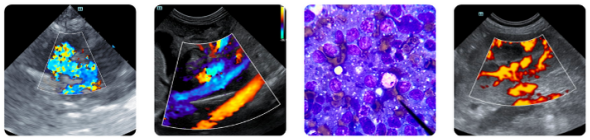

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PATIENT

Koko Deitrich

SPECIES

Feline

BREED

Siamese

SEX

FS

AGE

15 years old

WEIGHT

10.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

11414

DATE

3/4/2026

PRESENTING CLINICAL SIGNS

- History of Iris Stage 2 CKD, recent creatinine 1.9.
- Acute anorexia.

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 (4.07 cm), and irregular in shape with decreased corticomedullary distinction. The cortex appears hypoechoic and irregular in thickness with occasional irregular “bulging” regions which deviate the renal capsule. Additionally, there is a cystic lesion off of the cranial pole measuring 0.95 cm x 1.78 cm. There is scant free fluid surrounding the caudal aspect of the kidney with focal inflammation in that region.

The right kidney is normal in size (3.48 cm), and irregular in shape with decreased corticomedullary distinction. The cortex is hypoechoic and irregular in thickness. There are irregular “bulging” areas from the cortex deviating the renal capsule, and there is a cystic region visualized off the cranial pole measuring 1.52 cm x 1.18 cm.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is prominent in size, and the parenchyma is hypoechoic and homogenous measuring 0.81 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

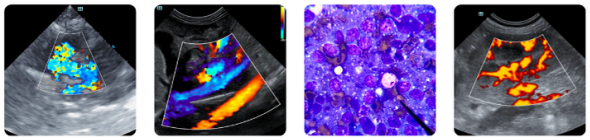
Liver

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.

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



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adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Some of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The jejunum measured 0.2 cm in diameter and the ileum measured 0.34 cm. Visualized peristalsis appears appropriate. The ileum appears somewhat thickened with a prominent muscularis layer.

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 area 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 revealed scant free fluid visualized around the left kidney. There's occasional prominent mesenteric lymph nodes. A colic lymph node is visualized measuring 0.38 cm. The omentum is hyperechoic, particularly around the left kidney.

ULTRASONOGRAPHIC FINDINGS

- Irregular, hypoechoic kidneys with decreased corticomedullary distinction. The abnormal cortical "bulges" and cystic lesions are concerning for possible early infiltrative neoplasia. Other differentials such as FIP, acute renal injury, pyelonephritis, etc. are possible.
- Prominent hypoechoic spleen. The spleen itself is normal in shape and size, but it is hypoechoic with surrounding reactive mesentery, possibly concerning for early infiltrative disease.
- Thickened ileum with a prominent muscularis layer. Findings are most consistent with inflammatory or early infiltrative change.
- Prominent mesenteric/colic lymph nodes. Findings could be consistent with reactive lymph nodes or early neoplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is concerning as it is bilateral and there appears to be subcapsular expansion of the parenchyma and surrounding inflammation. These changes could be concerning for early infiltrative neoplasia. Consider a fine needle aspirate (with a 25-gauge needle provided a blood pressure and coagulation parameters are normal.) Other differentials could include FIP, acute renal injury, pyelonephritis, etc. Recommend a urinalysis, culture, and a blood pressure. If cytologic diagnosis cannot be obtained, recommend repeat imaging in 2-3 weeks (sooner if concerned) as well as reevaluation of the renal values looking for progressive azotemia.

The spleen does not appear significantly enlarged or have any focal lesions but is somewhat

