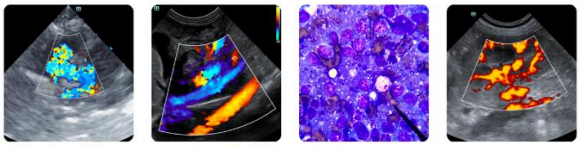

PATIENT

Winston Bukowski

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2017

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Animal Hospital

REFERRING VET

Meyer

INVOICE
24015

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02/27/2026

PRESENTING CLINICAL SIGNS

- Hematuria without clinical signs

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 mild, non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Mildly enlarged 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. Enhanced to indistinct corticomedullary border demarcation. Hyperechoic medullary foci to indistinct striations. The renal medullary volume was subjectively reduced. No pyelectasia. The left kidney measured 4.7 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

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

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 cystic and common bile ducts were normal.

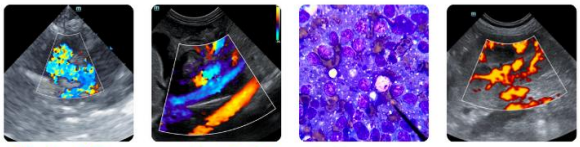
Gastrointestinal

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.

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

Pancreas



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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

- Sonographically normal urinary bladder and visible proximal urethra with mild urine sediment
- Bilateral mild renomegaly exhibiting hyperechoic thickened cortex and medullary hyperechoic foci / striations

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of urinary bladder or proximal urethra pathology. Bilateral nonspecific nephritis such as interstitial nephritis, mild renomegaly and fat deposition given patient size and body condition, less likely potential for emerging unilateral /bilateral renal neoplasia.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Given the patient is non-clinical, monitoring of UA and renal parameters with sonographic reassessment if evidence of azotemia or progressive hematuria is recommended.

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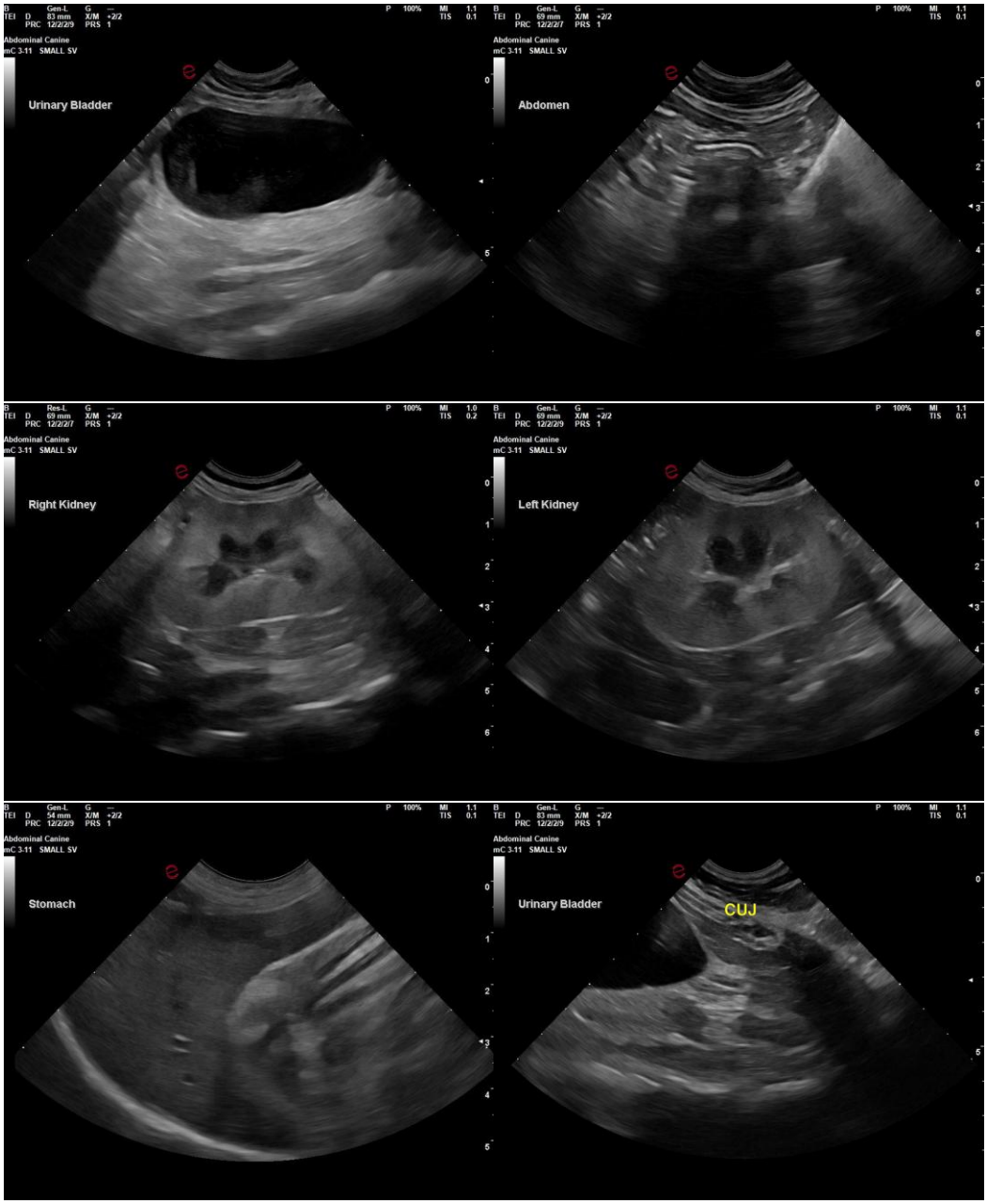
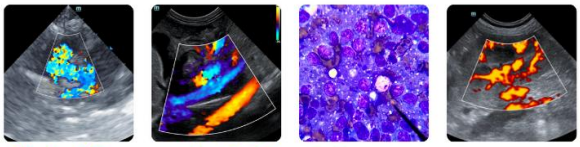


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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