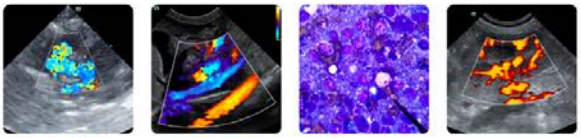


PATIENT

Gracie Shook

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years 7 Months

WEIGHT

Pending

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA AVH Animal Hospital

REFERRING VET

Dr. Dymond-Szabo

INVOICE

72072

DATE

11/25/25

PRESENTING CLINICAL SIGNS

ADR, wt. loss w/decreased appetite, more subdued, less active. 2/6 sternal systolic murmur otherwise unremarkable PE. X-Ray: Increased opacity diminished retroperitoneal space detail, small nephrolith, enlarged kidney. Meds: Convenia given 11/20/25. Mirataz tid.

Abnormal PE/Chem/CBC/UA Results: Creat 2.3 (2.4 H); Glucose 218; WBC 16.9 (16 H); Neuts 14872 (8500 H); Lymphs 1183 (8k H); UA: USG 1.054; PH 6.5; 1+ prot; 2+ bld; 11-20 rbc; 2-3 squamous

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 2cm) 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 normal in size and shape, measuring 3.85 cm. Parenchyma is somewhat hypoechoic with decreased corticomedullary distinction. Mild pyelectasia is noted at 0.15 cm. There is scant free fluid surrounding the kidney, with surround inflammation. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is large in size and irregular in shape, measuring 4.5 cm, with pyelectasia at 0.34 cm, and decreased corticomedullary distinction. There is an asymmetrical ring of hypoechoic, slightly echogenic material surrounding the kidney. This likely represents echogenic fluid +/- tissue, and a significant amount of surrounding reactive mesentery. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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.

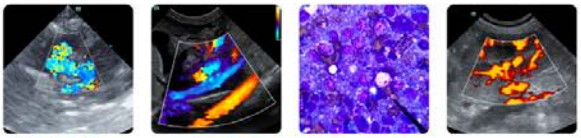
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.78 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. No focal nodules or cystic lesions are observed.



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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 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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 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 scant free fluid surrounding the kidneys. No significant lymphadenopathy noted. The omentum is severely reactive around both kidneys.

