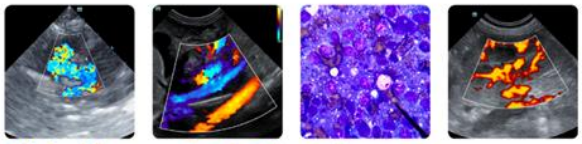


PATIENT

Pebbles Coe

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6

WEIGHT

10lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

Brita Kiffney

INVOICE
24957

DATE
05/26/2026

PRESENTING CLINICAL SIGNS

Decreased appetite x 6 days

Abnormal PE/Chem/CBC/UA Results: Creat 2.8 , BUN 43, USG 1.020, negative fPL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly enlarged in size with primarily homogenous parenchyma and pinpoint parenchyma mineralization. Mild asymmetrical yet intact capsule. The left adrenal gland measured 0.56 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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 0.89 cm in width at the level of the mid spleen.

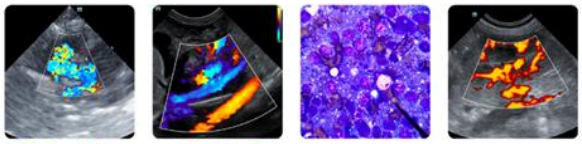
Liver/Gallbladder

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. 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 mild non-organized debris. 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.



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The duodenum wall measured 0.21 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.35 cm width.

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

Pancreas

The pancreas was normal in size with mild capsule asymmetry and isoechoic mildly heterogeneous parenchyma compared to adjacent non-reactive or inflamed omentum.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract
- Non-homogenous pancreas
- Mild gallbladder debris
- Sonographically normal bilateral kidneys
- Borderline left adrenomegaly with pinpoint parenchyma foci- suggestive of pinpoint potential dystrophic mineralization, often considered incidental in cats

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive visceral pathology as a cause of the patient's clinical signs was not obvious. The normal appearing kidneys given azotemia may suggest acute renal insult. The pancreas is likely incidental given normal FPL. Monitoring of electrolytes, specifically potassium for evidence of hypokalemia given borderline left adrenomegaly is recommended, although the left adrenal gland is likely incidental. Leptospirosis titer /PCR may be considered given azotemia and potential acute renal insult if clinically indicated.

Gastrointestinal and renal support indicated with monitoring for evidence of progressive azotemia. Recheck sonogram recommended if persistent or non-responsive gastrointestinal signs or evidence of progressive nephropathy.

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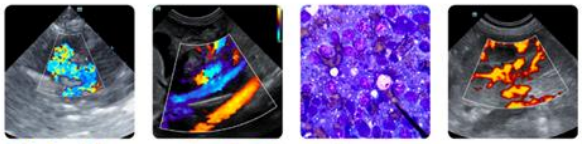

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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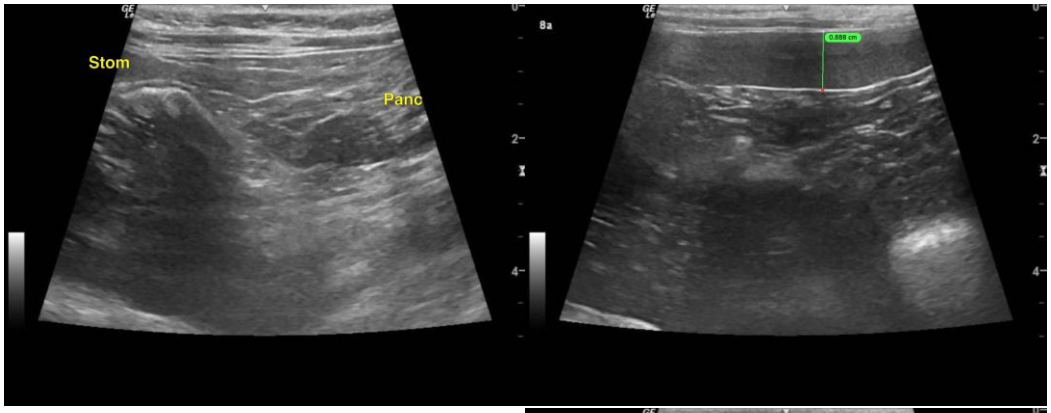

