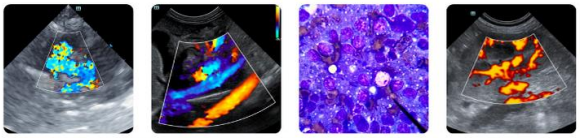


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

AJ Schopp

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

13 years

WEIGHT

13.50 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Hello Vet for Pets Wellness Center

REFERRING VET

Dr. Stern

INVOICE

10799

DATE

4/14/26

PRESENTING CLINICAL SIGNS

CHEM Abnormal Findings. See diagnostic results for full report. Input
Creatinine 3.4 mg/dL HIGH 0.6 - 2.2, BUN 24 mg/dL 15 - 40, BUN:Creatinine Ratio 7 Ratio LOW 9 - 38
Phosphorus 4.7 mg/dL 2.7 - 7.6. UA: WNL, Specific Gravity 1.016 (low-end), SDMA Abnormal Findings
SDMA (new) 28 ug/dL HIGH 0 - 14, Ddx and R/O for Problem list: increased azotemia and SDMA, consistent with IRIS stage 3, normalized calcium, no calcium oxalate crystals observed
Previously elevated calcium and calcium oxalate crystals in urine

Current Medications- epakitin, Hill's Prescription Diet k/d Kidney Care + Mobility care, Solensia

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. Primarily anechoic urine was present in the lumen. Particulate to focally hyperechoic, nondependent sediment was present without evidence of calculus formation. Dependent lumen hyperechoic sand was also present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Minor medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5), consistent with benign criteria.

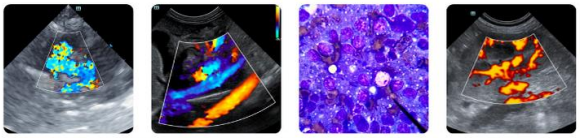
Normal renal size with asymmetrical margination was present in both kidneys. Significant indistinct corticomedullary border demarcation was present with thickened, nonuniform, hyperechoic cortex and concurrent decreased medullary volume exhibiting mild increased medullary echogenicity. Mild medullary dystrophic mineral was noted. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left and right adrenal glands were indistinctly visualized yet overtly normal in size, position, and shape. The left adrenal gland subjectively measured 0.31 cm width and the right adrenal gland subjectively measured 0.33 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.



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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. 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. Mild retained fluid was noted. There was no obvious obstruction to pyloric outflow.

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.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment / sand
- Chronic degenerative renal changes exhibiting mild dystrophic medullary mineral
- Pancreatic remodeling
- Mild hypomotile stomach
- Mild hyperechoic liver with parenchymal remodeling – subjective benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Bilateral chronic renal changes with potential for nonspecific nephritis such as interstitial nephritis, are possible. There is no evidence of abdominal neoplastic criteria.

A spec cPL could be considered to assess for evidence of chronic pancreatitis, which is at times associated with chronic renal disease in cats. CKD therapy with monitoring of renal parameters and urinalysis with consideration for a combined renal / urinary diet if possible, is recommended.

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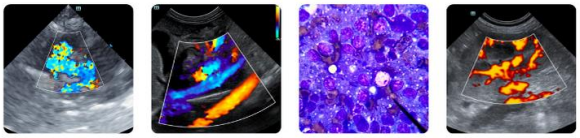

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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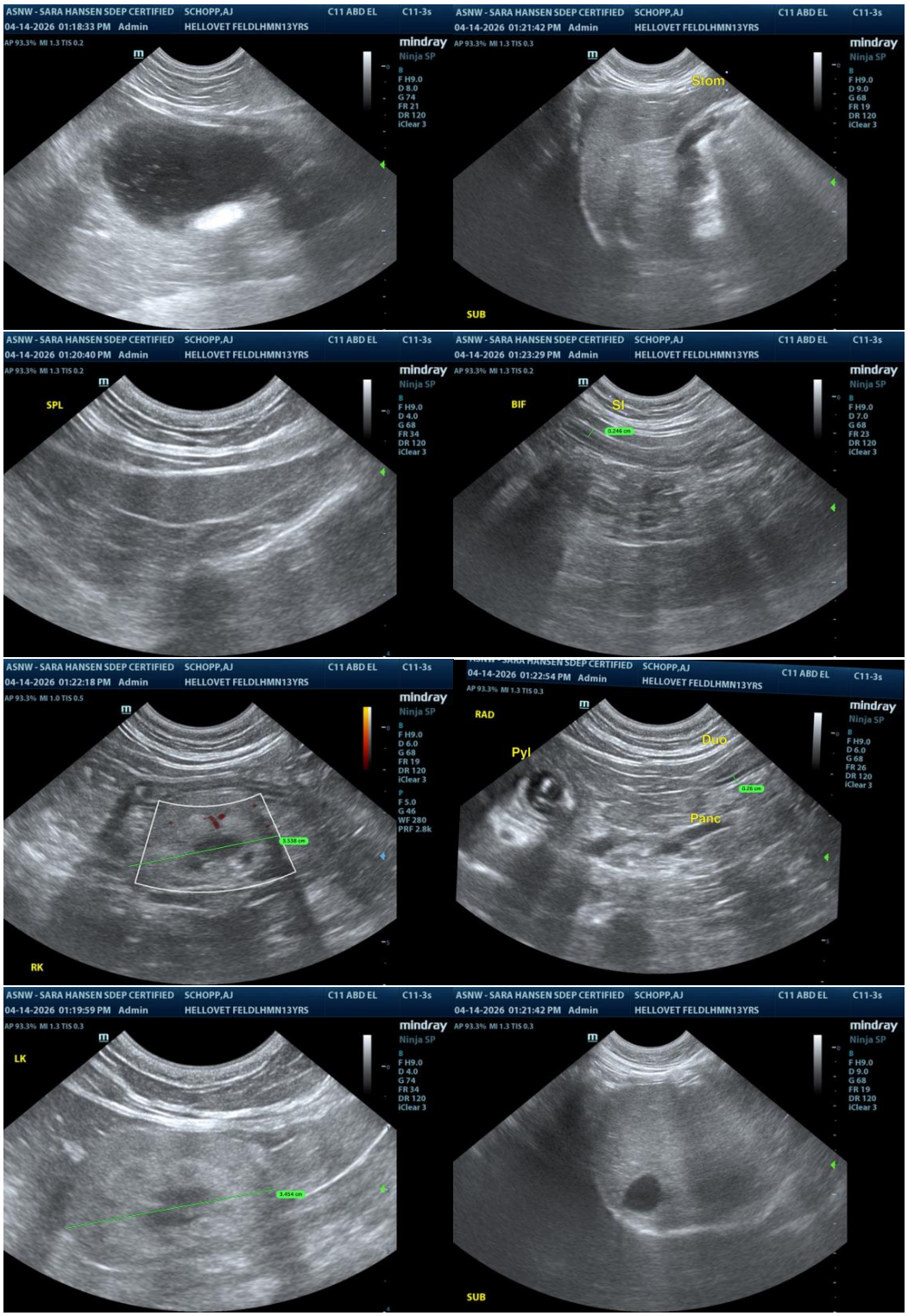

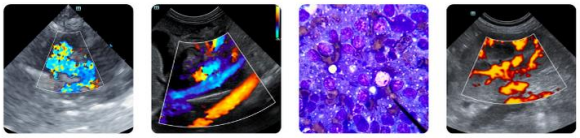

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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