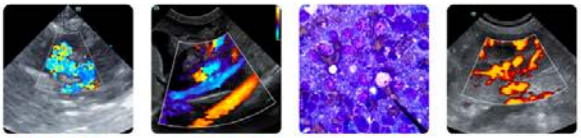
ULTRASONOGRAPHIC FINDINGS

- Mild echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Irregular kidneys with decreased corticomedullary distinction and surrounding inflammation. The right kidney in particular is irregular in shape with a ring of hypoechoic, echogenic fluid/perivascular tissue. Findings could be concerning for a neoplastic process, although other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are abnormal. The right kidney in particular is large and irregular with an asymmetrical, hypoechoic ring surrounding. This appears relatively poorly vascular but is echogenic, possibly consistent with echogenic fluid (blood, purulent material, neoplastic effusion, etc. In some areas there appears to be almost a soft tissue component possibly consistent with a hematoma, neoplastic tissue, etc. Recommend a fine needle aspirate of the hypoechoic area surrounding the right kidney (provided blood pressure and coagulation parameters are normal) with samples for cytologic evaluation +/- culture. If an answer is not obtained, consider a contrast CT scan of the kidneys, as a nephrectomy may be warranted (although both kidneys are affected, so this is concerning). Prior to this, also consider fine needle aspirate of the renal parenchyma itself, diuresis, and treatment for pyelonephritis.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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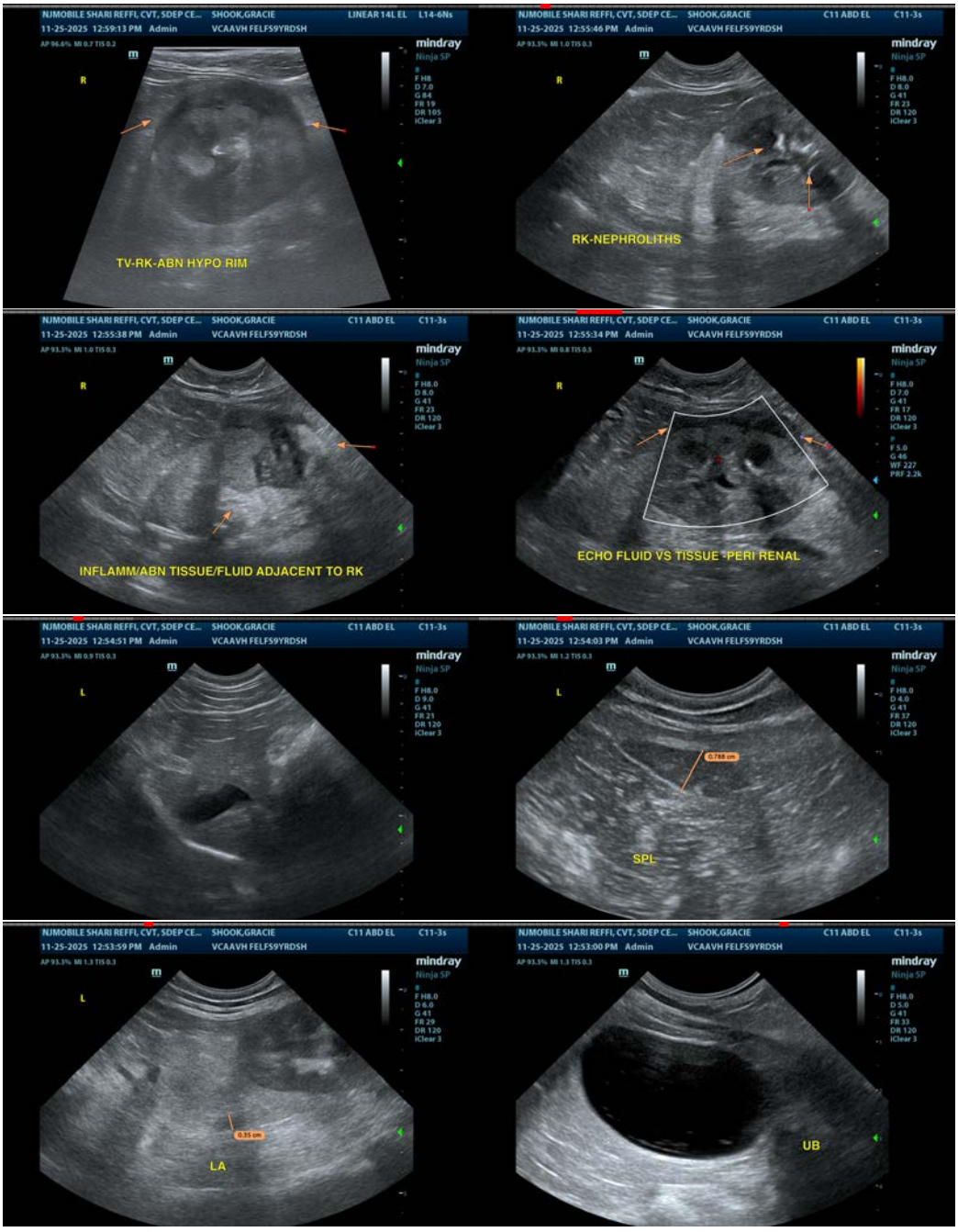

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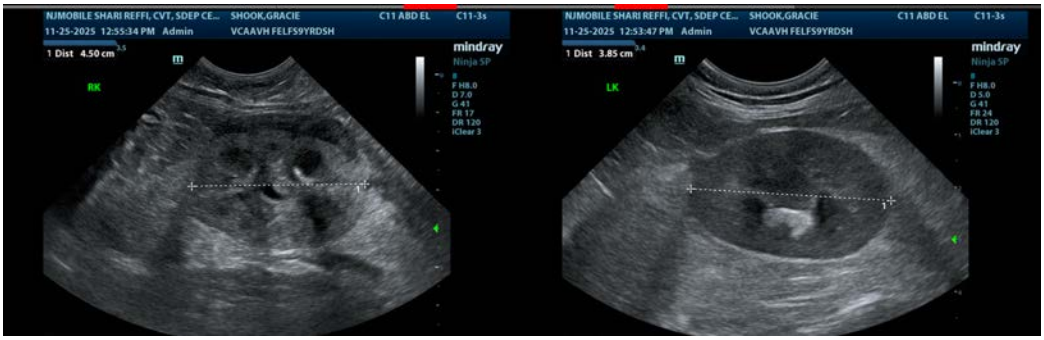

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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