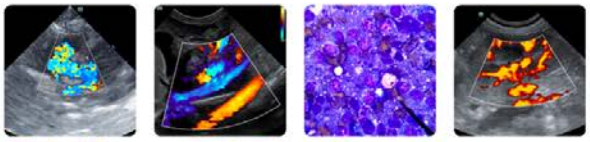


PATIENT

Ethel Ramsing

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

4 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Signal Hill Animal Clinic

REFERRING VET

Dr. Cumyn

INVOICE

74954

DATE

5/5/26

PRESENTING CLINICAL SIGNS

Chronic history of azotemia since 2024. Recent episode of illness with concurrent worsening of renal values. AUS today to assess kidneys. Recent UTI and has been on antimicrobials

Abnormal PE/Chem/CBC/UA Results: Marked azotemia - creatinine 700's - previous to illness was in 400's

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 a small area of dependent hyperechoic shadowing debris/smalls tones.

The left kidney has a normal shape and size. The cortex is significantly increased in echogenicity, and there is early hydronephrosis, with the renal pelvis measuring 1.38 cm in diameter. This extends into a dilated proximal ureter measuring 0.29 cm, which tapers at the point of a small shadowing mineralization/ureterolith measuring 0.14 cm. There is a mineralization visualized within the renal pelvis measuring 0.66 cm.

The right kidney has a normal shape and size (3.22 cm) with pyelectasia measuring 0.25 cm with mineralized debris/small stones visualized within the echogenic urine in the renal pelvis. The cortex is significantly increased in echogenicity 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. There are cortical mineralizations associated with the right kidney. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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.

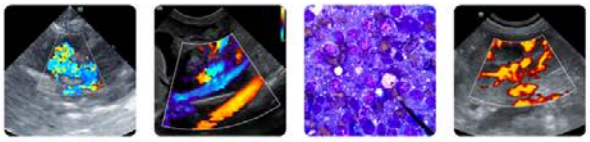
The right adrenal gland is normal in size measuring 0.40 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.57 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.



PATIENT

Ethel Ramsing

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

4 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Signal Hill Animal Clinic

REFERRING VET

Dr. Cumyn

INVOICE

74954

DATE

5/5/26

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 bile duct appears dilated and tortuous.

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 0.16 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 left limb of the pancreas is prominent and mottled 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, 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

- Bilateral hyperechoic kidneys with early left-sided hydronephrosis and hydroureter with a small ureterolith and mild pyelectasia with mineralized debris visualized associated with the right kidney.
- Sandy debris/small stones visualized in the urinary bladder – Recommend urinalysis and culture.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Dilated/tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is early hydronephrosis of the left kidney and pyelectasia and mineralized debris visualized with the right kidney. Recommend a urinalysis and culture (when off antibiotics for at least three days) and

