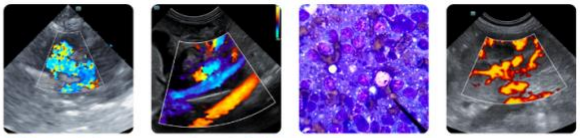

PATIENT

Jones Stork

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years 7 Months

WEIGHT

10.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Easton Animal Hospital

REFERRING VET

Dr. Craig

INVOICE

16512

DATE

05/26/26

PRESENTING CLINICAL SIGNS

Anorexic for five days, hiding acting scared. Some thickening around stomach, but not painful with palpation. No vomiting or diarrhea at home. No known for foreign body exposure.

Abnormal PE/Chem/CBC/UA Results: Very mild decrease Alp 10, otherwise WNL

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. Echogenic to particulate nondependent moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The kidneys presented mildly enlarged in size with symmetrical contour. A normal 1:3 cortex / medulla ratio was present. Subjective mild hyperechoic renal cortices with mild enhanced corticomedullary border demarcation and adequate medullary volume with no mineralization. Subtle subjective perinephric to retroperitoneal increased echogenicity. No obvious retroperitoneal or perinephric effusion. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.44 cm width. The right adrenal gland measured 0.37 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.

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 non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 ileus, obstruction or foreign material. The duodenum wall measured 0.22 cm wall width. The jejunum wall measured 0.20 cm wall width. No obvious visualized pathology in the area of the ileocolic junction.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

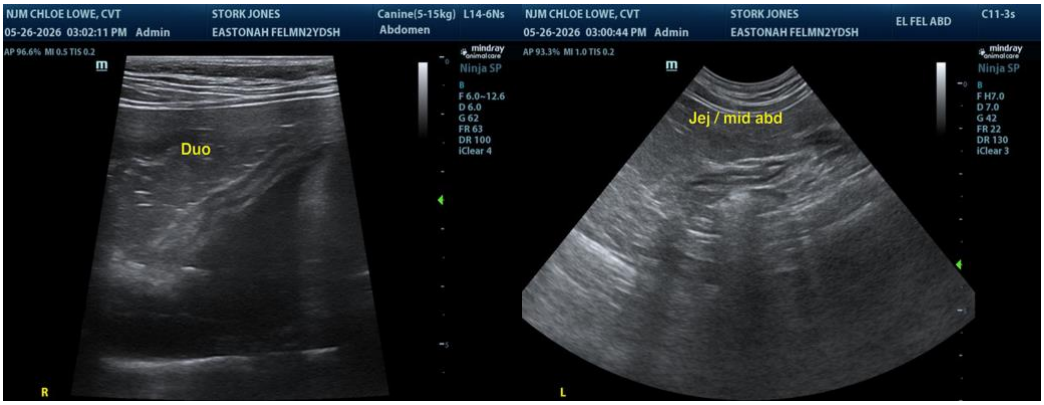
ULTRASONOGRAPHIC FINDINGS

- Bilateral renomegaly exhibiting intact architecture normal corticomedullary ratio, subjective subtle perinephric to retroperitoneal inflammation.
- Normal gastrointestinal tract.
- Normal area of pancreas.
- Normal liver with mild gallbladder debris.
- Moderate urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the non-specific bilateral renomegaly, no evidence of additional visceral pathology as an obvious contributing factor to the patient's clinical signs. No evidence of gastrointestinal foreign body. The renomegaly is nonspecific yet may indicate patient variant, nonspecific nephritis with FIP or emerging renal neoplasia given maintained intact renal architecture thought less likely.

Correlation with urinalysis, culture/sensitivity if inflammatory sediment or UPC if non-inflammatory proteinuria is recommended. As needed renal and gastrointestinal support with clinical monitoring and recheck sonogram if evidence of progressive renomegaly or azotemia is recommended. Three view chest radiographs and a GI panel to include PLI, TLI, cobalamin, and folate could be considered to assess for occult disease as a contributing factor. Monitoring of liver of liver parameters is suggested as gallbladder debris, although nonspecific, may be associated with cholestasis or hepatobiliary inflammation.



