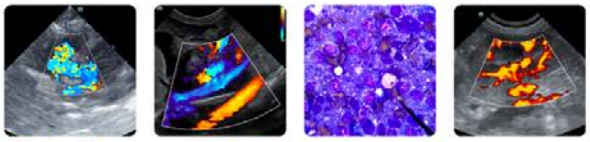


PATIENT

Pringles Sukovieff

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

6 Years

WEIGHT

4.83 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Sawka

INVOICE

73274

DATE

2/25/26

PRESENTING CLINICAL SIGNS

Weight loss, possible PU/PD. Mild URTDz. Was 7.33kg on Feb27/25, now 4.83kg on Feb 10/26

Abnormal PE/Chem/CBC/UA Results: UA: Urine stick only, SG= 1.025, pH=5, protein = 1, ery = 4, CBC: wnl CHEM: Urea 26.9 mmol/l (6-12) Crea 373 um/l (71-186) Ca 2.8 mmol/l (2.22-2.78) Phos 2.83 nmol/l (0.8-2.29) T4 15 (19-59)

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 dependent mineralized sandy debris/small calculi visualized.

The left kidney has a normal shape and size (3.51 cm) with pinpoint non-obstructive mineralizations and pyelectasia at 0.15 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 infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.69 cm) with pinpoint non-obstructive mineralizations and pyelectasia at 0.13 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 infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 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 0.39 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.

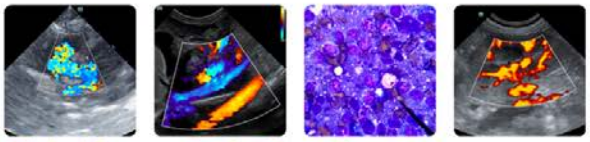
Spleen

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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains moderate fluid/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. 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. Duodenum wall measures 0.26 cm. Jejunum wall measures 0.22 cm. Ileum wall measures 0.27 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 non-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 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. No significant lymphadenopathy noted. Visible mesenteric lymph nodes measure 0.21 cm and 0.23 cm. The omentum is of normal echogenicity.

PRIMARY FINDINGS

- Mild dependent mineralized debris visualized in the urinary bladder – Correlate with urinalysis +/- culture.
- Decreased corticomedullary distinction in both kidneys with mild pyelectasia and pinpoint nephroliths – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. 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.

SECONDARY FINDINGS

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are bilateral renal changes visualized consistent with chronic renal disease. If not already done, recommend a blood pressure, urinalysis, culture +/- urine protein to creatinine ratio to establish a baseline. If the azotemia is new, you could consider diuresis and the possibility of an acute on chronic

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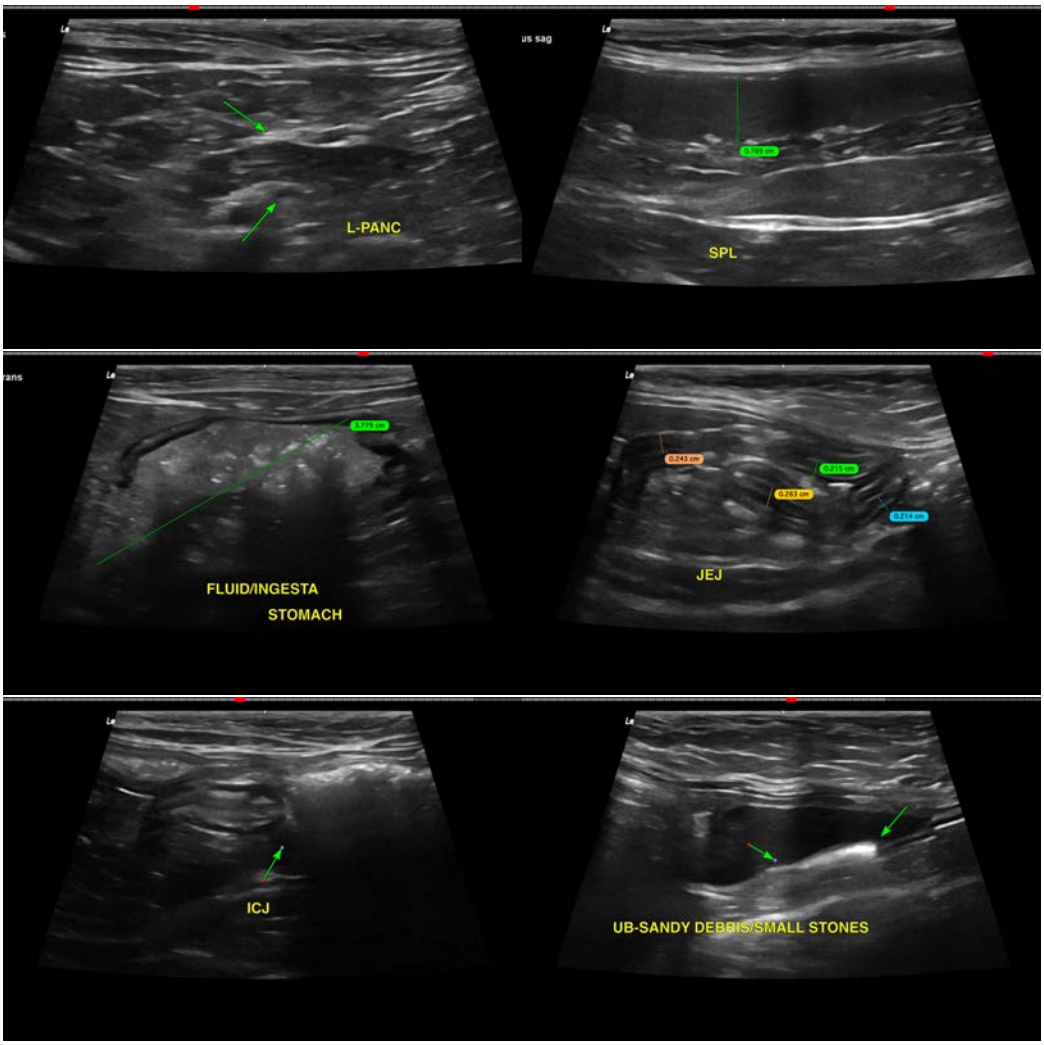
crisis or similar.

