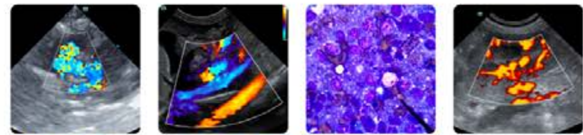


SonoPath www.carolinavetmobile.com info@carolinavetmobile.com 800.808.5948

PATIENT

Hex Brady

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

10.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stewart's Mountain View Animal Hospital

REFERRING VET

Dr. Stewart

INVOICE

72643

DATE

12/17/25

PRESENTING CLINICAL SIGNS

12/15/25- P went to ER last night for lethargy, cold, not eating, Increased kidney values, Temp 103F, Rads showed calcification in area of GB, liver mildly enlarged, rdvm- started IV fluids, ampicillin, calcium gluconate, famotidine, metoclopramide, Cerenia. Today P is more alert, eating, urinating, has not defecated. Still not himself 2 rads attached

Abnormal PE/Chem/CBC/UA Results: ER bloodwork- WBC 8.96, BUN 124, PH 8.6, Cr 2.4, Tbil 2.4 Ca low 6.7 12/16/25- rdvm bloodwork Ca 7.4, Alb 2.1, ALKP <10, Amylas 399 UA 1.032 Bili 3 Blod 250

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is significantly distended with mildly echogenic 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 is borderline large (4.39 cm) but normal in shape. Mild pyelectasia is noted at 0.09 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline large (4.69 cm) with mild pyelectasia at 0.14 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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.

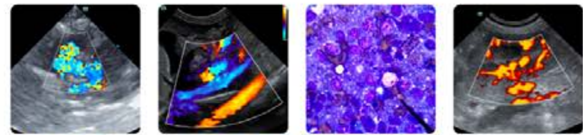
The right adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.73 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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 moderate soft shadowing ingesta. It measures at a normal thickness of 0.33 cm 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. The soft shadowing ingesta could be consistent with a hairball or similar intraluminal material.

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. Duodenum wall measures 0.25 cm. 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. The descending colon is significantly distended with formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The right limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic 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 abdominal fluid. There are occasional prominent mesenteric lymph nodes. A pancreaticoduodenal lymph node is prominent measuring 0.48 cm x 1.14 cm. A mesenteric lymph node is visualized measuring 0.40 cm and 0.64 cm x 0.43 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, mildly over distended bladder with mild echogenic debris – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

- Borderline large kidneys with mildly reduced corticomedullary distinction and mild pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.

- Mildly heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

- Soft shadowing material visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, consider the possibility of a hairball or similar.

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- Scant free abdominal fluid and likely mild reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

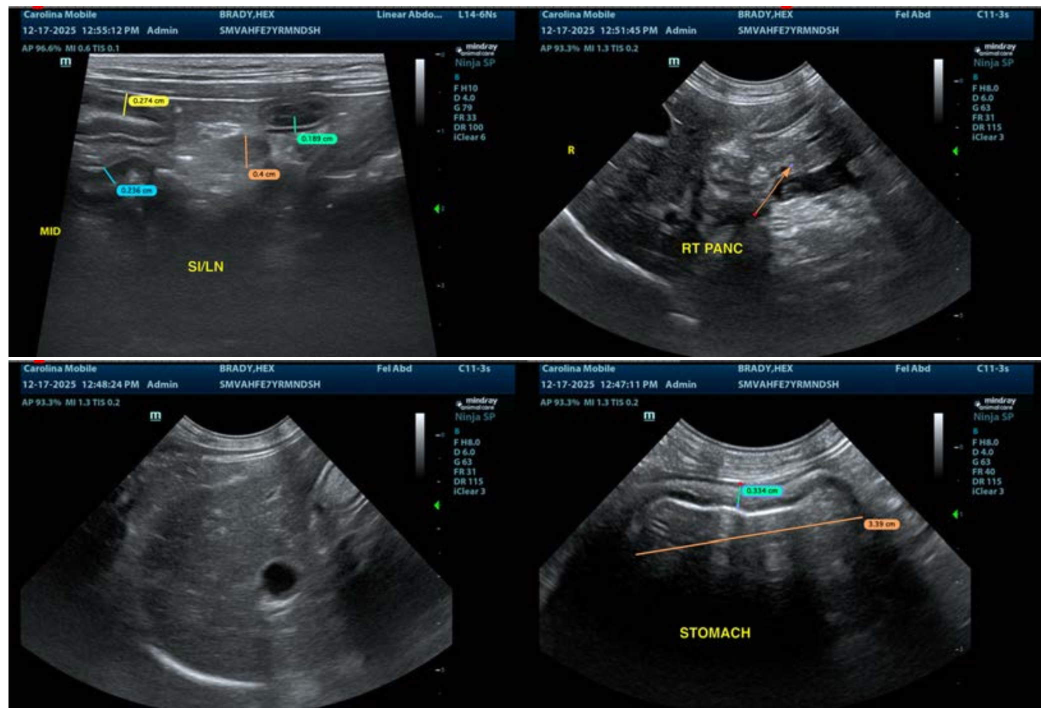
The kidneys are large with mildly reduced corticomedullary distinction and mild pyelectasia, but no definitive focal lesions are observed. There is no evidence of an obstruction, nodule, mass effect, etc. Recommend blood pressure, urinalysis and culture, and diuresis/treatment for acute renal failure.

