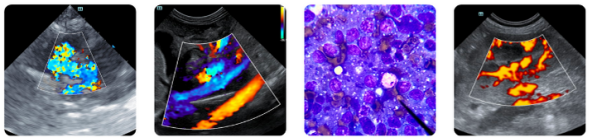

PATIENT

Luna Burroughs

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7 years

WEIGHT

10 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Christina Wagner

HOSPITAL NAME

Angeles Clinic for Animals

REFERRING VET

Dr. Christina Wagner

INVOICE

10759

DATE

11/18/2025

PRESENTING CLINICAL SIGNS

Creatinine elevation noted on pre-dental labs.

Abnormal PE/Chem/CBC/UA Results: Exam - unremarkable outside of mild calculus, gingivitis on oral exam Chem - Creat 3.2, BUN 30, otherwise NSF including normal T4 2.8 CBC - HCT 58%, otherwise NSF UA - USG 1.015, benign sediment, non-proteinuric BP - avg 122 mmHg using doppler

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. The proximal urethra and vesicoureteral junction have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are observed.

The left kidney is normal in shape and size, measuring 3.34×1.98 cm, with a cortical thickness of 0.28 cm in the sagittal plane.
The right kidney is normal in shape and size, measuring 3.44×1.79 cm, with a cortical thickness of 0.30 cm in the sagittal plane.

In both kidneys, the cortex is isoechoic to the liver parenchyma, with a normal corticomedullary ratio and preserved corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal perfusion pattern.

Adrenal Glands

The left adrenal gland measures 0.23 cm at the cranial pole and 0.26 cm at the caudal pole.

The right adrenal gland is partially visualized, measuring 0.27 cm.

Spleen

Splenic thickness is 0.98 cm. The parenchyma shows normal echogenicity and a fine, homogeneous echotexture without focal lesions. The splenic capsule appears smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is noted.

Gastrointestinal

The stomach is mildly distended, containing a moderate amount of food material within the fundus (soft or homemade diet rather than kibble). Wall thickness is 1.33 mm, with normal wall layering.
The pylorus measures 2.69 mm.
Duodenum: 1.42 mm
Jejunum: 1.77 mm
Ileum: 1.14 mm
Wall layering is preserved throughout.

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The ileocecal junction measures 2.28 mm, with a muscularis layer of 0.68 mm.
No signs of inflammation, ileus, or foreign material are detected.

The colon (descending): 0.73 mm, containing formed feces.

Pancreas

The pancreas itself could not be visualized in any of the video clips, partly due to acoustic artifact generated by the gastric contents.

Free Abdomen

No abdominal effusion or evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, though surrounding structures appear unremarkable. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Mild biliary sludge (considered incidental).
- Mild gastric content retention at the time of scan.

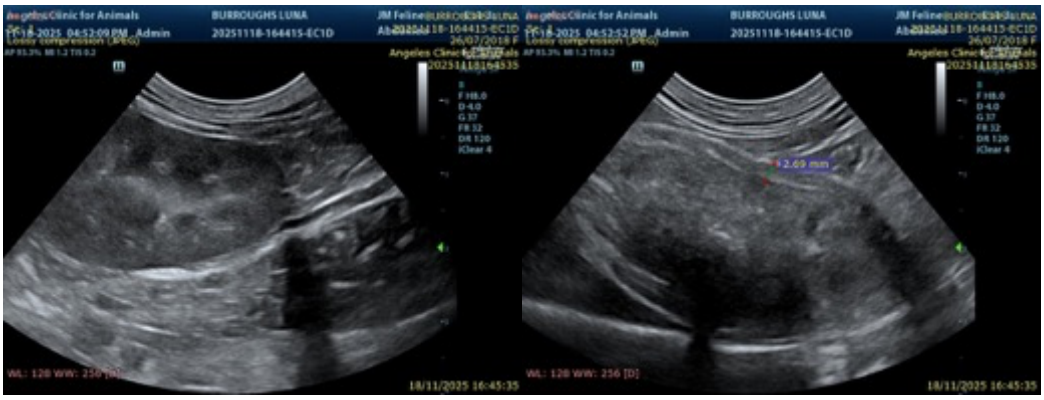
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys show normal size, architecture, cortical echogenicity, and corticomedullary definition, with no ultrasonographic evidence of structural chronic kidney disease.
However, the biochemical abnormalities suggest early chronic kidney disease and reduced functional concentrating ability.

There are no ultrasonographic signs of obstruction, pyelonephritis, renal masses, nephroliths, or congenital abnormalities that might explain the azotemia. However, normal ultrasonographic findings do not completely exclude CKD, some cats with early renal disfunction may have structurally normal kidneys on ultrasound, particularly during early functional decline.

Recommendations

- SDMA (if not recently performed).
- Recheck creatinine once hydration status is stable.
- Complete urinalysis with urine protein-to-creatinine ratio (UPC).
- Monitor blood pressure.



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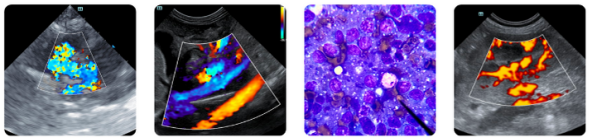

Clinical Sonography & Telecytology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com