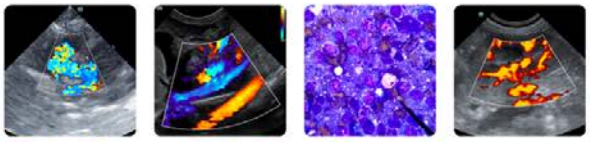


PATIENT

Cozmo Shores

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Southwood Veterinary Hospital

REFERRING VET

Dr. Ballantyne

INVOICE

72269

DATE

12/2/25

PRESENTING CLINICAL SIGNS

Azotemia (creatinine 300). Proteinuria (UPCR 0.9). USG 1.016. T4 normal. No blood pressure (patient is fractious).

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 is normal in size but somewhat rounded in shape, measuring 4.03 cm. The cortex appears prominent and thickened (echogenicity is increased). The medullary region is hyperechoic with numerous nephroliths visualized. Examples measure 0.46 cm and 0.43 cm. There are numerous small cortical cysts and pinpoint mineralizations noted.

The right kidney is normal in size but slightly rounded in shape, measuring 4.05 cm. The cortex appears prominent and thickened (echogenicity is increased). The medullary region is hyperechoic. There are occasional pinpoint mineralizations and non-obstructive nephroliths, the largest of which measures 0.59 cm. There is mild pyelectasia at 0.25 cm and numerous small cortical cysts. A larger cyst is visualized measuring 0.76 cm.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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.

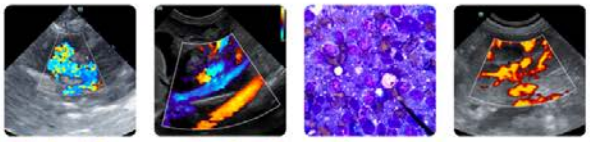
Spleen

The spleen is subjectively normal in size (0.78 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.

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.



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Gastrointestinal

The stomach contains moderate 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. Correlate the shadowing ingesta with the most recent meal. If the patient was adequately fasted, this could represent a hairball or similar.

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 0.24 cm. Jejunum wall measures 0.17 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. Descending colon wall measures 0.13 cm.

Pancreas

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent lymph nodes, particularly at the ileocecal junction, where there are colic lymph nodes measuring 0.32 cm and 0.24 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline large kidneys with decreased corticomedullary distinction, hyperechoic cortices, numerous cortical cysts, and non-obstructive nephroliths, as well as mild right-sided pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Shadowing ingesta visualized within the gastric lumen - Correlate with recent feeding history. This could represent a hairball if the patient was adequately fasted.
- Occasional prominent reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are bright and somewhat rounded with numerous cortical cysts and non-obstructive nephroliths, indicating a degree of chronic renal disease. If a recent exacerbation is suspected (acute on chronic crisis), recommend a urine culture, diuresis, and supportive care for acute on chronic crisis. The pancreas appears somewhat prominent. Correlate with a PLI level. Chronic mild pancreatitis could be possible.

