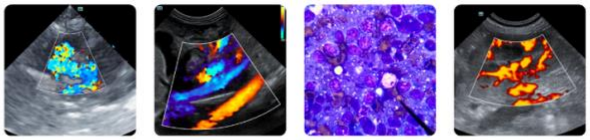


PATIENT

Rain Agoado

SPECIES

Feline

BREED

Bombay

SEX

Spayed Female

AGE

14 Years

WEIGHT

6.5 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

12787

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Presented for inappetence for the past 2 days., weight loss. Hx CKD, hypertension, anemia, asthma, Heart murmur.

PE: LS OU, light pink MM, 7 - 8% dehydration, Hm grade 3/6 , dental calculus, stiff gait. T4 test - 6/2025 - WNL UA / UCS - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention. The 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.

Normal renal size with asymmetrical margination was present in the left kidney yet the right kidney was indistinctly visualized. 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. Mild loss of corticomedullary distinction 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 3.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width.

The right adrenal gland was not definitively visualized.

Spleen

The spleen was subnormal in size (suggestive of volume contraction) and 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.

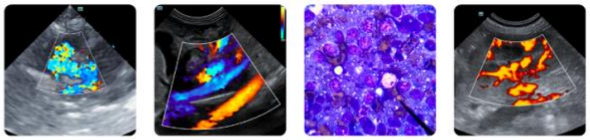
Liver

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 non distended in size with mild biliary sludge. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact mildly thickened wall exhibiting primarily maintained wall layer detail. Stomach wall measured 0.36 cm wall width.



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The intestinal walls demonstrated intact mildly thickened wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Mild segmental intestinal ileus present. Jejunum wall measured 0.28 cm wall width. Ileocolic wall measured 0.43 cm wall width. Duodenum wall measured 0.30 cm wall width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic nephropathy.
- Volume contracted spleen.
- Gallbladder debris with mild proximal common bile duct dilation.
- Chronic/chronic active pancreatitis with remodeling.
- Gastroenteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal presentation is consistent with chronic renal failure in conjunction with degree of azotemia. Correlation with urinary work up is recommended. The gastroenteropathy may indicate associated or secondary metabolic gastroenteritis. Potential IBD or other inflammatory enteropathy in conjunction with potential triaditis with gastrointestinal neoplasia considered less likely yet not excluded. Correlation with a GI panel to include PLI, TLI, cobalamin and folate is warranted. Gastrointestinal and renal support pending additional diagnostics is recommended.

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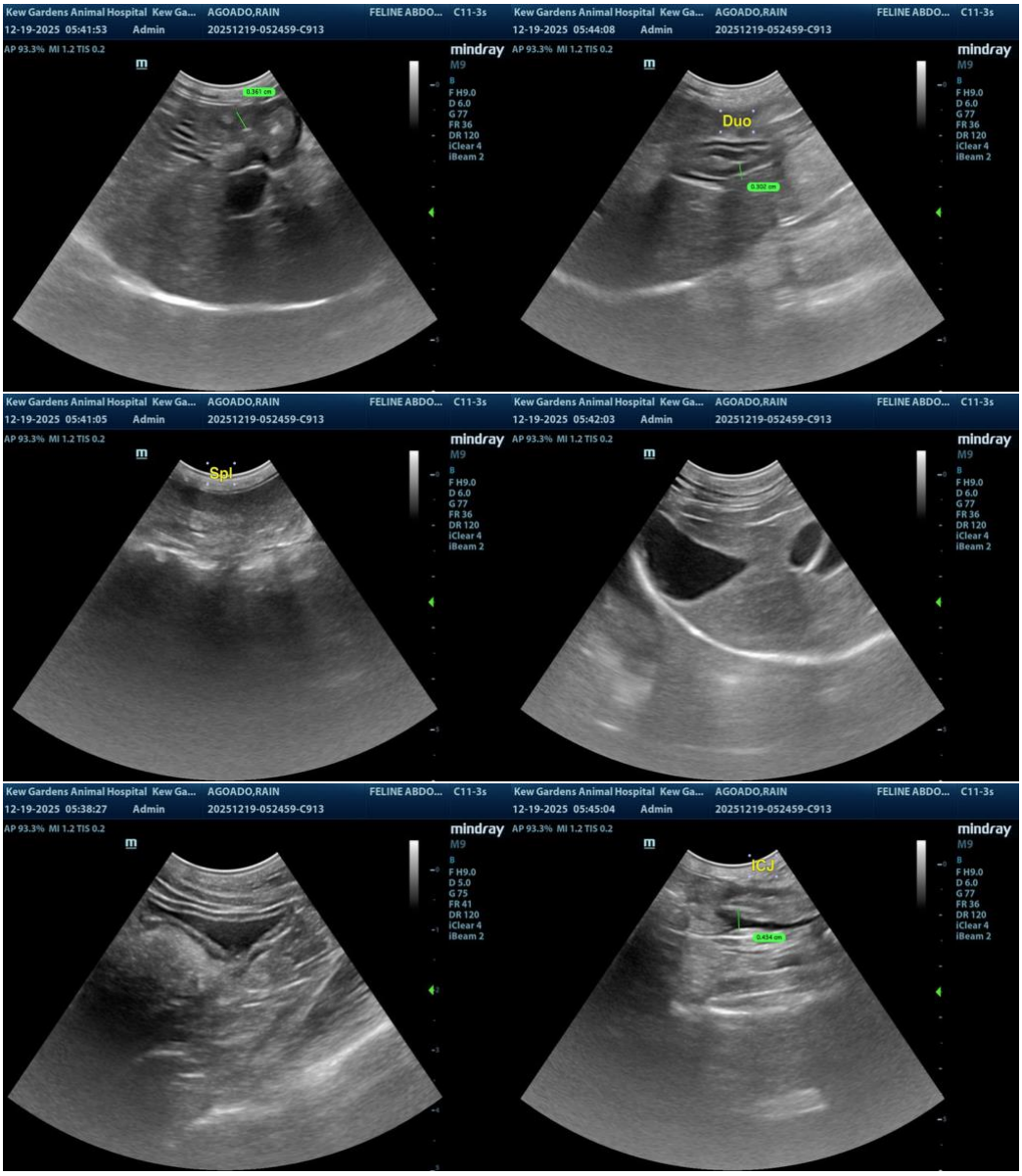

