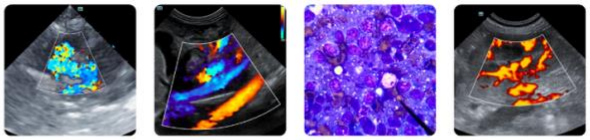

PATIENT

Walter Pacholak

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12

WEIGHT

6.8

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Sharkaway

INVOICE

12531

DATE

12/01/25

PRESENTING CLINICAL SIGNS

Diarrhea Lethargy PU/PD Anorexia

Abnormal PE/Chem/CBC/UA Results: BW- Severe Azotemia, elevated ph. , Leukocytosis, Neutrophilia, Non-Re. Anemia Mild to moderate difficulty breathing Radiograph - Enlarged Heart, Suspected lung nodule vs calcification FELV/FIV- Neg vs

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. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. 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. Moderate indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. Areas of medullary mineral were present with no evidence of pyelectasia. The left kidney measured 4.2 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary well demarcated hyperechoic intraparenchymal nodule was visualized in the mid liver measuring 0.80 cm in diameter.

The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. The proximal to mid common bile duct was dilated and mild to moderately tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented with intact wall layering and normal wall layer ratio. Mild segmental intestinal ileus and lumen gas to the level of the colon.

The generalized colon exhibited normal intact visible wall. Generalized colon distention containing nonformed fecal matter and gas.

Pancreas

The left and right pancreas presented with prominent size, capsule asymmetry and heterogeneous parenchyma with generalized dilated pancreatic duct. Possible thinly walled pancreatic cyst was present containing primarily anechoic fluid and potentially measuring 1.6 cm in diameter.

Free Abdomen

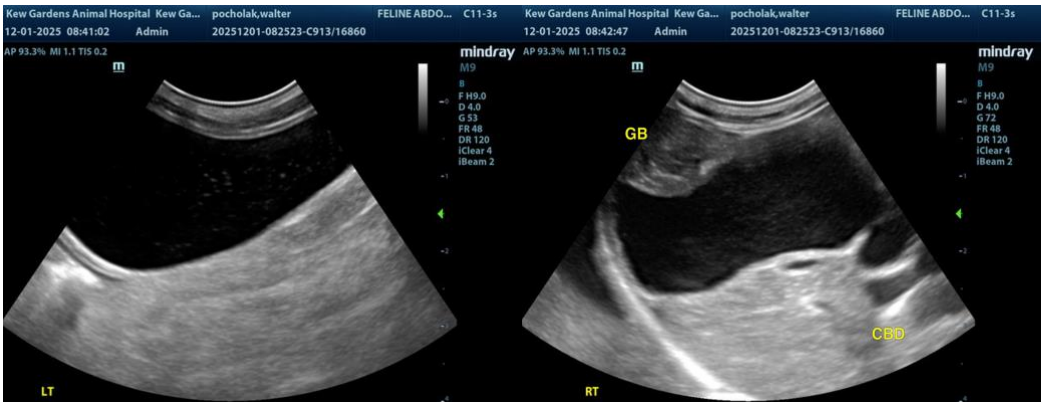
No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic nephropathy exhibiting medullary mineral.
- Chronic pancreatitis with possible pancreatic cyst.
- Hepatic parenchymal remodeling with hyperechoic intraparenchymal nodule.
- Mild gallbladder debris with proximal to mid tortuous common bile duct dilation.
- Possible nonspecific enteropathy, generalized distended colon with nonformed fecal matter.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilateral kidneys are most consistent with chronic nephropathy or CKD with potential for acute on chronic renal insult, not definitively excluded. Correlation with urinalysis +/- culture/sensitivity or UPC level for renal staging is recommended. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Possible mild to chronic cholangitis given short half-life of hepatic enzymes in cats may be possible. The hepatic nodules are suggestive of benign criteria i.e. nodular hyperplasia, granuloma with mild potential for emerging to low-grade hepatic neoplasia. CKD therapy with concurrent gastrointestinal support and clinical monitoring is recommended. Recheck sonogram if progressive clinical signs or azotemia.



