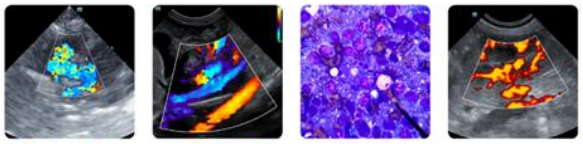

PATIENT
Rasputin Gong

SPECIES
Feline

BREED
Ragdoll

SEX
FS

AGE
2yr

WEIGHT
3.4kg

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

IMAGING PERFORMED BY
Renee Trionfetti, VMD

HOSPITAL NAME
Blue Pearl Wyomissing

REFERRING VET
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INVOICE
23147

DATE
12/08/2025

PRESENTING CLINICAL SIGNS

AUS to further evaluate azotemia and a decreasing appetite. Currently hospitalized in the ER. Hx of chronic vomiting - about 1 x per week. Since Wednesday, ADR and decreasing appetite to now not eating for 24 hours. Did vomit twice the other day which is an increase in the usual frequency.

Abnormal PE/Chem/CBC/UA Results: Rads - NSF CBC - unremarkable PCV/TS - 46/8.8 Chem - Creat - 9.7 H, Glu - 166 H, Phos - 14.4 H, Na - 146, BUN - >140 H UA w/ culture sent out to lab

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no current evidence of urine/lumen sediment, mineral, or calculi. 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 left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. The left kidney measured 4.1 cm in length.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild hydronephrosis with mild fluid extension into the lateral diverticuli was present. Hyperechoic pelvic and renal sinus parenchyma. Mild collecting and proximal right ureter dilation with mild proximal right ureter lumen mineral was present. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

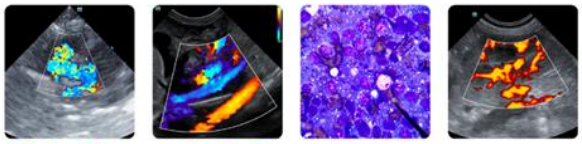
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

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 0.81 cm in width at the 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of fluid and suspect mild non-obstructive progressive to dirty shadowing pyloric hairball type density and gas. No overt obstruction to pyloric outflow or obstructive pyloric mural pathology. The pylorus wall measured 0.30 cm in width.

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. The colon contained progressively shadowing proximal colon and cecal fecal matter.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral nephropathy exhibiting mild left kidney pyelectasia and mild right kidney hydronephrosis
- Suspect mild proximal right ureteritis with mild proximal right ureter lumen mineral
- Normal urinary bladder
- Sonographically normal gastrointestinal tract with suspect non-obstructive pyloric hairball type density
- Progressively shadowing proximal colon and cecal fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys did not overtly appear to be end stage with more progressive chronic changes present in the right kidney. Underlying right kidney infection, i.e. pyonephrosis, previous or current mineral passage and secondary right ureter inflammation or potential emerging non-obvious right ureter obstruction all potentials. Correlation with pending urine C/S is recommended. Renal and initial gastrointestinal support, including documented fast and sonographic reassessment of the stomach to assess for persistent pyloric hairball type density would be appropriate. If persistent and stabilized renal parameters, upper gastrointestinal endoscopy may be considered A spec fPL is suggested to assess for non-sonographically evident pancreatitis, which may be seen with renal disease in cats. Monitoring of fecal output suggested as potential passed hairball type density in the proximal colon may be possible.

