



PATIENT

Leo Conde

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered Male

AGE

14 Years

WEIGHT

12.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT
CVT

HOSPITAL NAME

Kingston Animal
Hospital

REFERRING VET

Dr. Rosen

INVOICE

74102

DATE

4/1/26

PRESENTING CLINICAL SIGNS

Wt loss, decreased appetite. for canned food. Hx of Stage 2 CKD, no V/D, lost 2.5 lbs in 1 year. Grade 1 HM. PU/PD

Current meds: Gabapentin, Renal diet, Omega fish oil supplement

Abnormal PE/Chem/CBC/UA Results: BUN 56, Creat 2.0, otherwise WNL UPC 0.5, USG 1.015

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 (4.6 cm) with mild pyelectasia at 0.30 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is large, measuring 8.16 cm. The kidney appears abnormal in that it is hypoechoic and fluid distended with echogenic fluid and some slightly irregular hyperechoic rounded tissue. The kidney is hydronephrotic with no significant remaining visible cortex remaining. The ureter is not clearly visualized.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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 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 is visualized.

Spleen

The spleen is subjectively normal in size (0.66 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. The gastric wall measures as prominent at 0.77 cm with intact wall layering. 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 0.25 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.

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 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

- Hydronephrotic right kidney with intraluminal echogenic debris and some irregular tissue – The echogenic debris in the fluid could be debris/inflammatory/infectious/neoplastic. The abnormal tissue could just be atypical tissue but an obstructive mass lesion is a concern.
- Mildly reduced corticomedullary distinction in the left kidney with mild pyelectasia – Findings are most consistent with early chronic renal disease. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. -recommend a urine culture and urinalysis (also to screen for atypical cells)
- Subjectively thickened gastric wall with intact wall layering – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia (less likely), imaging artifact due to rugal folds, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right kidney appears severely hydronephrotic with no normal functional tissue visualized. There is some atypical hyperechoic rounded tissue possibly consistent with atypical retained architecture or even a mass effect. This is not clearly involving the renal pelvis, but the architecture is somewhat distorted, so an obstructive mass lesion would have to be considered. Alternate differentials could include a stricture, an unseen calculus, etc.

Ideally recommend a contrast CT scan to further evaluate, as nephrectomy may need to be considered with samples for histopathology and cultures. You could consider sampling of the kidney for fluid



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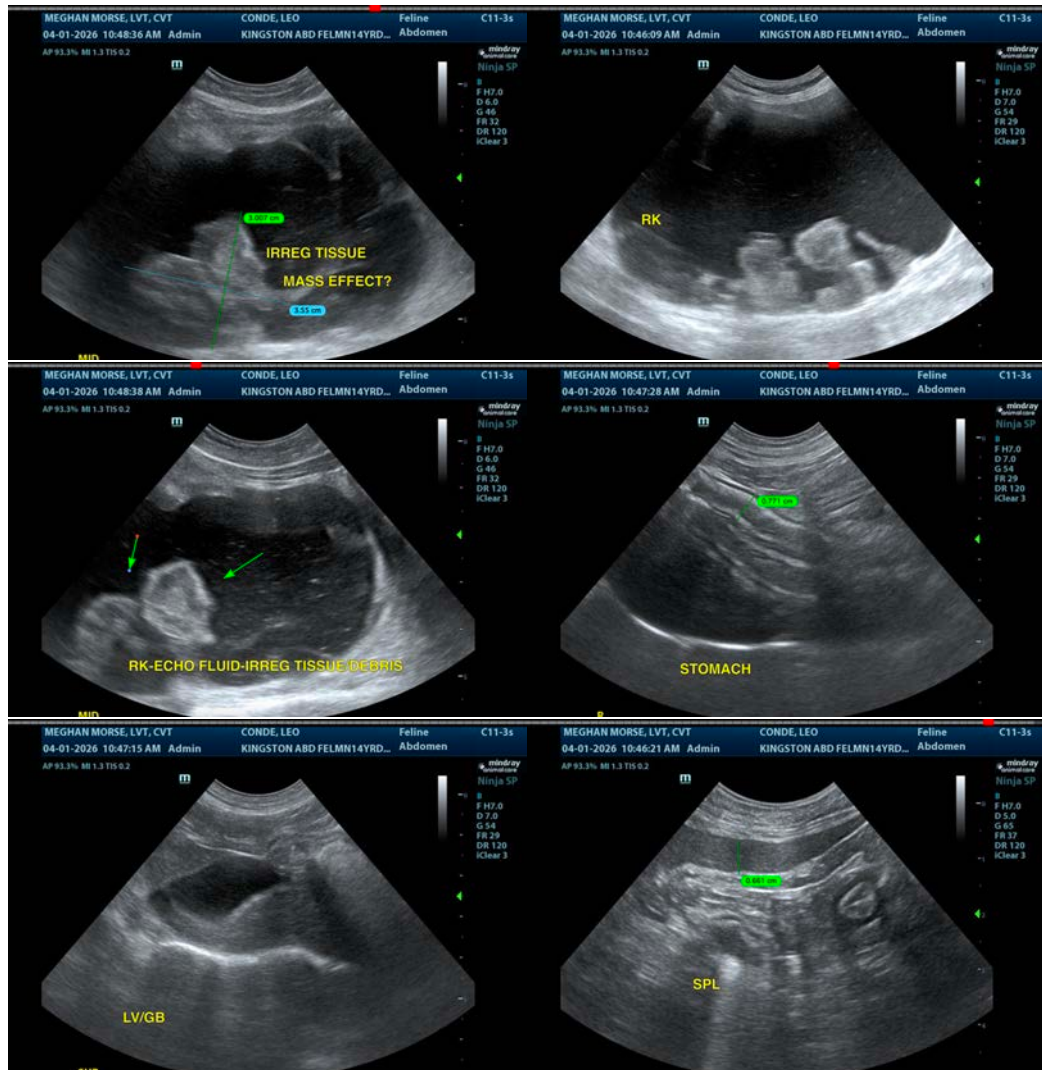
DATE