The small intestine largely appears normal. There is a small amount of fluid in the stomach. This does not rule out the possibility of a concurrent enteropathy but makes it somewhat less likely. A small unseen focal lesion cannot be ruled out. If there is concern for underlying gastrointestinal disease, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. If significant abnormalities are present, further workup for concurrent GI disease may be warranted.



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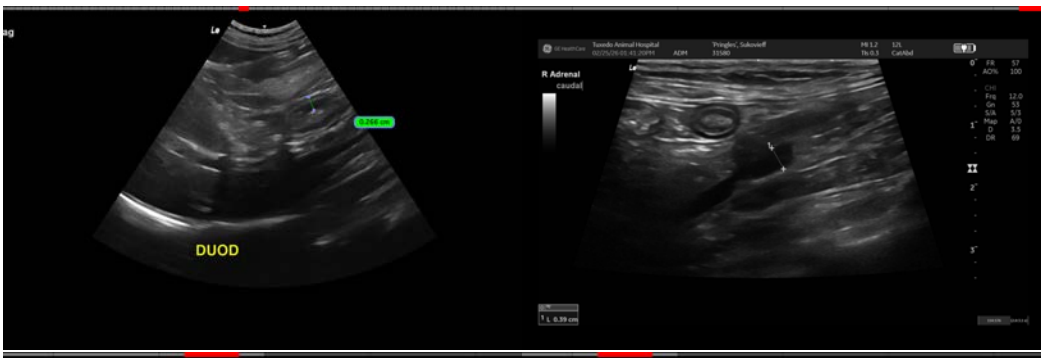

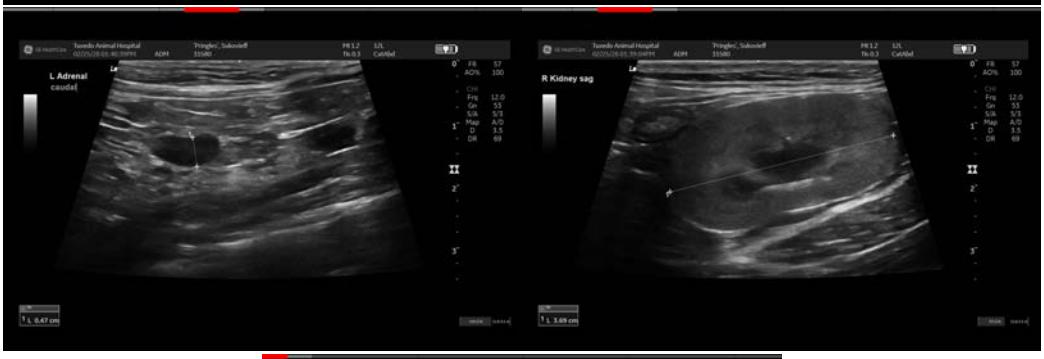

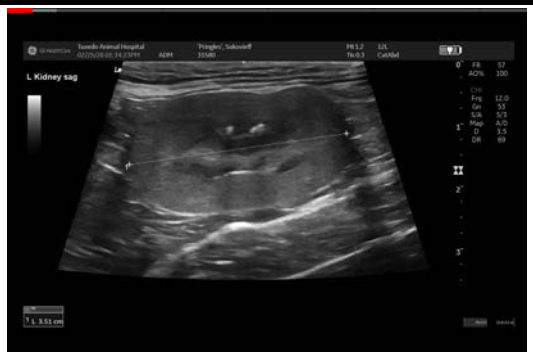

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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