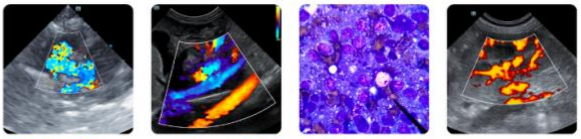


PATIENT

Nezumi Ireland

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

2 Years

WEIGHT

4.1 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet Medical Center

REFERRING VET

Dr. Kellee Burns

INVOICE

13459

DATE

01/30/26

PRESENTING CLINICAL SIGNS

- approximately 2 yr intact F DSH presented 1/29 pm for decreased appetite, weight loss, and oliguria for 4 days; indoor only cat (was previously a stray)
- lethargic/depressed, BCS 1-2, 5-8% dehydrated, CDV and lungs wnl; oral ulcers on buccal and lingual surfaces, not current on vaccines
- Current medications: LRS at 2x maintenance, Cerenia injection, Unasyn injection, Baytril injection gabapentin to begin: sucralfate and famotidine following AUS

Abnormal PE/Chem/CBC/UA Results: See attached labs: FIV/FeLV performed 1/29: faint positive; repeated SNAP, still weak positive for both; discussing confirmatory testing now Chemistry hyperphosphatemia >16.1 mg/dL (3.1-7.5) hyperglobulinemia 7.1 g/dL (2.8-5.1) hypernatremia 173 mmol/L (150-165) severe azotemia: creatinine 7.5 mg/dL (0.8-2.4) BUN 381 mg/dL (16-36) UA USG 1.020 Proteinuria 500mg/dL hematuria 250 ery/uL CBC leukocytosis characterized by neutrophilia; Neu 17.99K/uL (2.3-10.29) eosinopenia 0 K/uL rest of values were wnl See attached rads: thoracic rads -- unremarkable abdominal rads -- generalized loss of serosal detail; gas a feces in colon

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 change were noted.

The area of the iliac trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in the left kidney while the right kidney was mildly enlarged in size. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present. Mild pyelectasia was present bilaterally. The left kidney measured 4.1 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

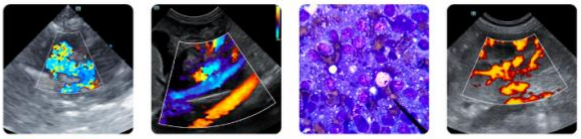
No obvious pathology in the areas of the left and right adrenal glands.

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. The spleen measured 0.80 cm width level of the mid spleen.

Liver & Gallbladder

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.



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The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestine wall measured 0.29 cm wall width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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.

ULTRASONOGRAPHIC FINDINGS

- Bilateral nephropathy exhibiting hyperechoic corticomedullary parenchyma and mild pyelectasia.
- Generalized intact thickened small intestinal wall.
- Mild nonshadowing gastric ingesta- consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys did not overtly meet neoplastic criteria and are more suggestive of nonspecific nephritis with considerations including interstitial nephritis or other. Sonographically the kidneys did not overtly appear to be end stage, indicating potential for acute on chronic nephropathy or kidney insult. Consider potential infectious disease or renal toxic insult. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

The small intestine mural changes may indicate IBD or other inflammatory enteropathy while potential for emerging occult intestinal neoplasia i.e. lymphoma, may present in this manner. The intestine is of unclear clinical significance given no reported gastrointestinal signs or weight loss for further monitoring. Consideration for screening GI panel to include PLI, TLI, cobalamin and folate is recommended. Hospitalization with renal and, if clinically indicated, gastrointestinal support with monitoring of renal parameters, urinalysis, urinary output and body weight for further assessment and prognosis is recommended.

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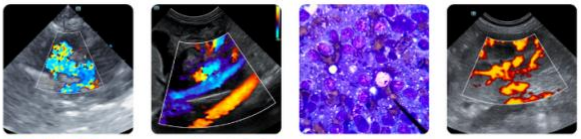

