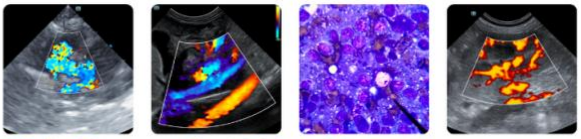


PATIENT

Wolfie Baker

SPECIES

Feline

BREED

Russian Blue

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.82 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Saum Hadi

INVOICE

14482

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- P presents for evaluation of a mild azotemia and recent progressive hyporexia. P also has a newly auscultated sternal systolic murmur, BNP normal

Abnormal PE/Chem/CBC/UA Results: SDMA 17 ug/dL, Creatining 2.1 mg/dL, BUN 30 mg/dL, USG 1.028. NSF on rest of senior panel + BNP

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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.

The area of the aortic trifurcation was free of pathology.

The left kidney was borderline enlarged in size with mild subcapsular to perinephric effusion and hyperechoic retroperitoneal echogenicity. The left kidney was subnormal in size with asymmetrical margination. The kidneys exhibited hyperechoic corticomedullary parenchyma with indistinct corticomedullary border demarcation. The left kidney measured 4.4 cm in length. The right kidney measured 2.5 cm in length. Mild pyelectasia with focal medullary mineral was present. No evidence of subcapsular or perinephric effusion was present in the right kidney.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

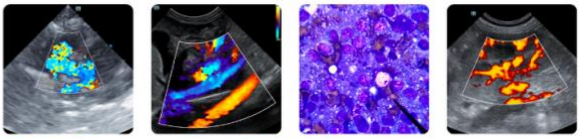
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.86 cm width 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was normal in size exhibiting subjective division into two compartments, both containing anechoic bile. The common bile duct was normal without evidence of posthepatic obstruction.

Gastrointestinal



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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 ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm wall width. The jejunum wall measured 0.22 cm wall width.

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

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 overt lymphadenopathy or peritoneal effusion was present.

Heart

Brief subjective echocardiogram revealed no evidence of pericardial effusion or cardiac tumors. Subjective normal cardiac chamber dimension and adequate LV systolic function.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic versus acute on chronic nephropathy pattern exhibiting borderline enlarged left kidney and subnormal right kidney. Left kidney mild subcapsular versus perinephric effusion and retroperitoneal echogenicity. Right kidney minor pyelectasia and focal medullary mineral.
- Sonographically normal gastrointestinal tract/area of the pancreas.
- Subjective normal cardiac structure/function.
- Probable bi-lobed gallbladder- normal patient variant in felines.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilateral chronic to potential acute on chronic non-specific nephritis with potential for emerging left kidney neoplastic criteria are all potentials. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Assuming normal clotting status and using a 25-gauge needle, FNA cytology of left kidney cortex +/- effusion analysis may be considered for further clarification. Renal and gastrointestinal support including CKD therapy coverage for potential non-specific nephritis pending urinary workup with serial monitoring of renal parameters/urinalysis as well as sonographic monitoring of the bilateral kidneys for evidence of progressive pathology is recommended.

Subjectively, the current hemodynamic effects of the reported murmur appear to be subjectively low. Full echocardiogram is suggested if persistent or progressive murmur.

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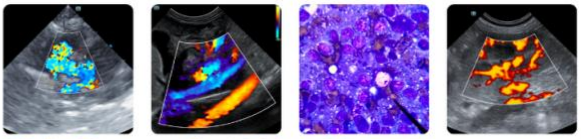