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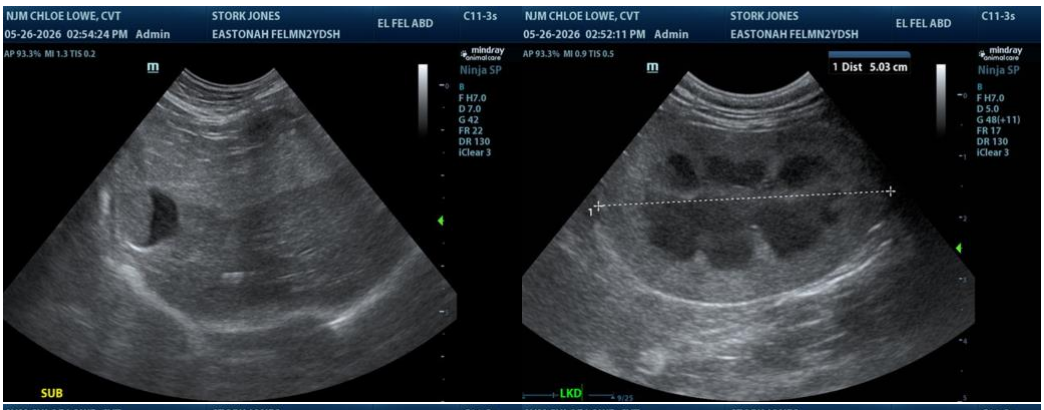
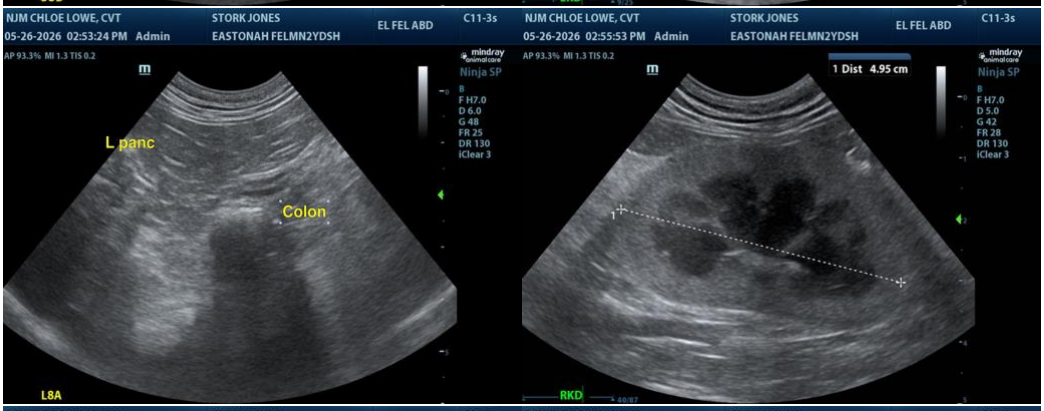
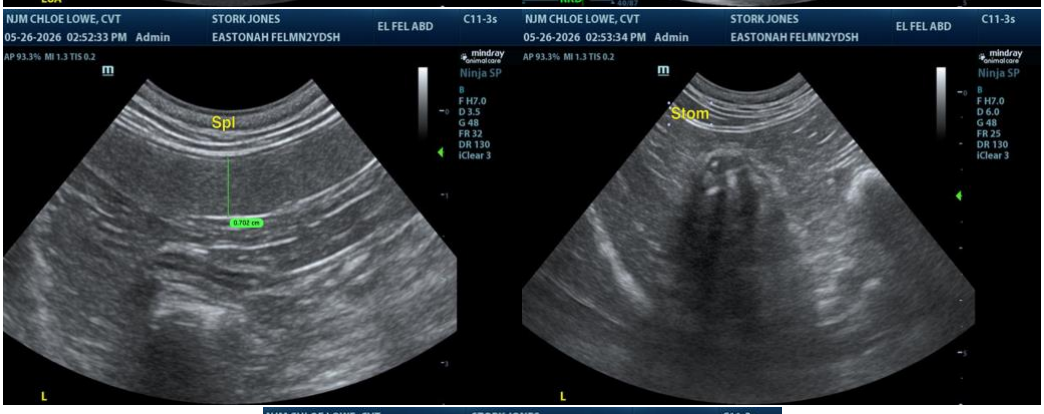
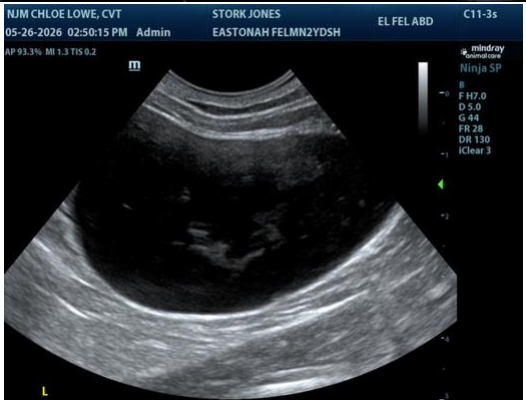
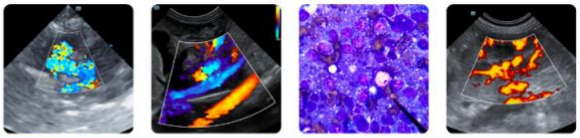








New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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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