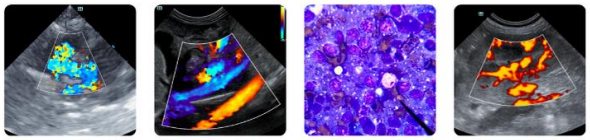


PATIENT

Hermione Robinson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

9Y, 7M

WEIGHT

11lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

74888

DATE

5-6-26

PRESENTING CLINICAL SIGNS

*Chronic intermittent hematuria and dysuria
*Chronic constipation
*Renal disease stage 2
*Current bloodwork pending
*2.3 pound weight loss since October 2025 - feeding a little less
*BP today average 167
Abnormal PE/Chem/CBC/UA Results: *UA in October 2025 - USG 1.016, quiet sediment *BW in October 2025 - CR 1.8, SDMA 19.5 *Fecal PCR testing in October 2025 negative - indoors only

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Minor particulate nondependent urine sediment was present. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.29 cm.

Spleen

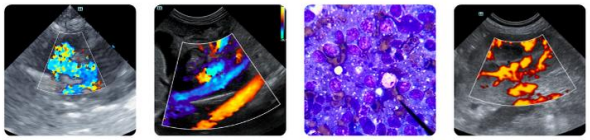
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 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 without evidence of retained ingesta, fluid, or foreign material.



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The small intestine presented overall intact wall layering with maintained wall layer ratio. Segmental borderline prominent jejunum wall extending into the subjective ileum exhibiting propensity for mildly prominent jejunoileal muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The small intestinal wall measured 0.26 cm in the area of borderline prominent intestinal wall. The ileocolic wall measured 0.36 cm.

Mildly prominent proximal colon wall measuring 0.22 cm. The colon was overall nondistended containing formed fecal matter.

Pancreas

The left limb of the pancreas presented prominent in size with capsule asymmetry and minor nonhomogeneous hypoechoic parenchyma compared to adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Several to variably enlarged nonhomogeneous hypoechoic colic lymph nodes were present. An example of a lymph node measured 1.0 cm in diameter. Mild surrounding hyperechoic perilymphatic omentum was seen.

No effusion or omental masses were present.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with mild urine sediment.
- Mild chronic renal changes.
- Intact segmental borderline prominent small intestinal wall.
- Mild to variable nonhomogeneous colic lymphadenopathy.
- Nondistended colon with mildly thickened proximal colon wall.
- Prominent nonhomogeneous left pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of upper or lower urinary tract structural pathology as a contributing factor to the urinary signs.

The borderline prominent small intestinal wall and subjectively mildly thickened proximal colon wall may suggest chronic inflammatory criteria in conjunction with suspect colic lymphatic reactive hyperplasia or lymphadenitis. Emerging to occult segmental intestinal and proximal colon neoplastic disease with metastatic colic lymphadenopathy thought less likely. Correlation with pending labwork, urinalysis, with culture and sensitivity on sterile urine sample, if inflammatory sediment, and suggested GI panel to include PLI/TLI/Cobalamin/Folate is warranted. If accessible, screening FNA cytology of colic lymph node is suggested for further clarification.

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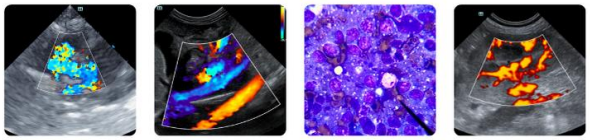

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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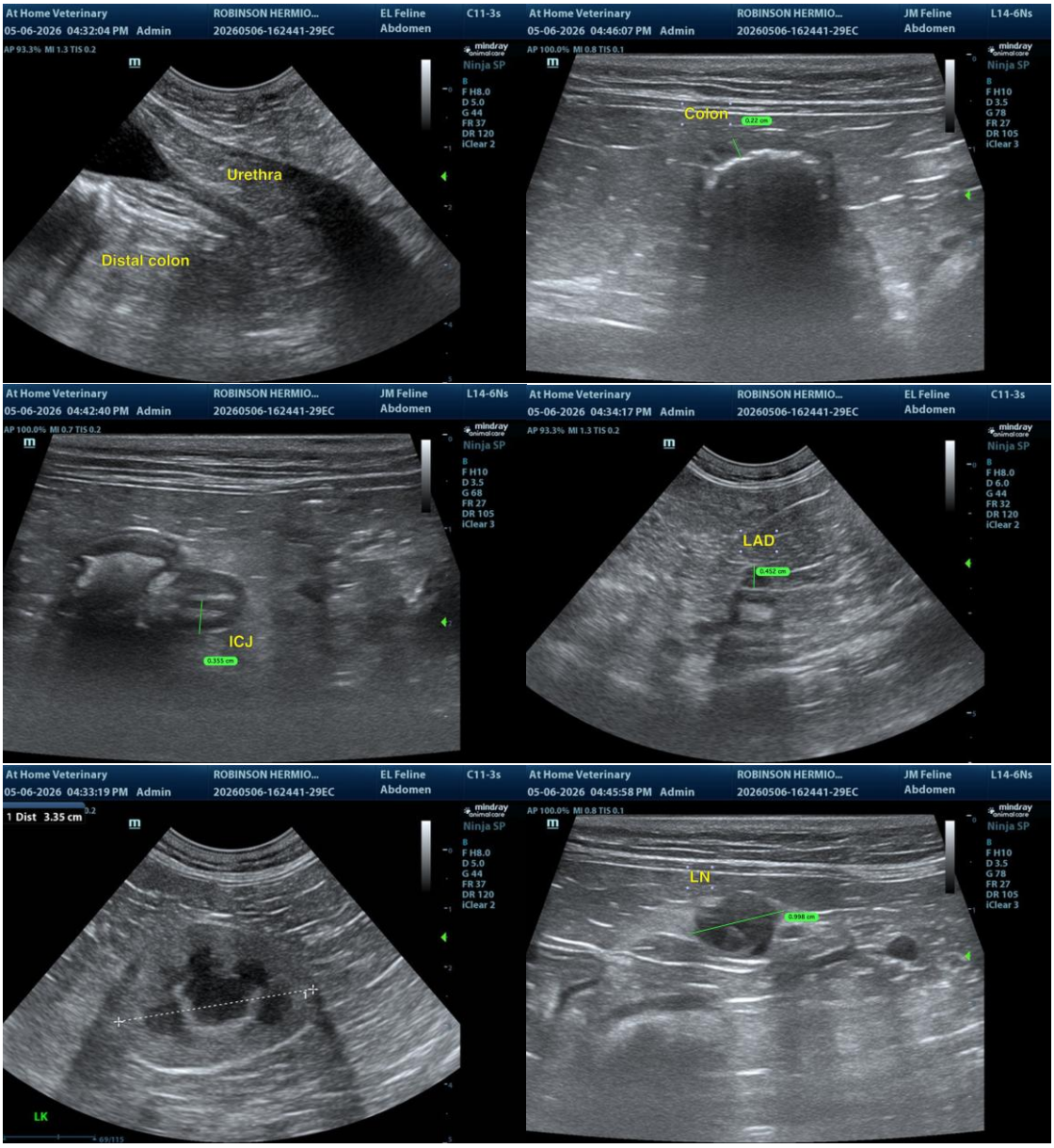

