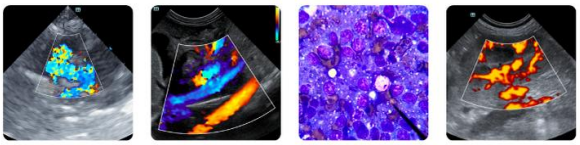


SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT
Reno Woolacott-Silveira

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
8yr

WEIGHT
6.71kg

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

IMAGING PERFORMED BY
Crystal Hill

HOSPITAL NAME
Beatties Burlington PH

REFERRING VET
Murota

INVOICE
23751

DATE
02/02/2026

PRESENTING CLINICAL SIGNS

- Grade 3/6 sternal systolic murmur, normal rhythm
- Mild-mod dental disease, suspected resorptive lesion 405, squirmy for exam
- Weight loss!! 500g since Jan 12th
- Recommend double cavity to assess kidneys and heart
- Has been on Metacam 6kg dose SID, Clavamox drops

Abnormal PE/Chem/CBC/UA Results: CBC non regenerative anemia Electrolytes WNL Chem severe Azotemia SDMA severely elevated 74! TT4 normal but low normal USG 1.015, pH 5.0, Protein +

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney was adequate in size with asymmetrical margination. Thickened hyperechoic cortex, mildly reduced medullary volume with enhanced and distinct corticomedullary border demarcation. No pyelectasia. Left kidney cortical infarcts present.

The right kidney was subnormal in size compared to the left with asymmetrical margination and cortical infarcts. Non-uniform thickened hyperechoic cortex and reduced medullary volume with mild medullary mineral were present. No pyelectasia.

The left kidney measured 4.4 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

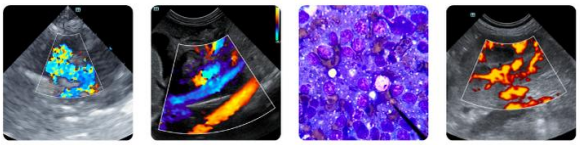
The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.43 cm width No obvious visualized pathology in the area of the right adrenal gland.

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

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



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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 cystic and common bile ducts were normal.

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.

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. The duodenum wall measured 0.21 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.38 cm width.

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

Pancreas

The left pancreas was mildly prominent in size with non-homogenous remodeled parenchyma compared to adjacent non-reactive omentum.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild urine sediment
- Bilateral chronic nephropathy exhibiting cortical infarcts, subnormal right kidney size compared to the left
- Sonographically normal gastrointestinal tract
- Prominent remodeled left pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys are most consistent with chronic potentially end stage nephropathy /nephritis without overt evidence of neoplastic criteria. Acute on chronic renal insult thought less likely. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Pending echocardiogram, hospitalization with renal support including monitoring of renal parameters, UA, urine output and body weight for further prognosis is indicated.

A GI panel to include PLI/TLI/cobalamin and folate to assess for concurrent chronic pancreatitis often seen with renal disease in cats, as well as non-structural intestinal disease as a contributing factor to the weight loss may be considered. If possible, monitoring of systemic blood pressure for evidence of hypertension is advised.

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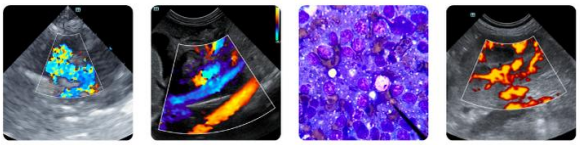

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Educational Teleconsultation Services™