PATIENT

Ethel Ramsing

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

4 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Signal Hill Animal Clinic

REFERRING VET

Dr. Cumyn

INVOICE

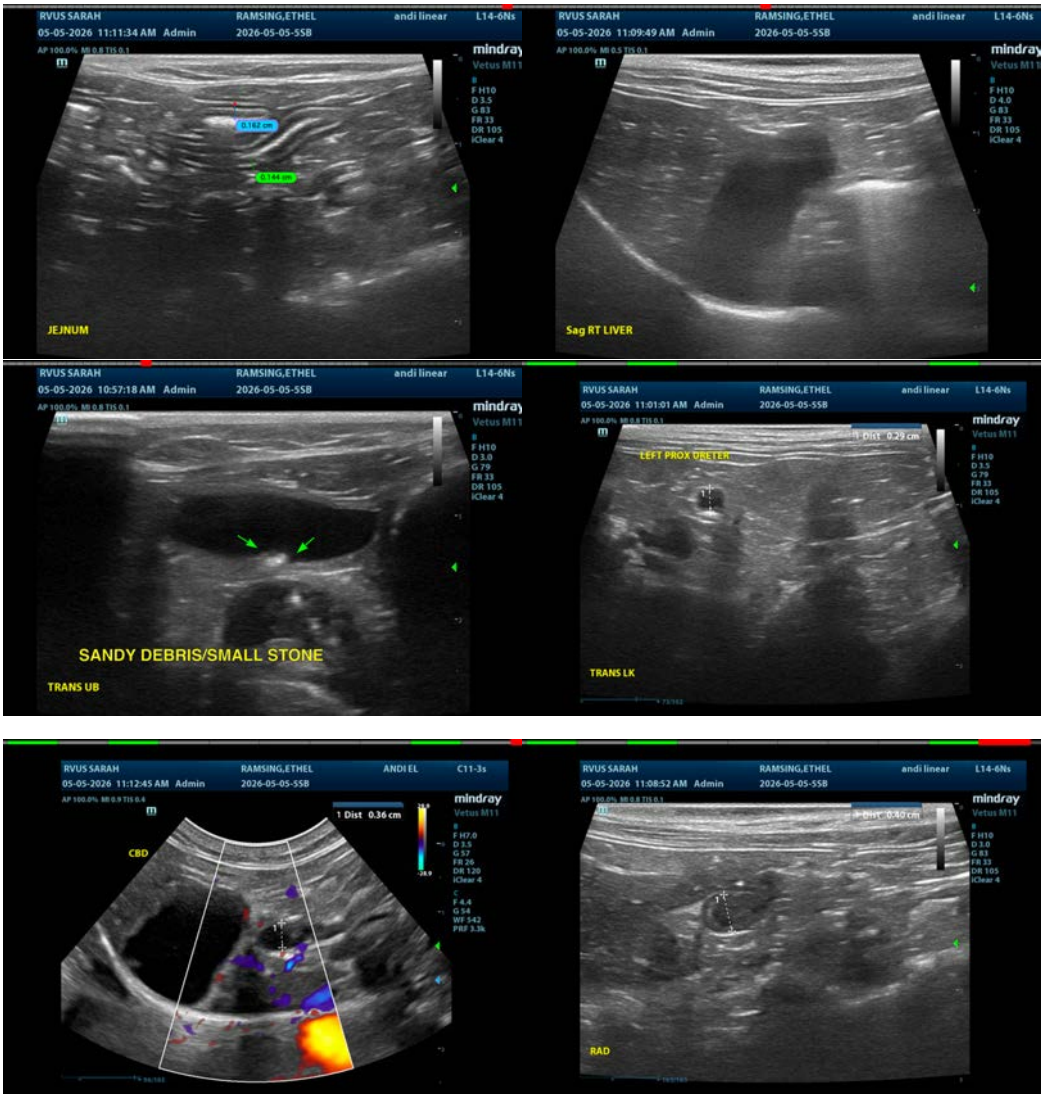
74954

DATE

5/5/26

diuresis. Ideally consider contrast study (contrast CT scan) to better assess the obstructive change present and to determine if patient may benefit from ureteral bypass or similar. Concurrent treatment with nausea meds, pain medications, etc. may be warranted. Additionally, you could consider serial ultrasonographic imaging while on diuresis to see if the obstruction seems worse, which could indicate a more significant obstruction.

The significance of the dilated bile duct is uncertain. Correlate with current lab work and recommend continued monitoring.



PATIENT

Ethel Ramsing

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

4 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Signal Hill Animal Clinic

REFERRING VET

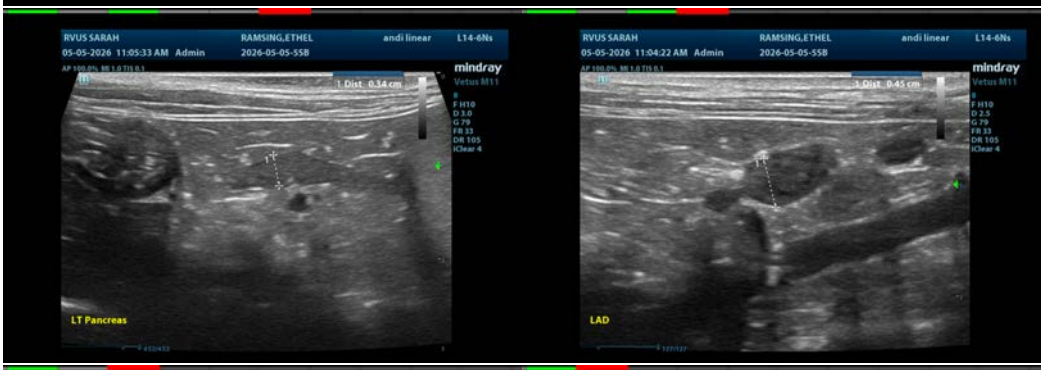
Dr. Cumyn

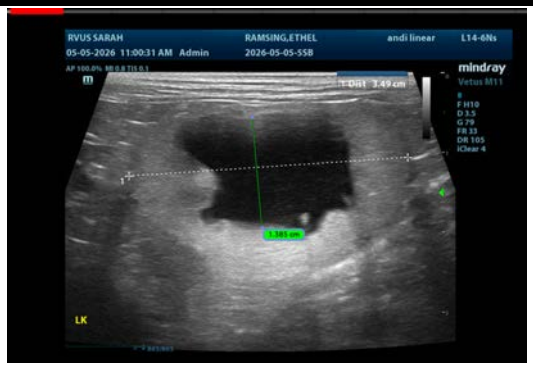
INVOICE

74954

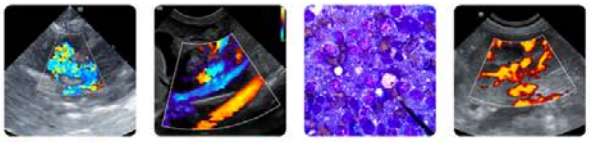
DATE

5/5/26





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Ethel Ramsing

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

4 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Signal Hill Animal Clinic

REFERRING VET

Dr. Cumyn

INVOICE

74954

DATE

5/5/26

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