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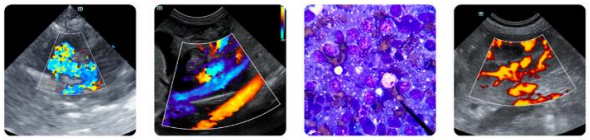

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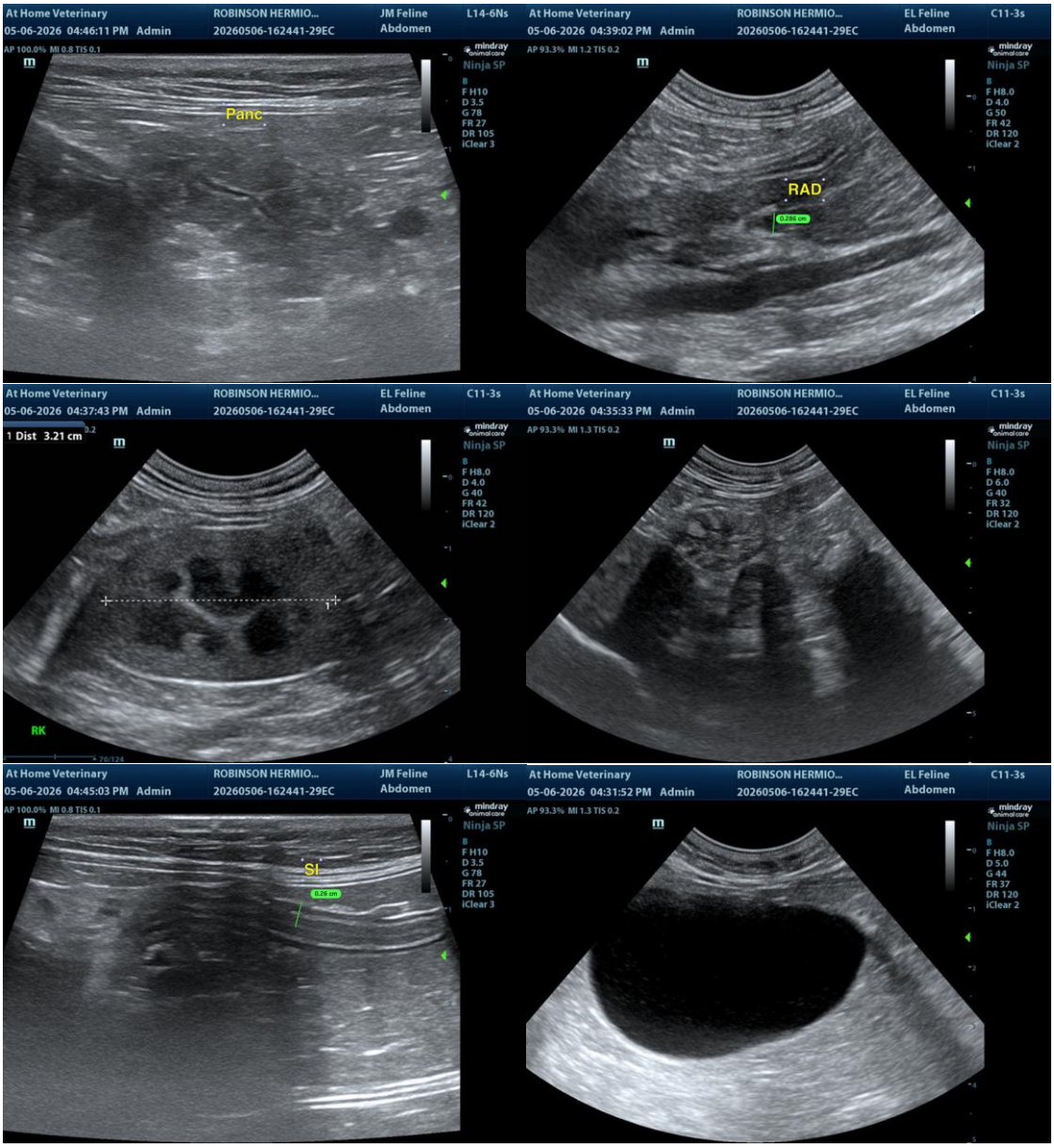

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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