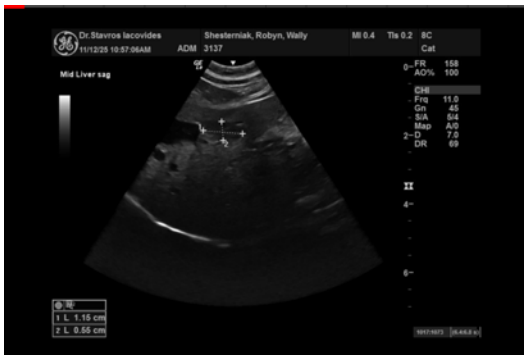

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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