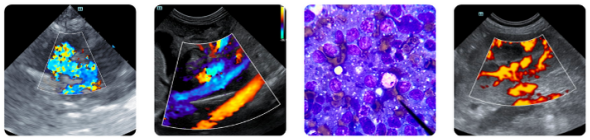

PATIENT

Kusha Snodgrass

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17y

WEIGHT

17 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Laura Klaassen

HOSPITAL NAME

Animal Csre Group of Lake Oswego

REFERRING VET

Laura Klaassen

INVOICE

13090

DATE

1/15/26

PRESENTING CLINICAL SIGNS

Submitted study contained 16 videos for review.

History: periuria after clear UA/culture

Abnormal PE/Chem/CBC/UA Results: UA and culture clear post Ecoli infection - creat 2.8, BUN 62

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

The left kidney exhibited adequate size with asymmetrical renal margination with cortical infarcts. Loss of corticomedullary border demarcation with hyperechoic corticomedullary border echogenicity. Medullary mineral to small renoliths with moderate pyelectasia to mild hydronephrosis. No evidence of left hydro ureter. The left kidney measured 3.9 cm. The right kidney exhibited mild decreased size compared to the left with asymmetrical margination and cranial cortical infarcts. Medullary mineral to small renoliths with no evidence of pyelectasia or hydronephrosis. Right kidney measured 3.2 cm.

Adrenal Glands

No obvious visualized pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly subnormal in size likely given presence of gastric ingesta exhibiting thin walls and primarily anechoic luminal content. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta consistent with food echogenicity.

The visualized segments of the small intestine presented intact wall layering with normal 1:3 muscularis/mucosa ratio. Segmental, mild, non-shadowing ingesta/chyme to the level of the colon.

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The visualized colon presented sonographically normal.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Sonographically normal urinary bladder, visible proximal urethra
- Bilateral chronic nephropathy exhibiting cortical infarcts, medullary mineral/renoliths and left kidney pyelectasia/mild hydronephrosis

SECONDARY FINDINGS

- Gastrointestinal ingesta – consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious left ureter obstruction present in this study. The left kidney pyelectasia to mild hydronephrosis may be secondary to more significant chronic renal changes compared to the right with potential pelvic scarring owing to previous mineral passage or underlying infection. Serial monitoring of urinalysis for evidence of infection with as needed recheck urine C/S is recommended. Concurrent CKD therapy with monitoring of renal parameters and systemic BP with sonographic reassessment if evidence of progressive azotemia and for further prognosis is recommended.

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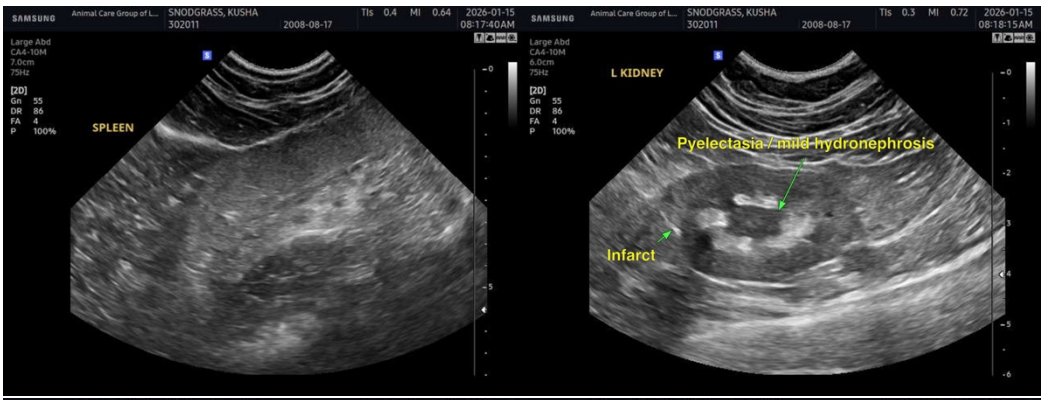

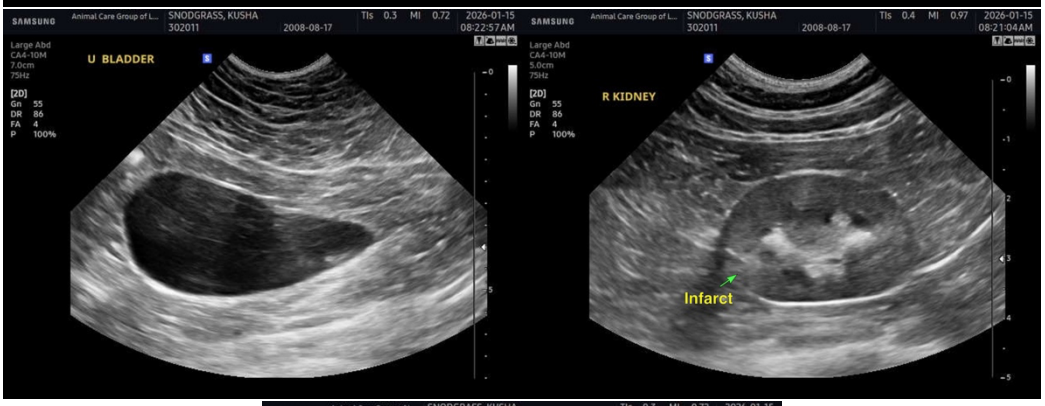

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com

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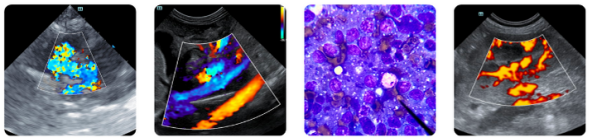

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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