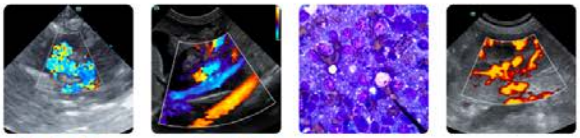


PATIENT

Bowie Kuehn

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

10.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Smith

INVOICE

72515

DATE

12/11/25

PRESENTING CLINICAL SIGNS

Blood Pressure- 250, 245, 245, 252, 240 (systolic) P presented for double cavity due to historic 3/6 murmur and abnormal bloodwork.

Abnormal PE/Chem/CBC/UA Results: Glucose 212, BUN 90, Crea 2.2, ALT 182, AST 74, ProBNP 1483, USG 1.015, 3+ blood, FIV/FELV Negative

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, or masses. In the dependent portion of the urinary bladder there is a small focus of mineralization measuring 0.29 cm, most consistent with a small stone or pile of sandy debris.

The left kidney has a normal shape and size (3.06 cm) with pyelectasia at 0.24 cm. Two cortical cysts are visualized measuring 0.28 cm and 0.56 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no significant fluid visualized around the kidney but there is a scant bit of free fluid. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.95 cm) with pyelectasia at 0.26 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.32 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.

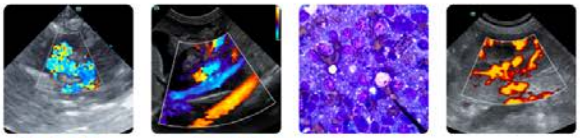
The right adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.92 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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info@carolinavetmobile.com 800.808.5948

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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 a large amount of fluid/shadowing ingesta. 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. Shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid and chyme. 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 0.21 cm. Visualized peristalsis appears appropriate. The small intestine appears significantly distended with fluid/ingesta, most consistent with a non-fasted patient.

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 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 evidence of a diffuse lymphadenopathy. A prominent lymph node in the mid abdomen is visualized measuring 0.52 cm x 0.85 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Small amount of dependent mineralization in the urinary bladder – Correlate with a urinalysis, culture and radiographs.
- Mildly reduced corticomedullary distinction in both kidneys with mild bilateral pyelectasia and left-sided cortical cysts – Findings are most consistent with chronic renal disease. Pyelectasia could be secondary to fluid therapy, PU/PD, or early pyelonephritis. Scant free fluid around the left kidney could be secondary to inflammation.
- Large, shadowing ingesta visualized within the stomach and the small intestine - Findings are most consistent with a non-fasted patient. If the patient was adequately fasted, consider the possibility of diffuse ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have changes consistent with chronic renal disease. There is mild pyelectasia present. Recommend urine culture to further evaluate, as there is some scant free fluid around the left kidney of uncertain significance. This could be seen with acute injury, inflammation, etc. Consider diuresis for the possibility of an acute on chronic crisis. If the hypertension is persistent and believable (unstressed patient), recommend starting medical intervention.

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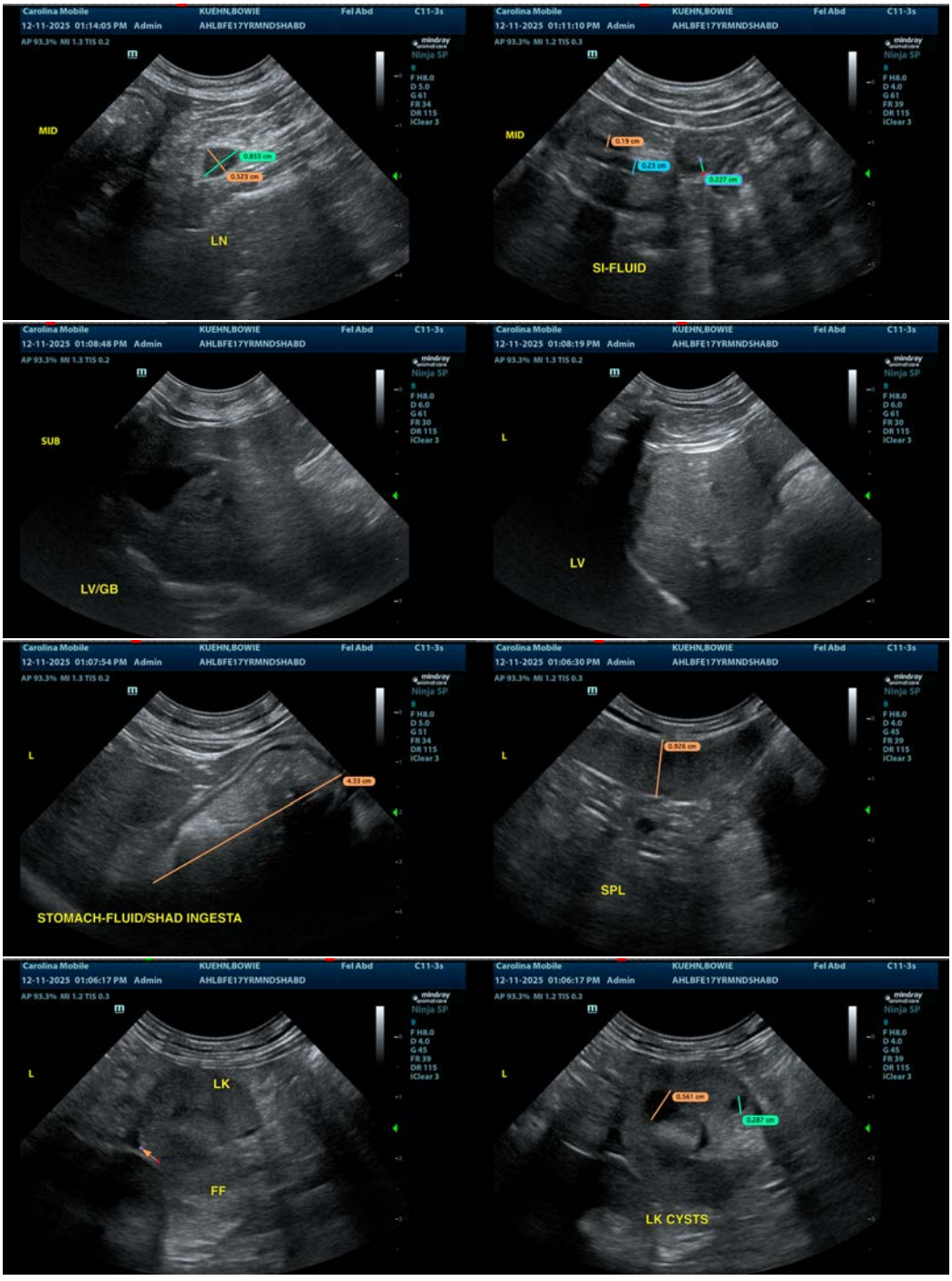
There is a small stone/sandy debris visualized in the dependent portion of the urinary bladder. A radiograph may help to better determine if this is large enough to consider intervention.