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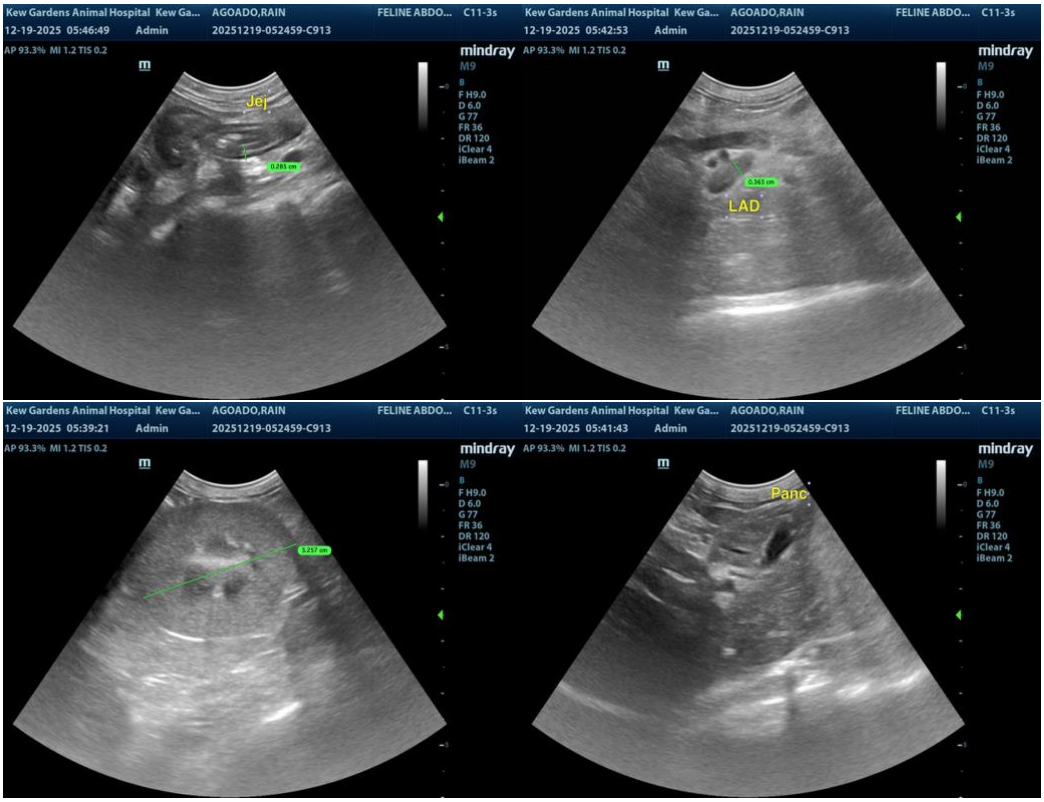

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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