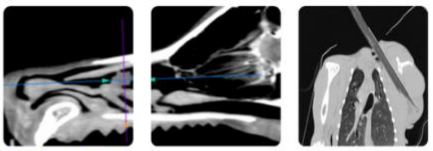

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Benjamin Pepper

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

4.71 kg

INTERPRETED BY

Kathleen A. Sennello DVM, MS, DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region EC

REFERRING VET

Dr. Ho

INVOICE

36191

DATE

3/11/26

PRESENTING CLINICAL SIGNS

- Losing weight since December
- Drinking a lot of water and decreased bowel movements to once every 2 to 3 days
- Not up to date on vaccinations
- No history of eating anything like lilies antifreeze etc
- Has been on Gabapentin
- Abnormal PE/Chem/CBC/UA Results: Lymph 0.31 Platelets 139 Creatinine greater than 1202 Urea 46.1 Potassium 3.1 USG 1.012 glucose 300mg/dL

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is mildly enlarged (7.65 cm). The majority of the visible parenchyma is comprised of complex cystic structures dilated with anechoic fluid. Minimal solid parenchyma is visualized. Findings are most consistent with complex cystic kidneys.

The right kidney is mildly enlarged (6.47 cm). The majority of the visible parenchyma is comprised of complex cystic structures dilated with anechoic fluid. Minimal solid parenchyma is visualized. Findings are most consistent with complex cystic kidneys.

Adrenal Glands

The left adrenal gland is large in size measuring 0.81 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 large in size measuring 0.75 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 (0.67 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 primarily anechoic. 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 <0.7 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. 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. 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 region of 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

- Severely cystic kidneys with limited functional parenchyma- findings are most consistent with advanced polycystic renal disease.
- Bilateral adrenomegaly- adrenal enlargement due to the stress of chronic illness is suspected. Pituitary dependent hyperadrenocorticism is possible, but seems much less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are large and are comprised of primarily complex cystic structures. Solid parenchyma is limited. Lack of functional parenchyma is likely causing chronic renal disease. It's possible that there's a complicating factor such as an infection or an acute and chronic crisis. You could consider diuresis and symptomatic treatment to see if there is some clinical improvement. Renal transplant could be a consideration.

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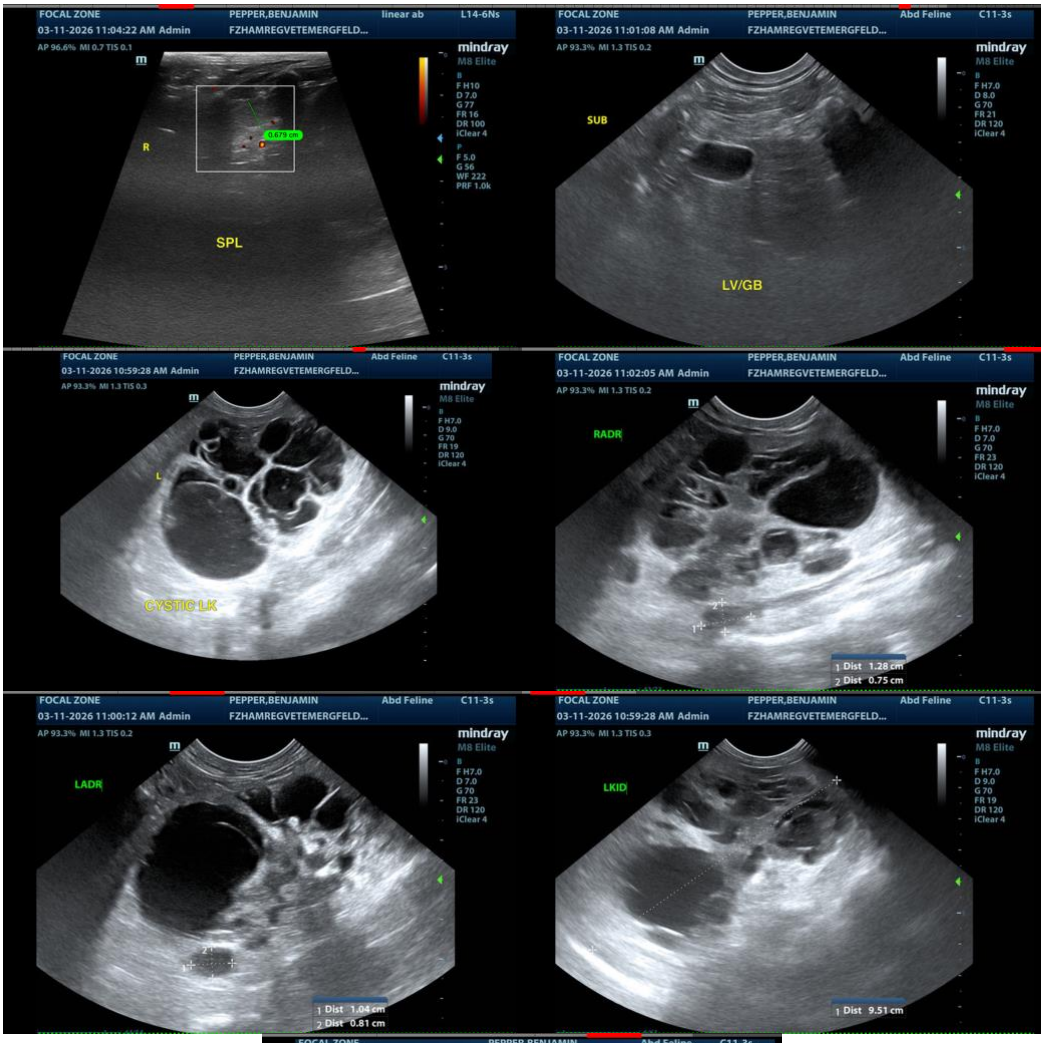
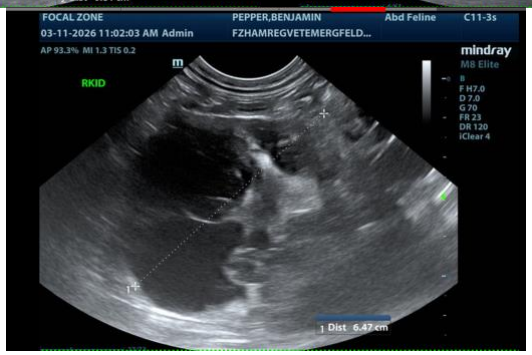
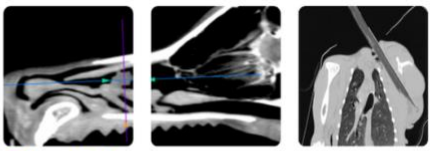




The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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