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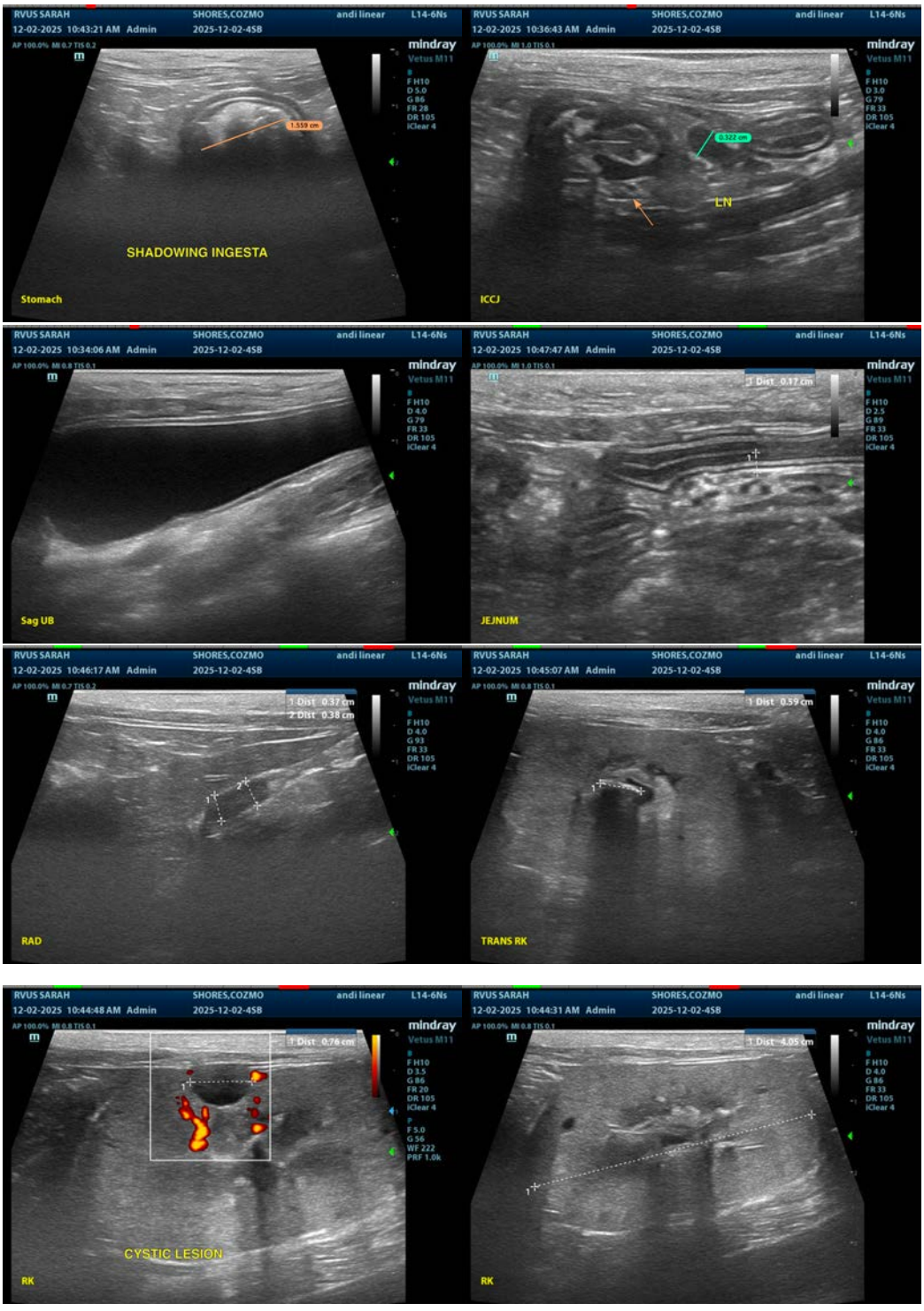
Additionally, there is shadowing material visualized within the stomach, possibly suggestive of a hairball, which could potentially decrease appetite/affect drinking habits and induce mild dehydration, leading to a crisis. Additionally, any potentially infectious or toxic events could exacerbate this issue.



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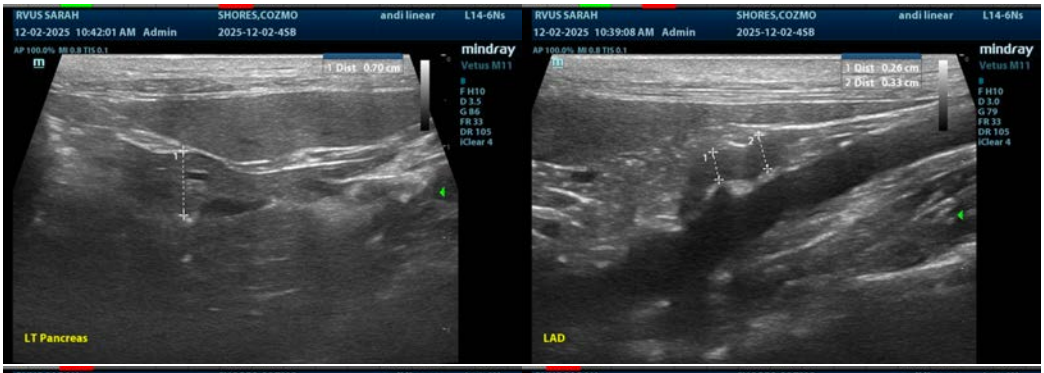

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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