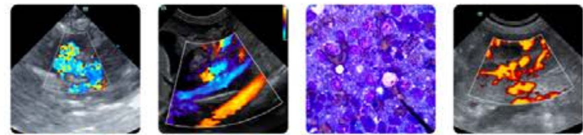
The pancreas is prominent and hypoechoic in the right limb. I suspect the majority of this is remodeling. Correlate with PLI level. If significant elevations are present, consider concurrent treatment for chronic pancreatitis.

The liver is subjectively mildly heterogeneous. The significance of this is uncertain. Given the elevation in bilirubin, a primary hepatopathy could be present, or there could be an elevation in bilirubin secondary to sepsis.

A mild mesenteric lymphadenopathy is present. I suspect these lymph nodes are likely too small to easily sample. Recommend continued monitoring.

Consider 3-view thoracic radiographs (if not already done), looking for any evidence of pneumonia or other indicators of possible underlying infection/sepsis.





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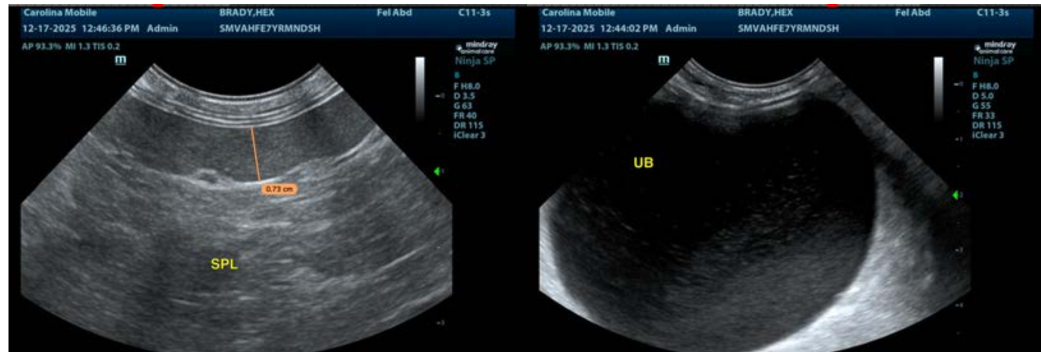