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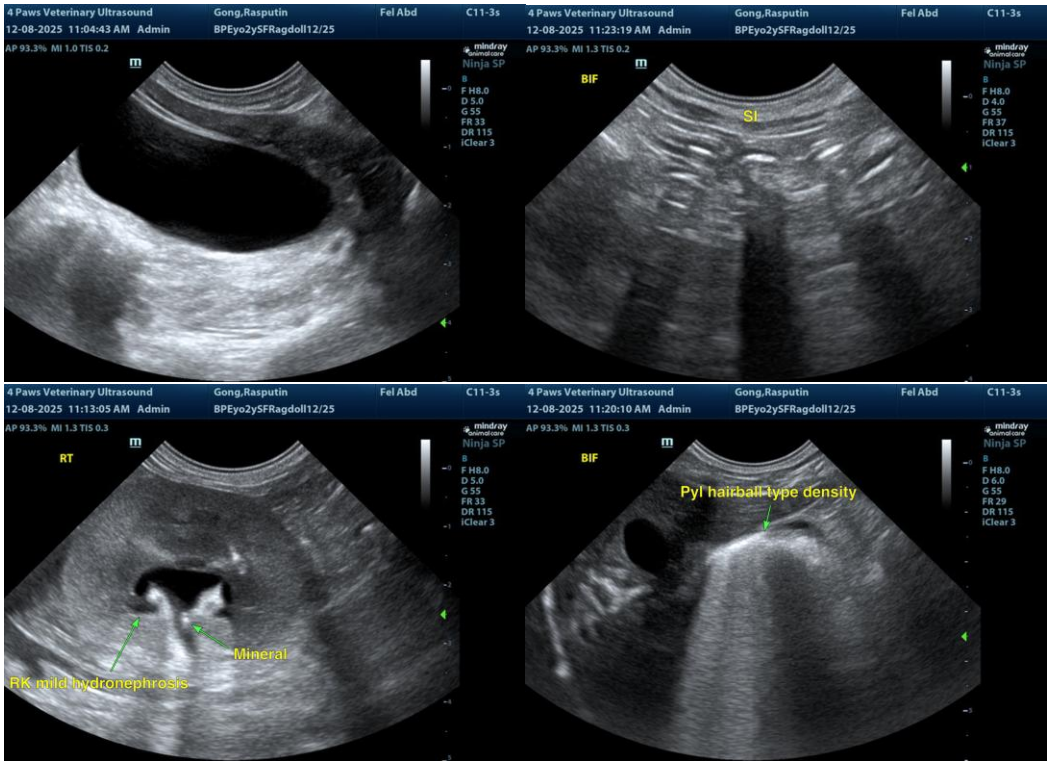

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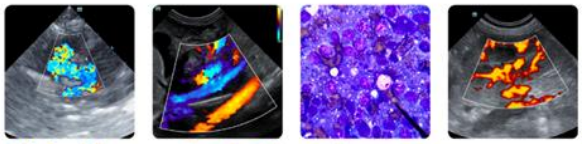

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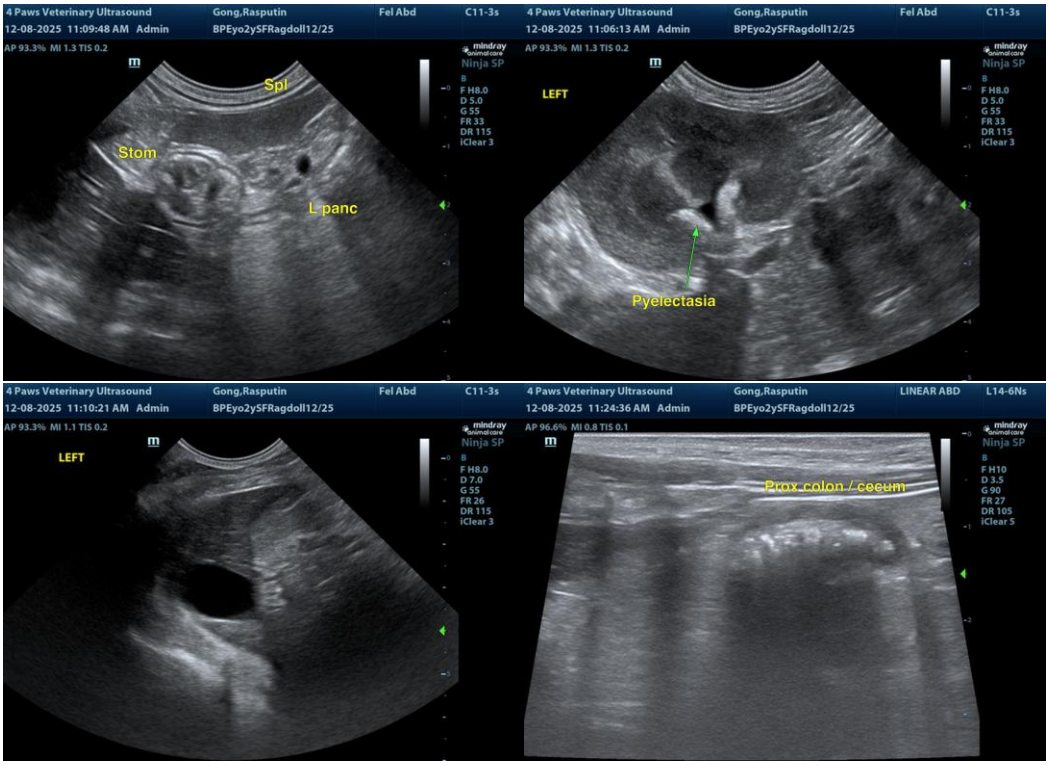

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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