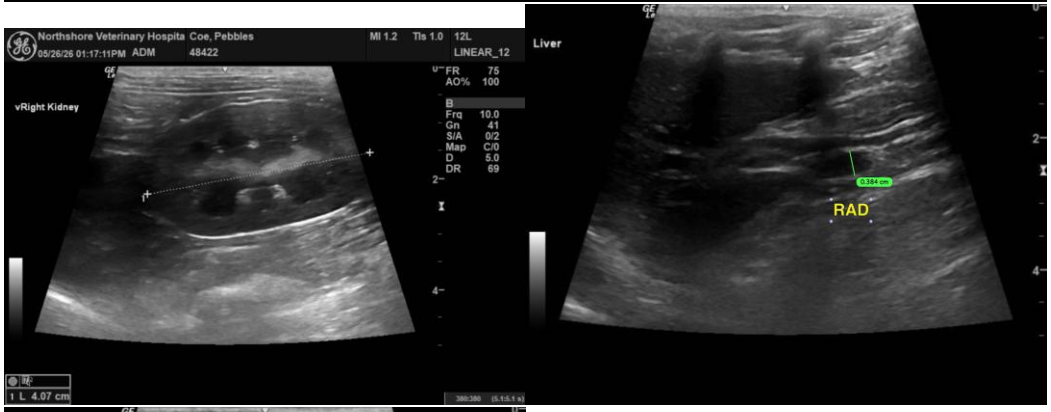

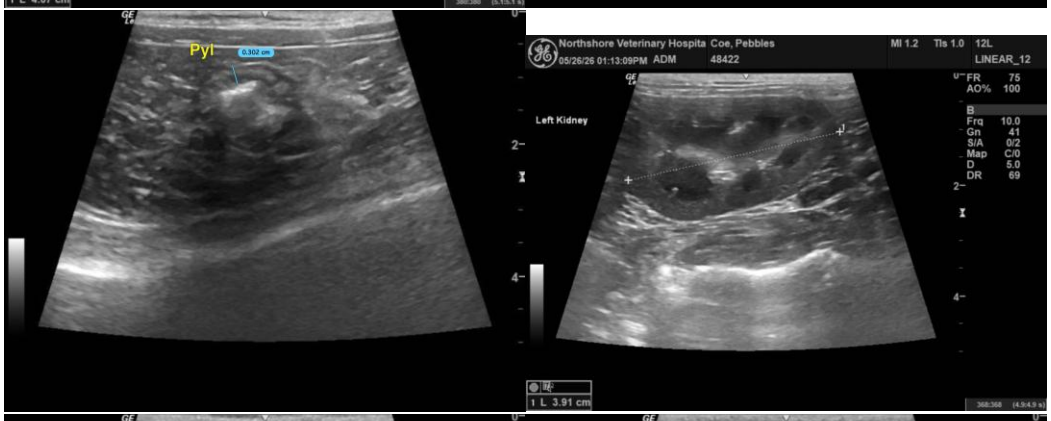

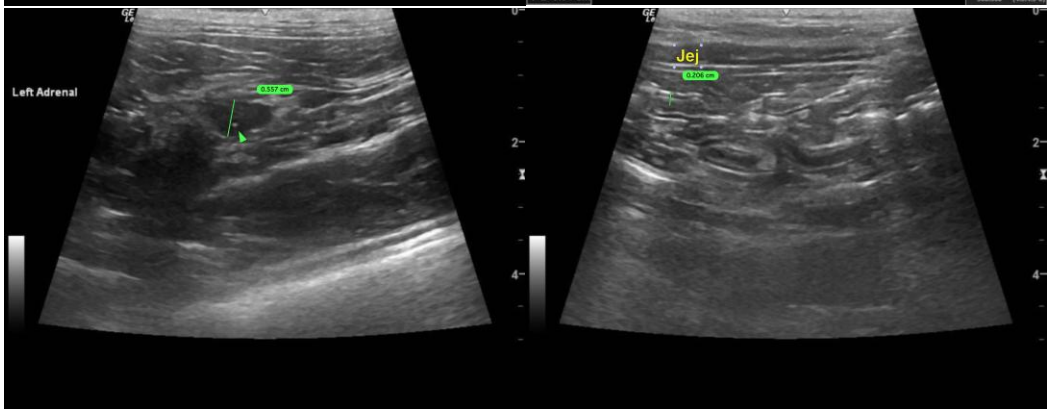

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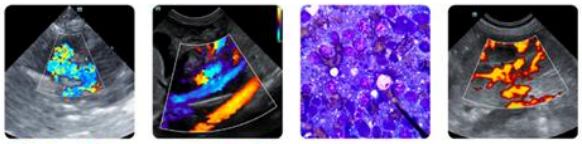