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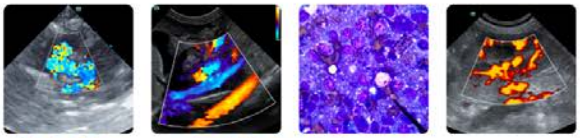

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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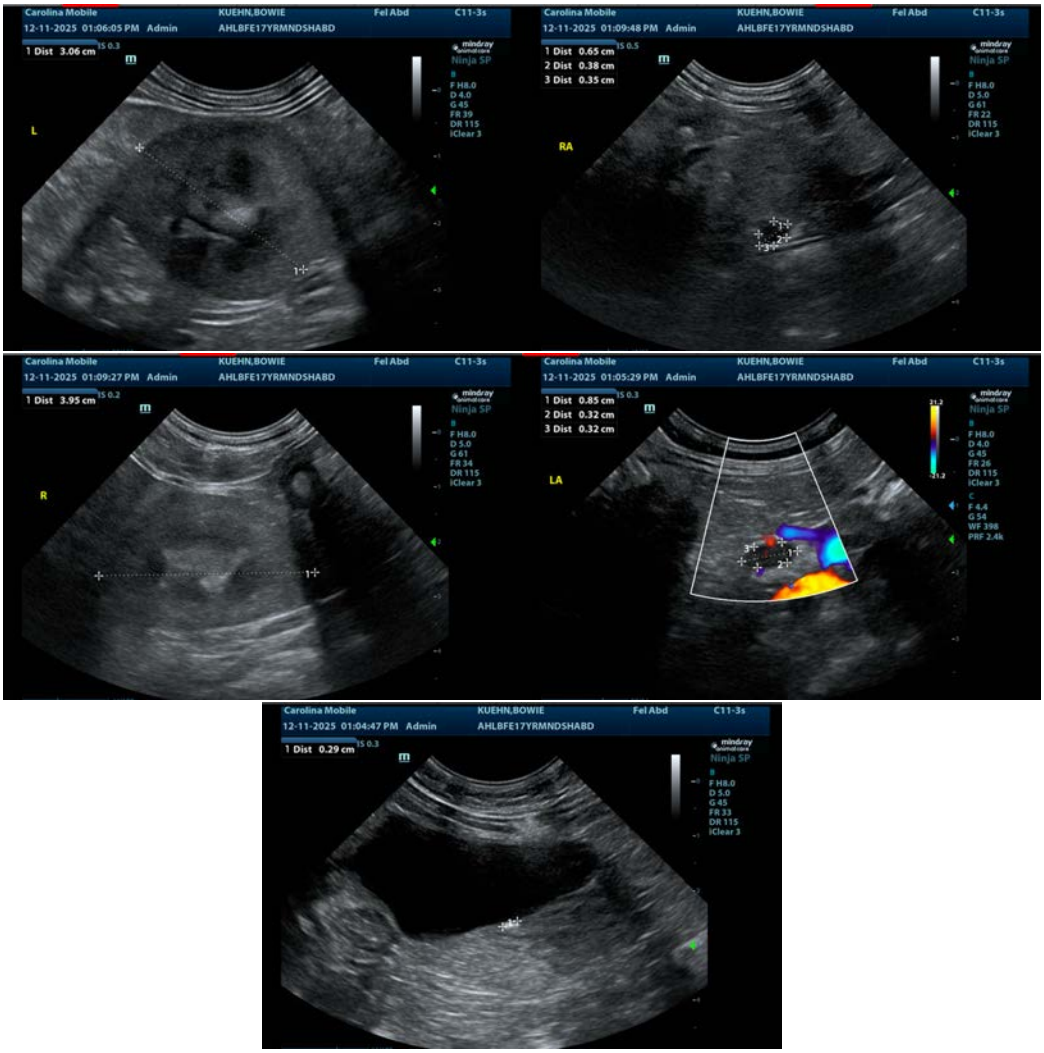

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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