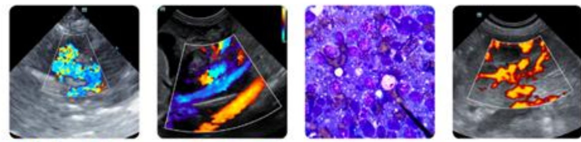


PATIENT

LELE OTERO

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4yr

WEIGHT

7.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Julissa Díaz, LVT

HOSPITAL NAME

Centro Veterinario del Norte

REFERRING VET

Ileana Rivera, DVM

INVOICE
23248

DATE
12/17/2025

PRESENTING CLINICAL SIGNS

Patient presented for evaluation on December 15, because she was quiet, not eating and with fever. On PE, heart and lungs auscultated normal. Abdominal palpation soft non painful. Temperature on presentation was 103F. She had marked neutrophilia (27.06), mild azotemia and mild hyperchloremia. FeLV and FIV negative. Pet was started on IV fluids, and ampicillin sulbactam. That evening temperature increased to 105 f and a single shot of dexamethasone was administered. On December 16, cat ate very well and the temperature was normal. Pets have been stable during hospitalization; bloodwork was repeated and the neutrophilia has worsened but mild azotemia has improved. Concerned about neoplasia and localized infection.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor, non-dependent particulate hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and adequate to indistinct corticomedullary definition were present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. An indistinct hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. Left kidney mild pyelectasia with concurrent proximal left hydroureter was present measuring 0.37 cm in diameter. Overt evidence of left ureter obstruction was not definitively visualized. Mild right kidney pyelectasia was present with proximal right hydroureter measuring ~ 0.3 cm in diameter. No overt evidence of right ureter obstruction visualized. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

Mild hyperechoic left and right retroperitoneal echogenicity. No evidence of retroperitoneal effusion.

The area of the aortic trifurcation was free of pathology.

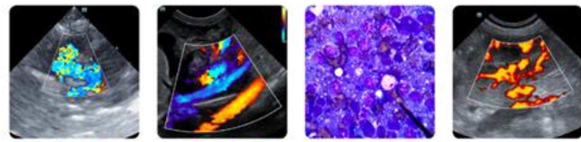
Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral 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/Gallbladder



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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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained pyloric fluid with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

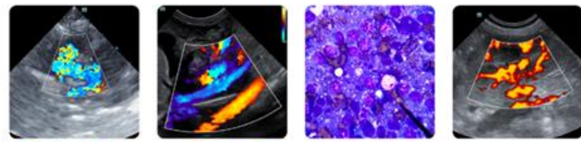
Primary

- Bilateral nonspecific mild renal medullary rim sign, concurrent bilateral mild pyelectasia, proximal bilateral hydroureter and mild retroperitoneal inflammation
- Sonographically unremarkable gastrointestinal tract with mild retained pyloric fluid
- Mild urine sediment.
- Sonographically unremarkable liver/ spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonspecific bilateral nephritis and possible proximal ureteritis is suspected in conjunction with mild azotemia. No overt evidence of neoplastic criteria or definitive visualized left or right ureteral obstruction. A full urinary workup, including UA, C/S +/- UPC level if non-inflammatory urine sediment is recommended.

Aside from the renal presentation, no overt evidence of abdominal or retroperitoneal pathology as an obvious contributing factor. Continued empirical therapy for nonspecific nephritis with clinical monitoring and sonographic reassessment if progressive clinical signs, fever or azotemia is recommended.