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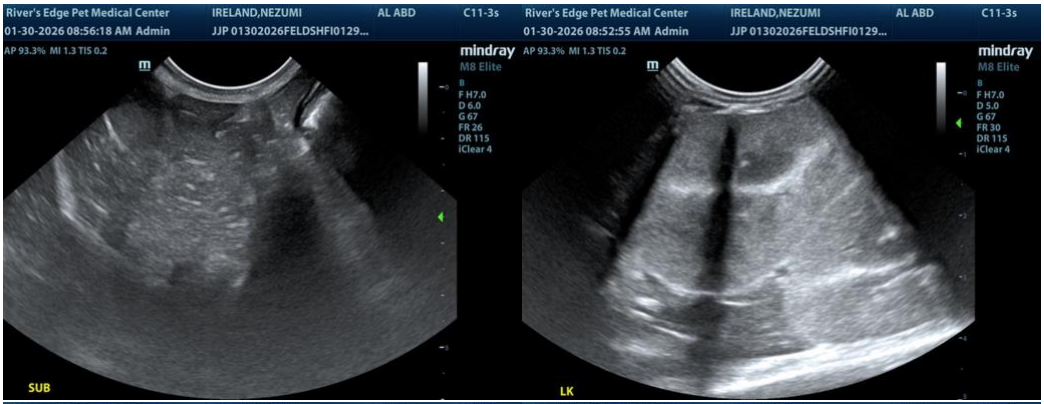

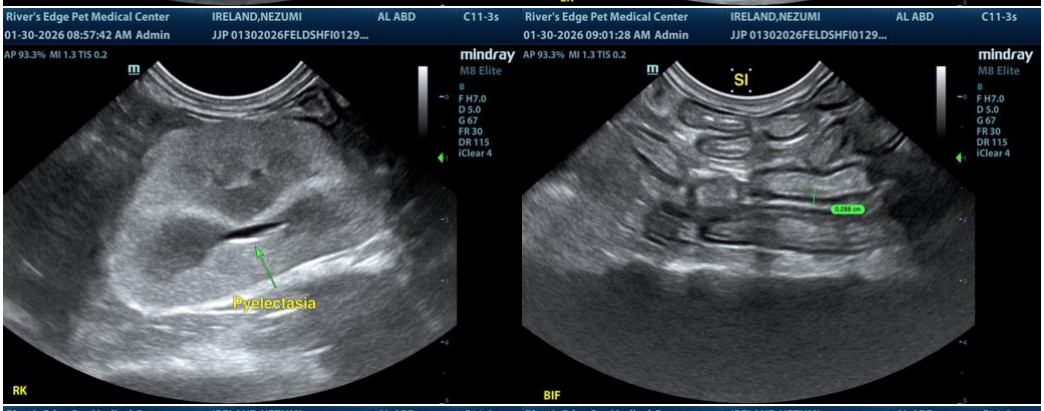

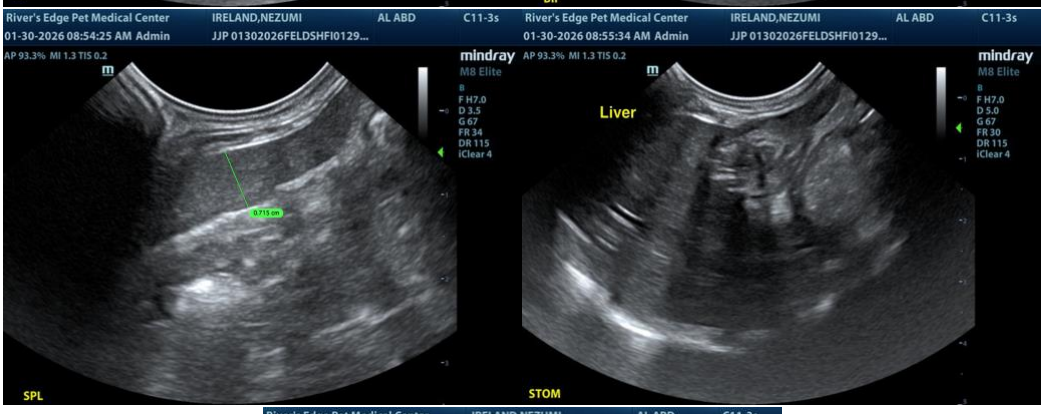

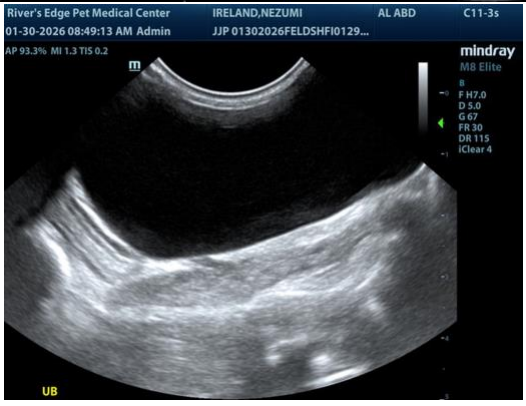

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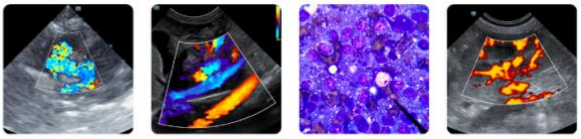

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com