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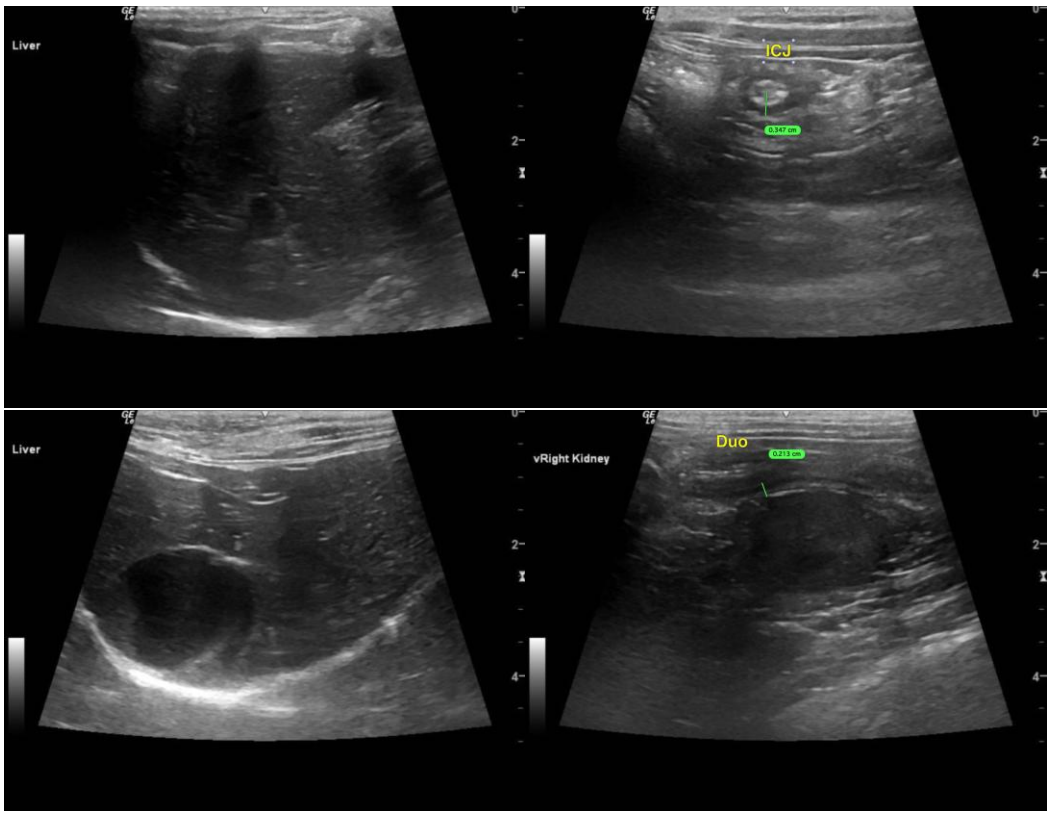

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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