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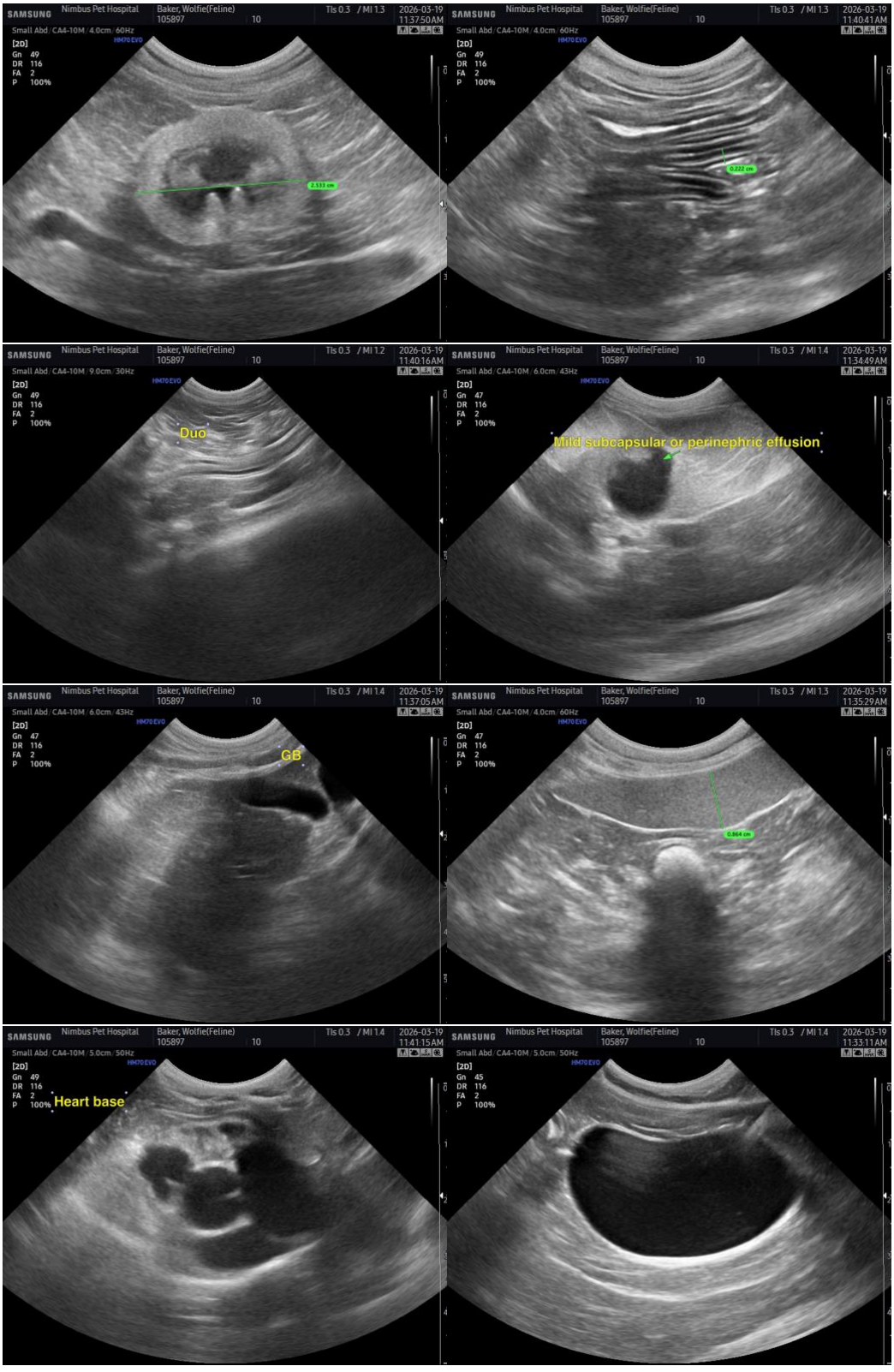

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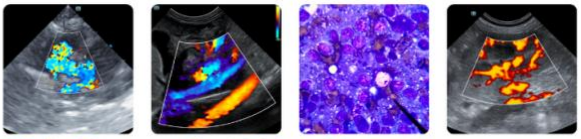

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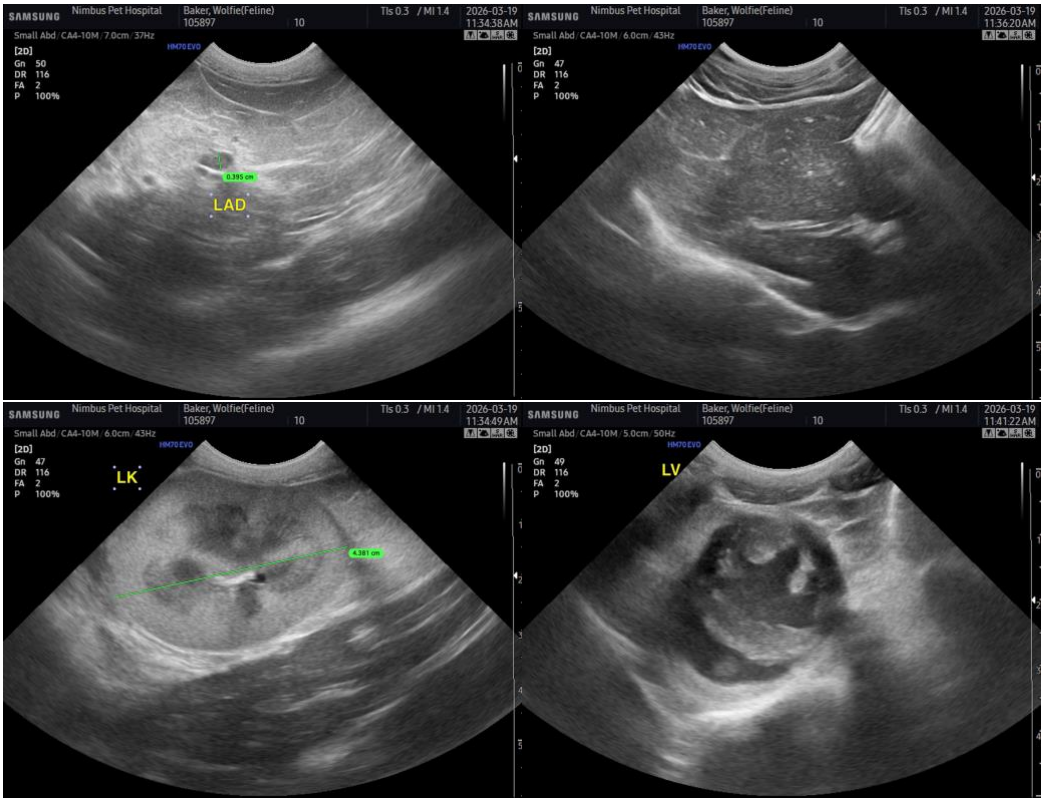

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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