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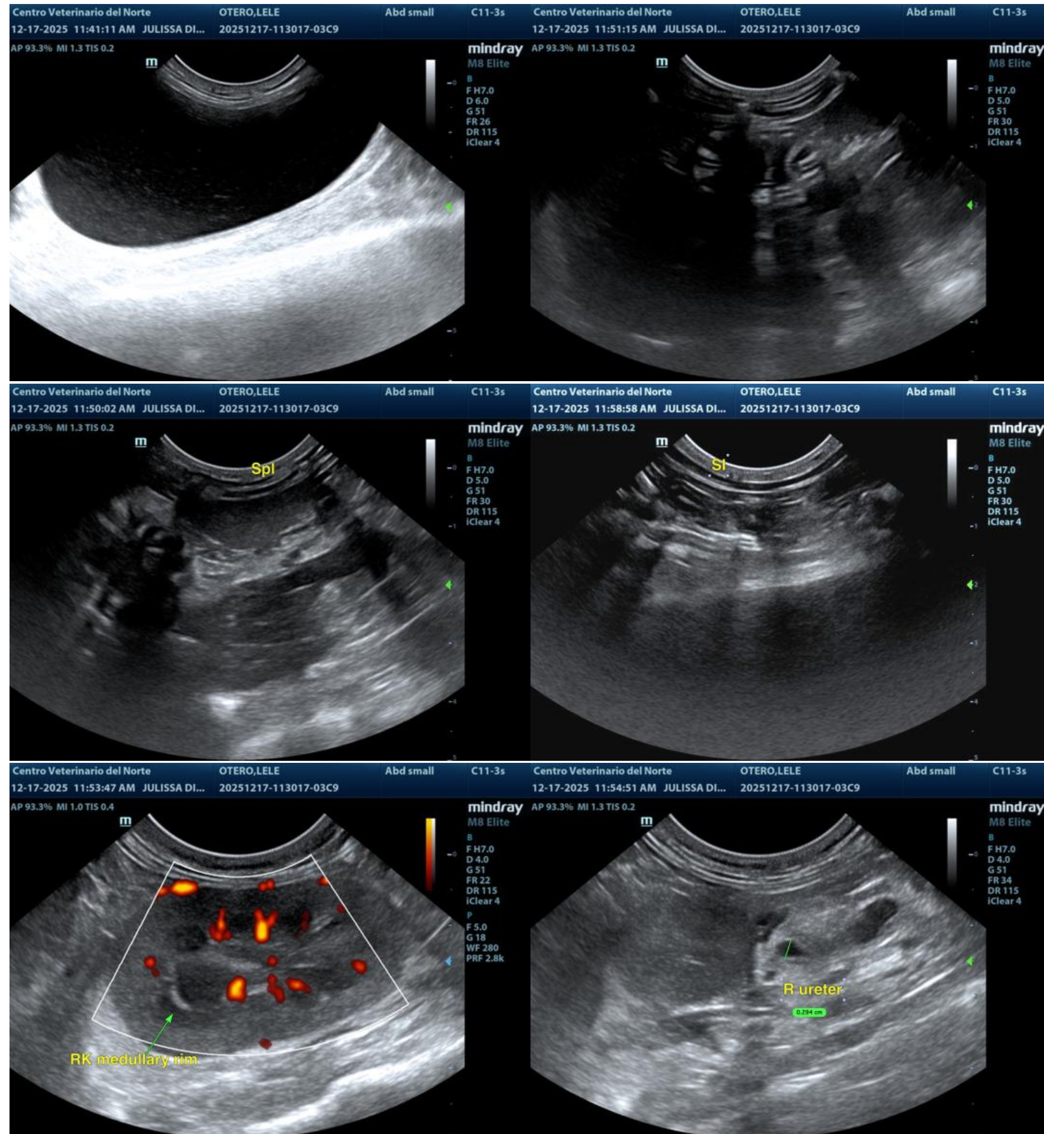

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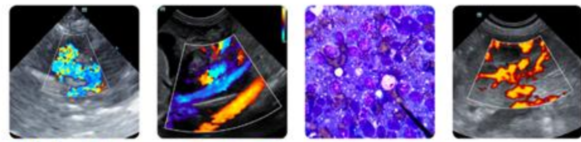

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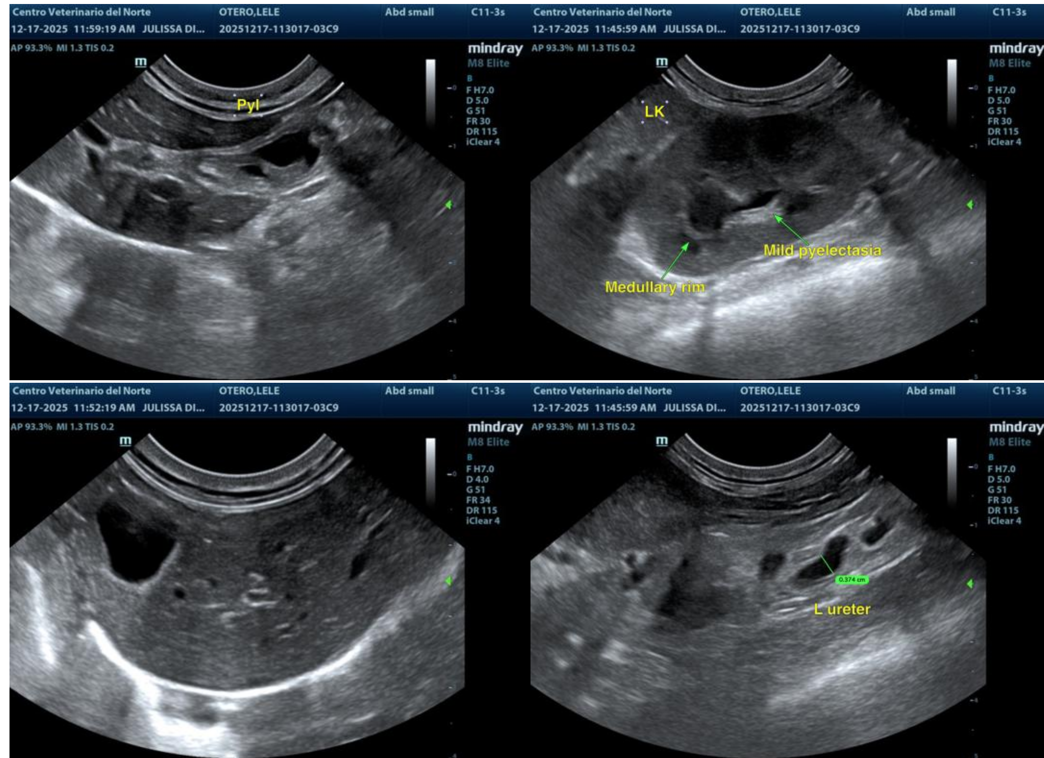

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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