4/1/26

analysis, cytology and culture, but there could be some concern for possible leakage, particularly if the kidney is under high pressure.

Renal function appears impaired at this time, so caution with anesthesia (fluid therapy, blood pressure monitoring etc..) is warranted.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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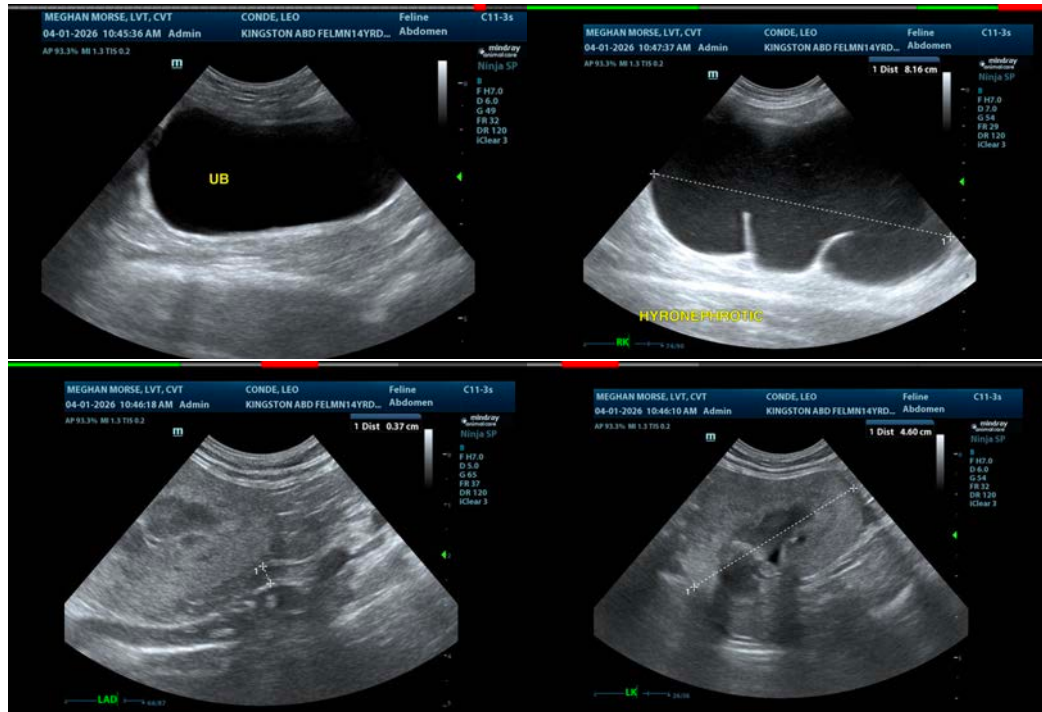
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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