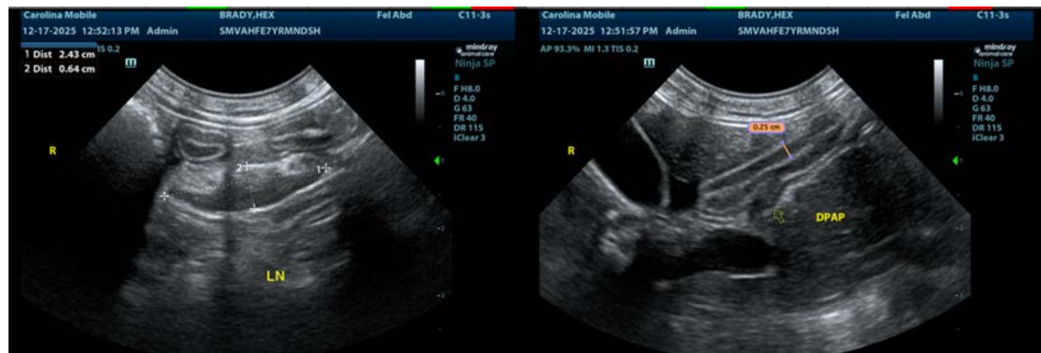

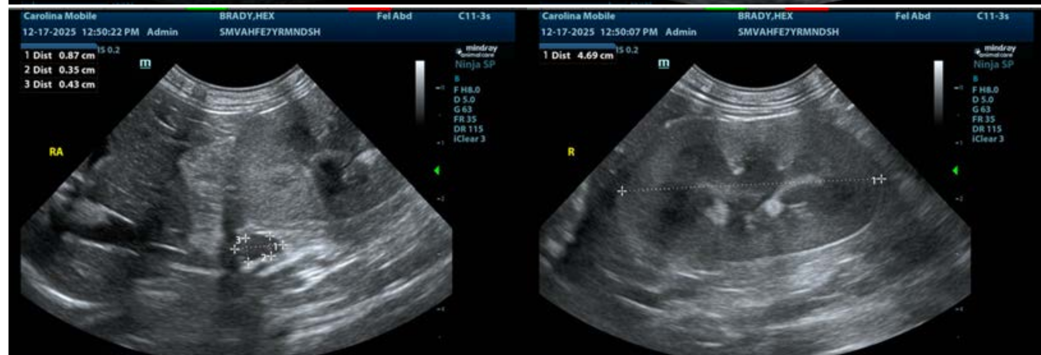

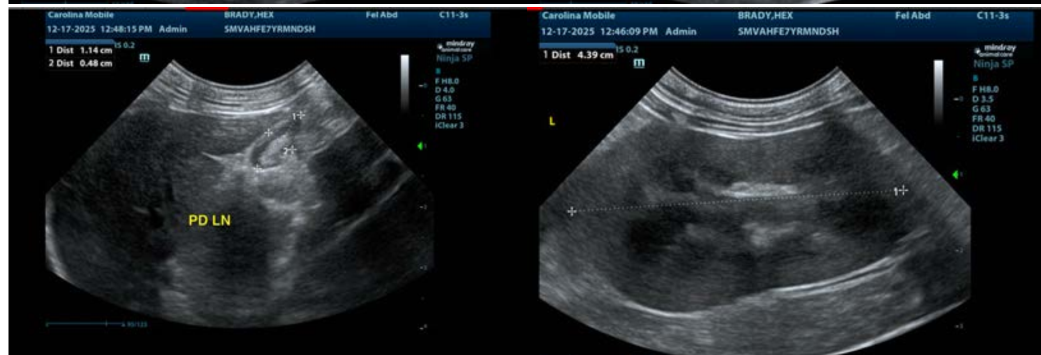

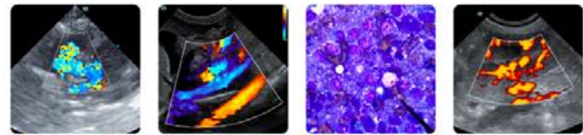

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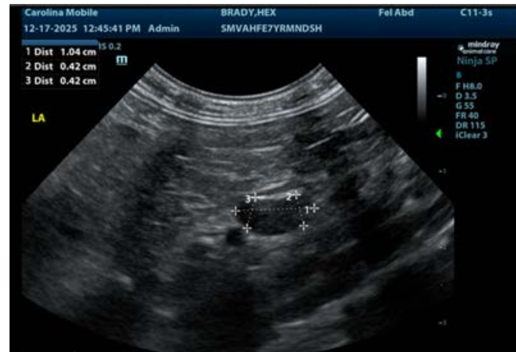

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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