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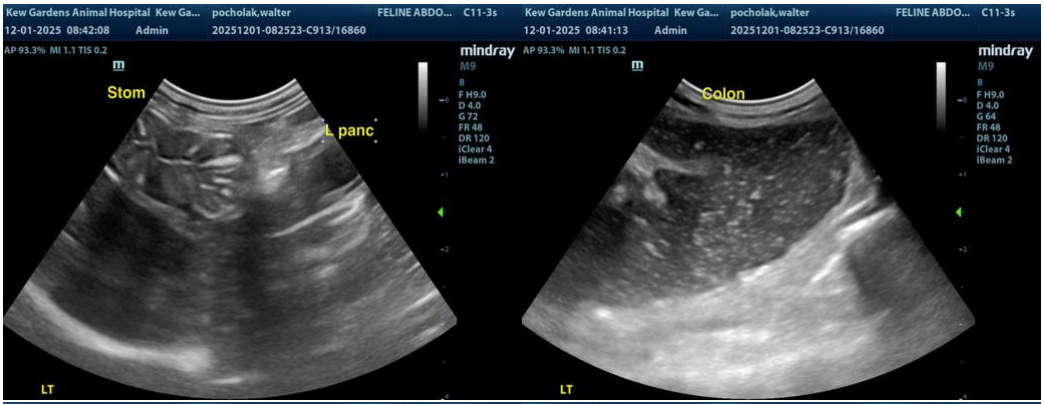

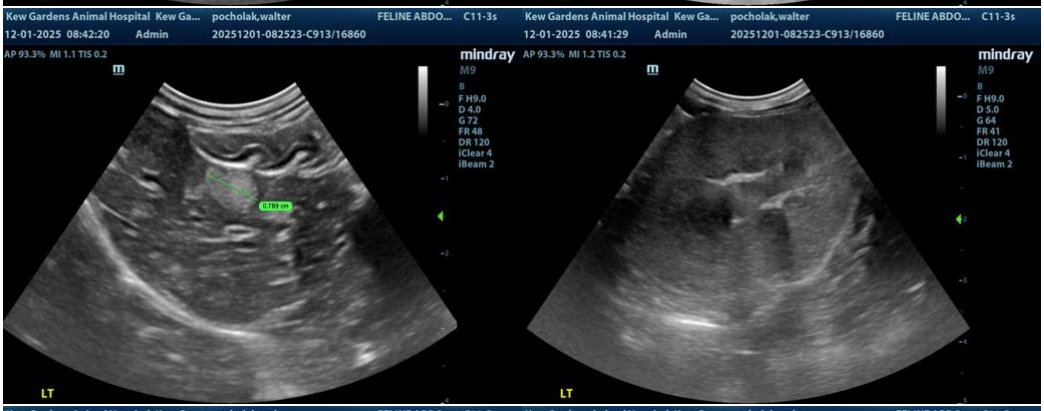

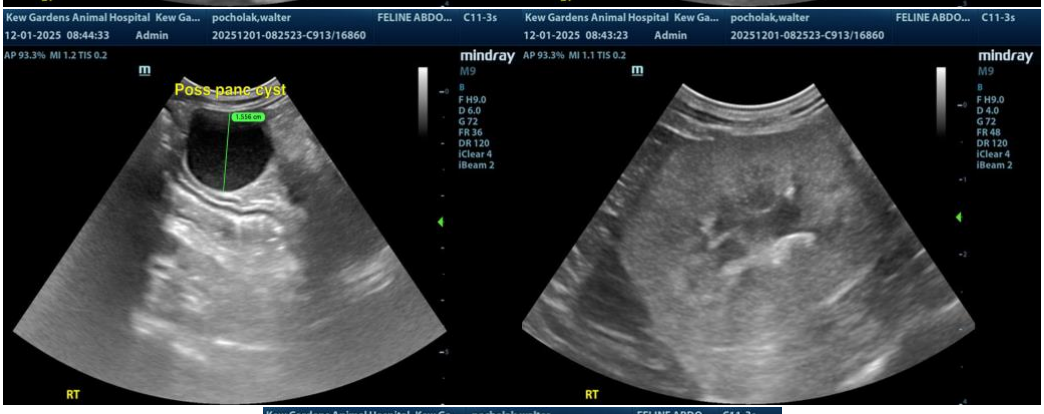

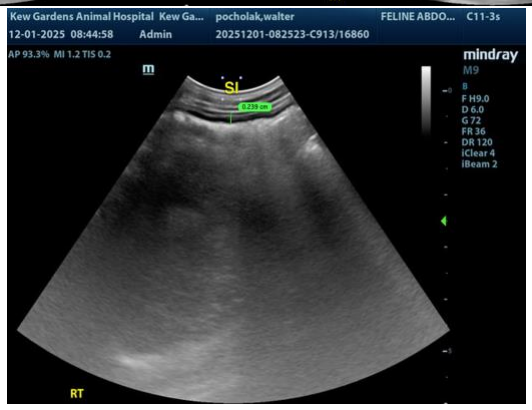

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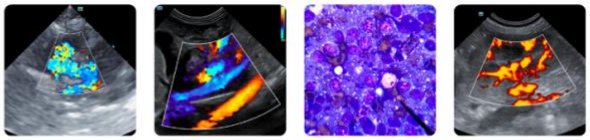

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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