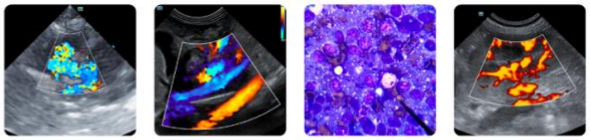

PATIENT

Fred Grant

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

4.8 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr. Nicklassen

INVOICE

35212

DATE

1/3/26

PRESENTING CLINICAL SIGNS

History: Found as a stray fall 2024, was emaciated. BW showed non-regen anemia. adopted. A few months later (Jan 2025) presented for small poops, poor appetite, vomiting, PUPD. BW showed non-regen anemia, chem WNL. Gained weight, now normal BCS. Had dental in fall 2025, BW at that time showed nonregen anemia and SDMA 15. Has been doing poorly since dental, now has severe halitosis and gingival recession and stomatitis on upper L arcade. Eating poorly. Still good BCS. Abdominal rads performed today concerning for possible ileus. Has been on meloxicam here and there for perceived dental pain.

Abnormal PE/Chem/CBC/UA Results: BW 1 month ago at time of dental: hct 27%, SDMA 15 BW Today: Creatinine 912 µmol/L (71-212) Urea (BUN) 43.0 mmol/L (5.7-12.9) BUN: Creatinine Ratio 12 Phosphorus 3.59 mmol/L (1 - 2.42) Manual PCV 28% TS 7.3.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a loss of corticomedullary distinction. The cortex to medulla ratio is slightly in favor of the cortices, with no overt pyelectasis or pelvic dilation. The renal capsules are mildly irregular bilaterally. The left kidney measures 4.2 cm. The right kidney measures 3.87 cm.

Adrenal Glands

The left adrenal gland is visualized and has a normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.27 cm.

The right adrenal gland is not definitively visualized.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.74 cm at the hilus.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion.

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The gallbladder is not completely visualized; however, it is suspected to be normal with no significant dilation, anechoic bile, and appropriately thin walls. There is no evidence of intra- or extrahepatic biliary dilation. The cystic and common bile ducts appear normal.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

There is no lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- The bilateral changes to the kidneys likely represent chronic renal injury or renal disease. Given the history of recent anesthesia, an acute on chronic renal insult is a likely underlying etiology for the current azotemia. An occult ascending pyelonephritis or glomerulonephritis can't be definitively excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Pending additional diagnostics, consider empiric antibiotic therapy and fluid diuresis for the current azotemia.

Given the history of nonregenerative anemia and suspected underlying chronic renal disease, darbepoetin may be indicated for chronic management of the nonregenerative anemia.

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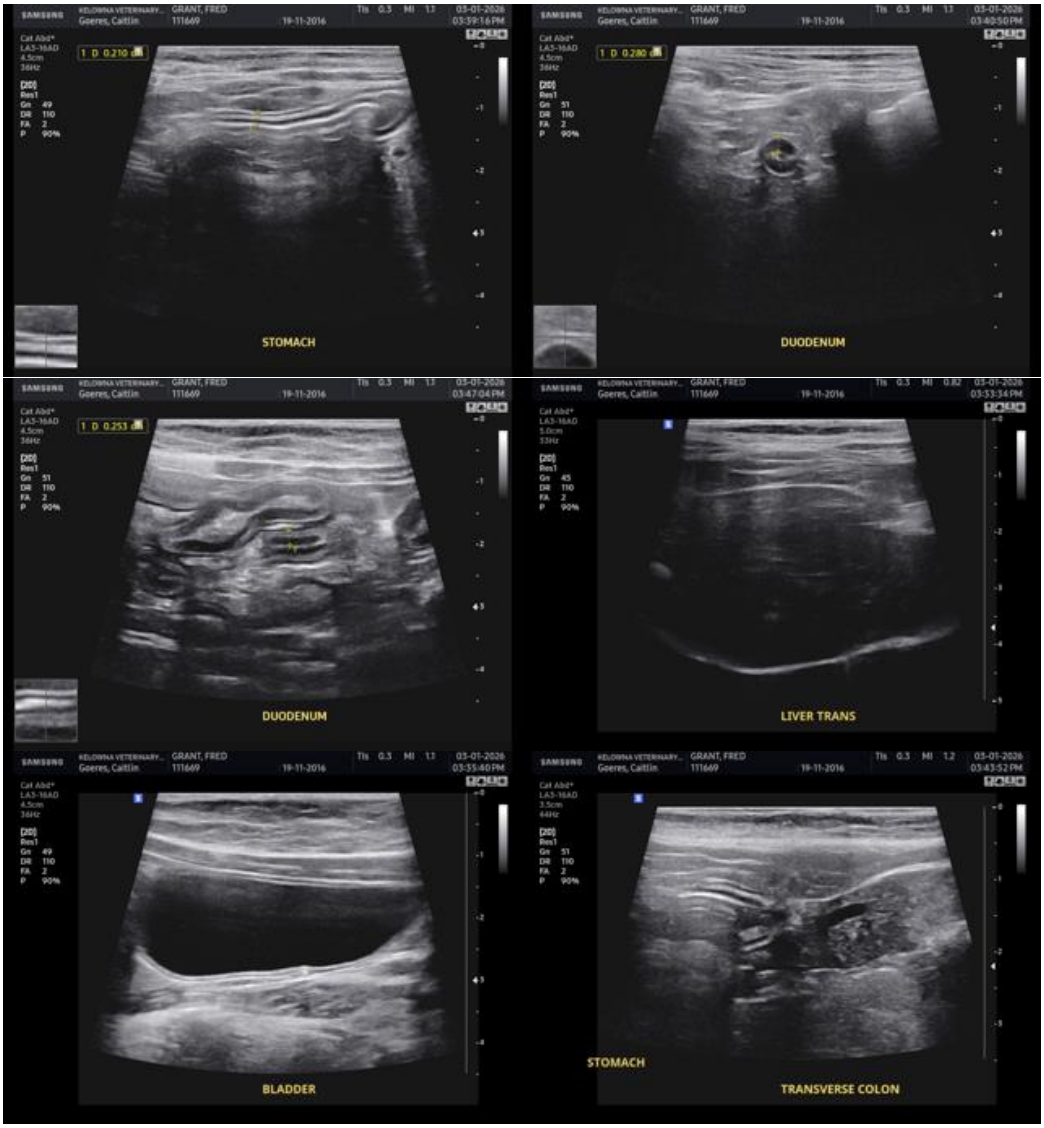

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

info@SonoPath.com