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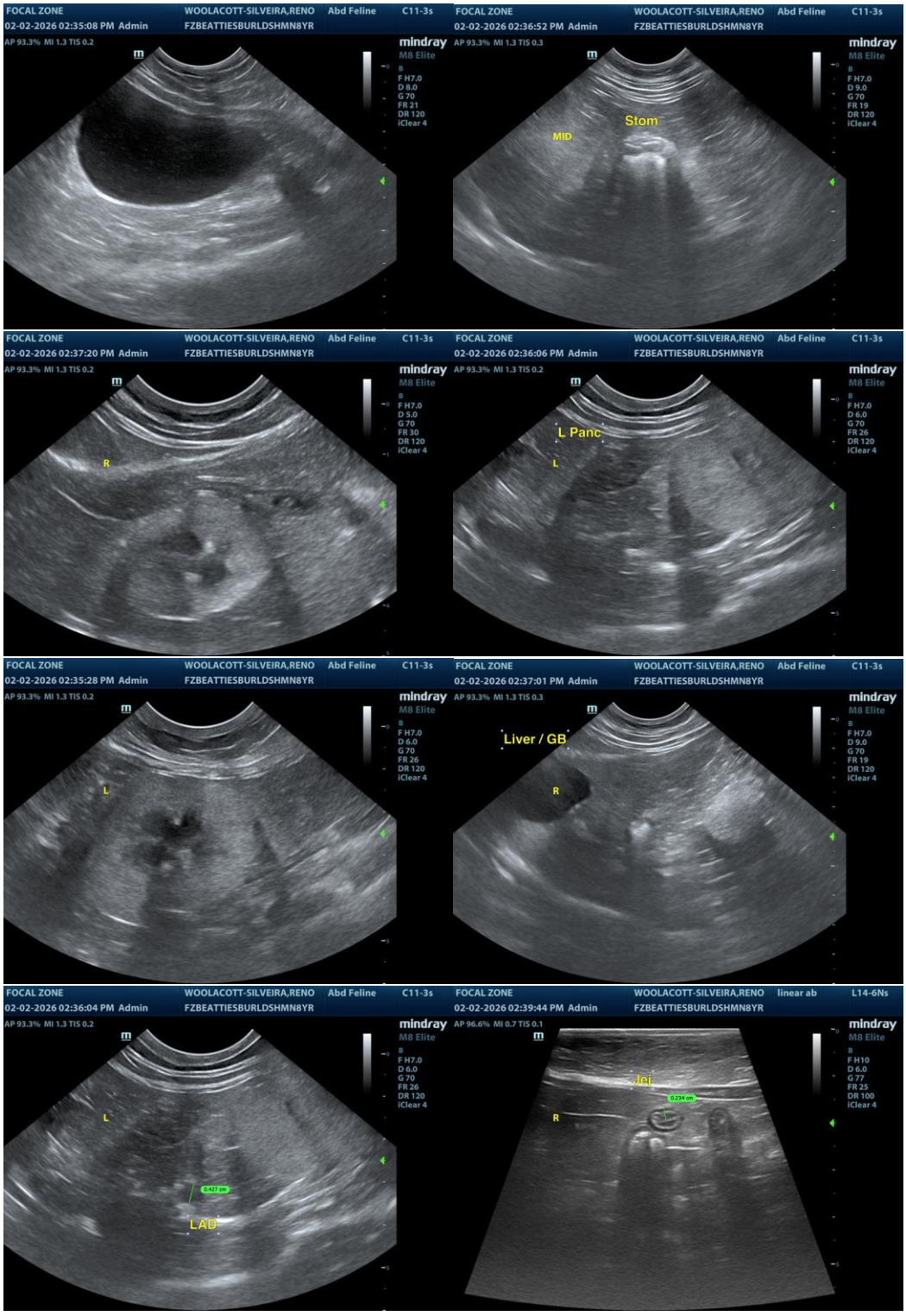

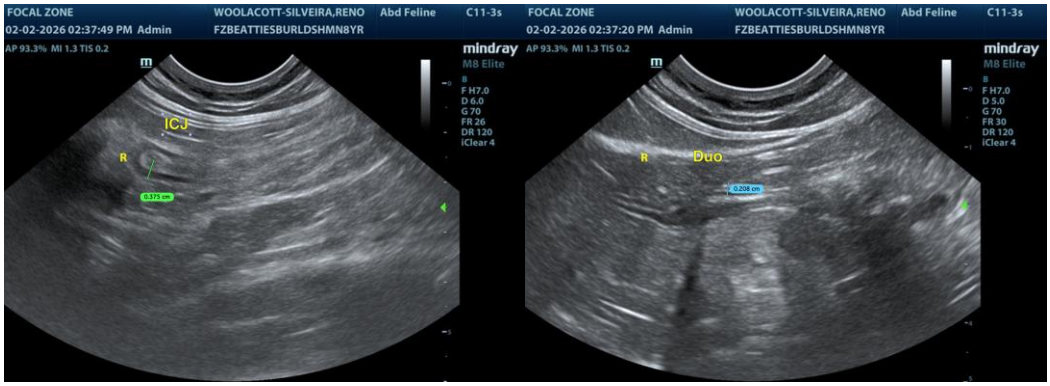

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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