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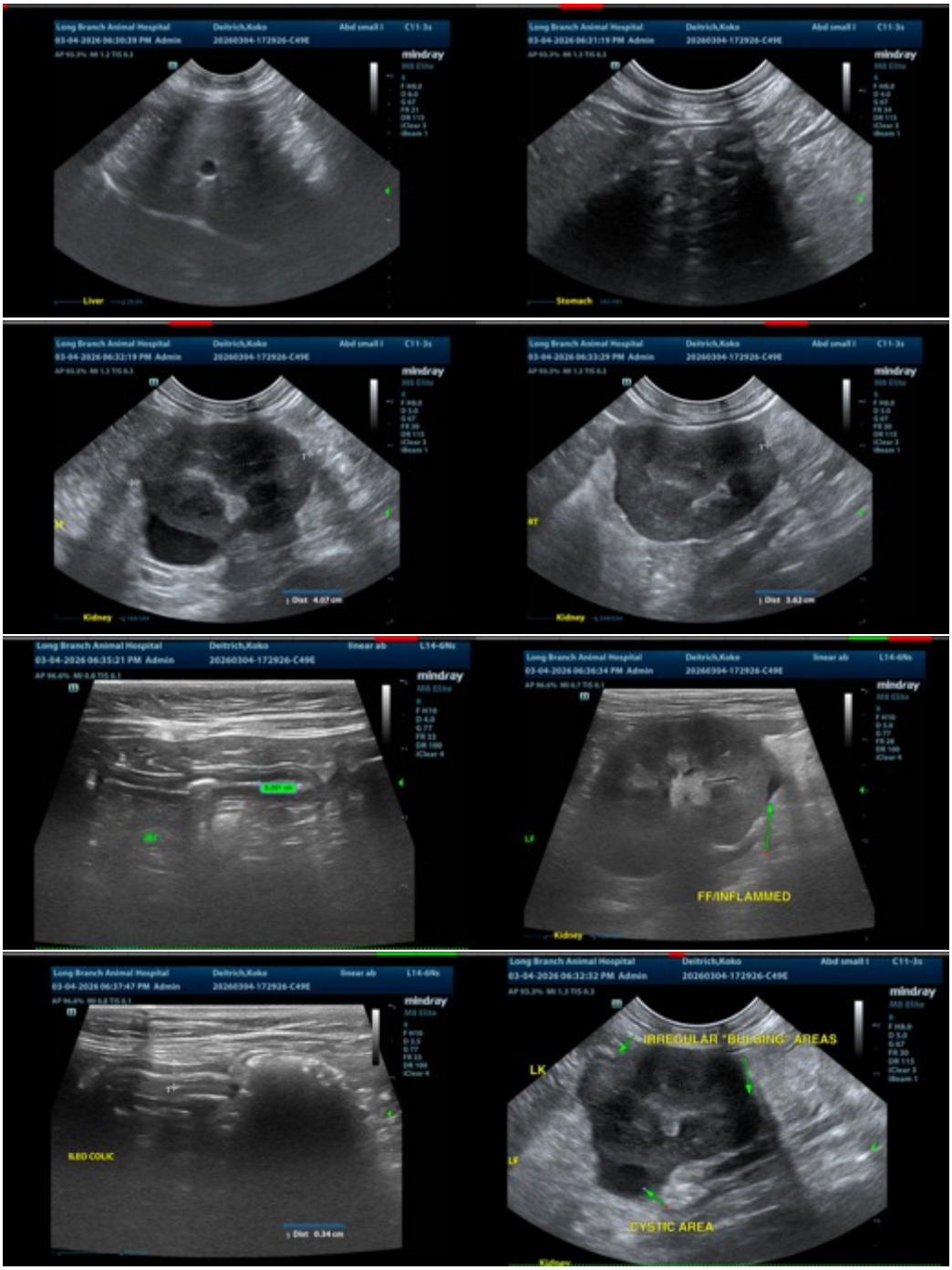
hypoechoic with surrounding reactive mesentery. A fine needle aspirate could be considered.

The distal ileum appears somewhat thickened and “ropey” with a prominent muscularis layer. This could be consistent with early infiltrative or inflammatory type change.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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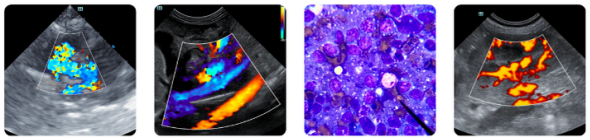

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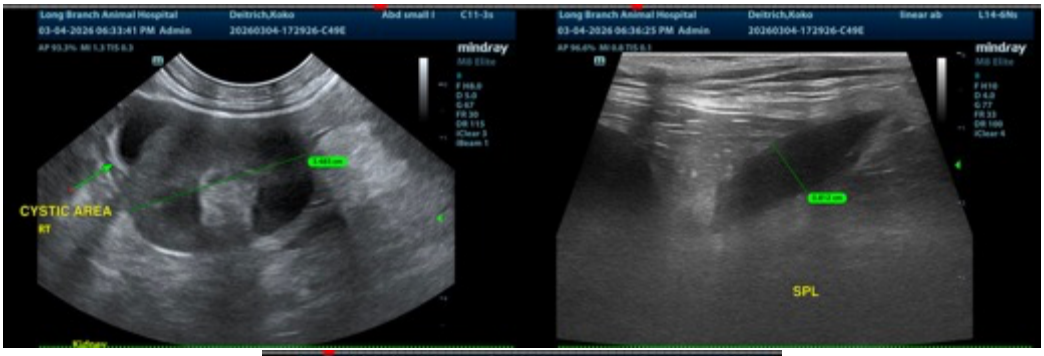

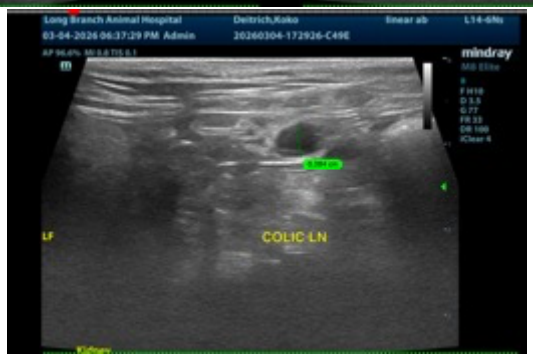

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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