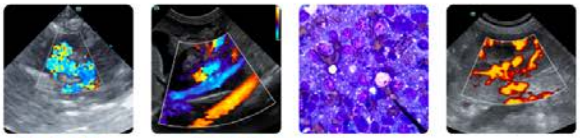


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Lexi Youngquist

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6.5 Years

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Chippawa Animal Hospital

REFERRING VET

Dr. Dowell

INVOICE

73300

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Presented for inappropriate elimination (defecating and urinating out of box) and was found to be losing weight on PE (lost 0.3kg since seen Jan 26th, 26) for hematuria. Diagnostic findings found hematuria, proteinuria, moderate chronic lower airway disease on rads but not symptomatic and potential early renal changes. No meds currently.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results. U/A USG 1.033, 3+ blood, greater than 100 RBCS/hpf and 1+ protein Rads showed mildly undulant renal margins, airway changes.

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 has a normal shape and size (3.8 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.

The right kidney has a normal shape and size (3.82 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 0.52 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.

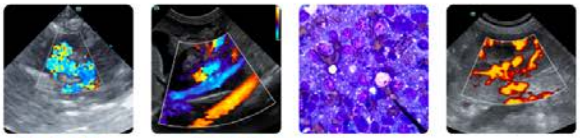
Spleen

The spleen is subjectively normal in size (0.88 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 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. Jejunum wall measures 0.20 cm. 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys – Findings could be within normal limits for this individual or be an indicator of early renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the urinary bladder to explain the hematuria reported. Rarely, you can still have inflammation/cystitis causing some degree of hemorrhage. You can have iatrogenic hemorrhage from cystocentesis, or rarely renal hemorrhage or back flow into the urinary bladder from a urethral lesion. If possible, consider trying to obtain a free catch urine sample (saran wrap in the litterbox, etc.), and recommend continued monitoring of urination habits. Recommend a urine culture and potentially treatment for sterile cystitis. If hematuria is persistent, recommend repeat imaging in the future looking for the development of a more definitive lesion.

Consider other potential causes of weight loss. This could include underlying gastrointestinal disease or similar. If this is suspected, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for evidence of underlying gastrointestinal disease, which may warrant further evaluation.

Recommend physical exam, looking for any other evidence of hemorrhage in this individual that could indicate a coagulopathy.

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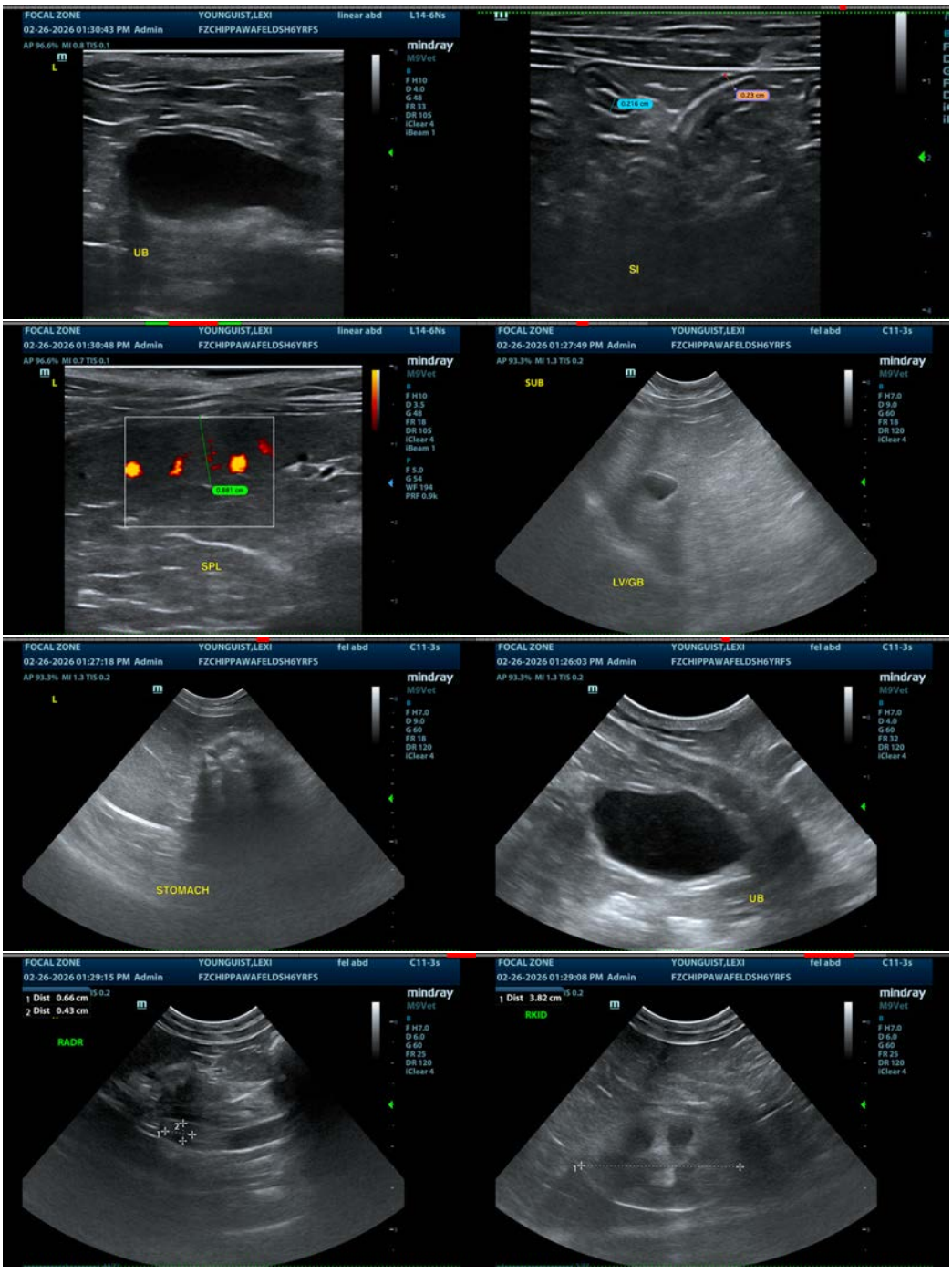

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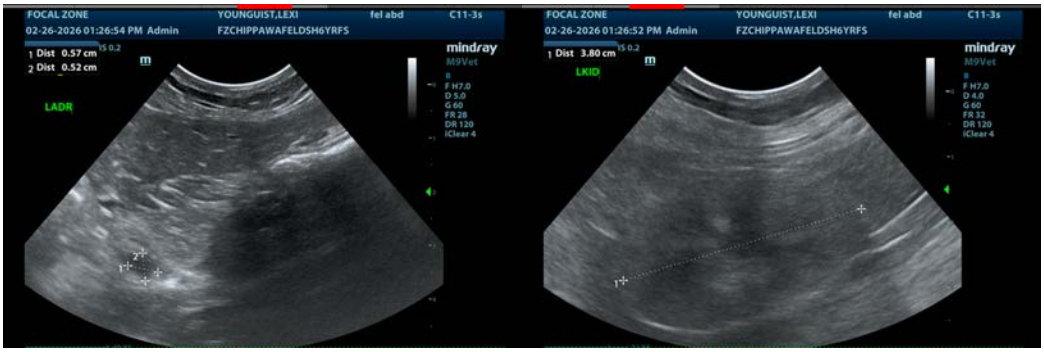

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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