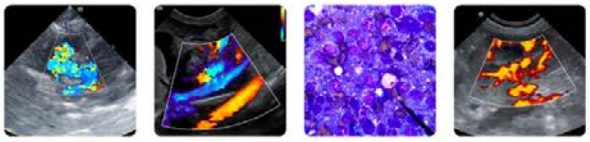

PATIENT

Miesha Stutzman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2

WEIGHT

2.39 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Crystal Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Crystal Ebert

INVOICE

74587

DATE

4/19/26

PRESENTING CLINICAL SIGNS

P presents as a transfer from rDVM for suspected AKI stage 3. P has been urine incontinent since last night. P has been experiencing increased drinking over the last couple of days. P urine is a dark and cloudy color per O. P goes outdoors supervised. No lilies or other toxic plants in home or back yard. P may have vomited once earlier this week. O does have 2 other cats in the home. No history of conditions or illnesses.

Abnormal PE/Chem/CBC/UA Results: @ rDVM 4/18: FIV/FeLV Snap: negative CBC: HCT 20.9 (L), WBC 34.77 (H), neut 25.51 (H), lymph 8.1 (H), mono 0.93 (H), PLT 407 Chem10: BUN 136.3 (H), Creat 5.0 (H), phosph 13.8 (H), albumin 2.4, globulin 5.6 (H), Glucose 176 (H), Alb/Glob ratio 0.4, magnesium 2.8 (H), sodium 159 (H), potassium 3.1 (L) UA: USG 1.004 Urine culture pending at rDVM @ Wilvet 4/18: ePOC: pH 7.295, potassium 3.0 (L), chloride 134 (H), BUN >120 (H), Creat 5.11 (H), Glucose 173 (H), HCT 20 (L) PCV/TS: 22/8.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. The bladder contains a mild amount of suspended echogenic mobile sediment. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 3.75 cm. Right kidney measures 3.7 cm.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

The spleen measures 0.56 cm at the hilus. It 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.

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. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

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Gastrointestinal

The stomach appears to be moderately distended with echogenic ingesta as well as hypoechoic non-shadowing angular structures. There is a mild amount of echogenic hard shadowing contents within the stomach. The pylorus is not readily distinguished, but there is concern for a potential pyloric outflow obstruction. The small intestine is multifocally mildly distended with echogenic ingesta. There is no shadowing material noted within the small intestine. The colon contains normal shadowing feces.

Pancreas

The pancreas is not readily visualized.

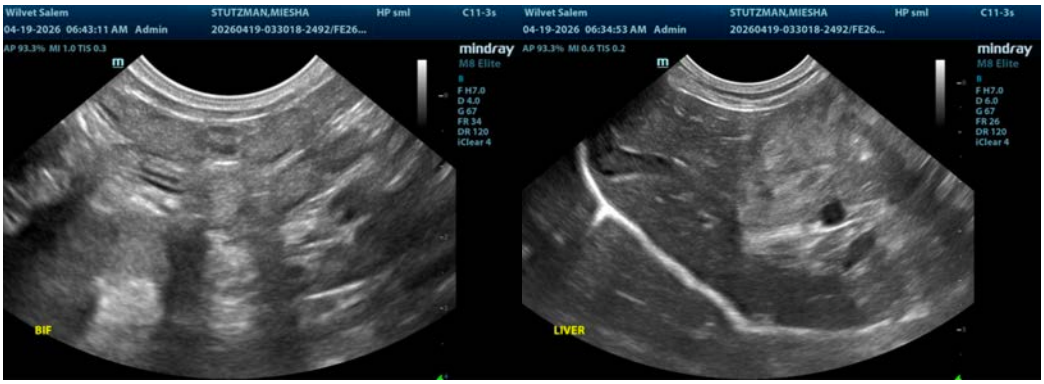
ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- Based on this study there is a concern for a potential pyloric outflow obstruction. The pylorus is not definitively identified. However, the degree of contents within the stomach and the angular hypoechoic or anechoic structures are likely inconsistent with normal ingesta.
- The degree of contents within the small intestine appears to be normal. However, a mild ileus may be present. An occult small intestinal obstruction can't be definitively excluded.
- There is no overt evidence of renal injury, thus making the azotemia likely prerenal in origin.

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.

Abdominal radiographs are recommended to further evaluate the stomach for a potential pyloric outflow obstruction. Additionally, gastrointestinal endoscopy or surgical exploratory laparotomy could be considered for further, more definitive evaluation of the stomach and gastric contents as well as potential for therapeutic resolution of any obstruction identified.



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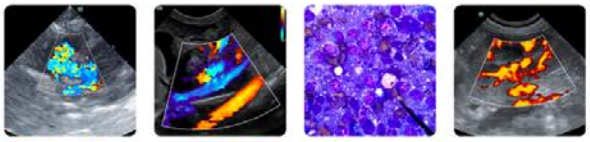

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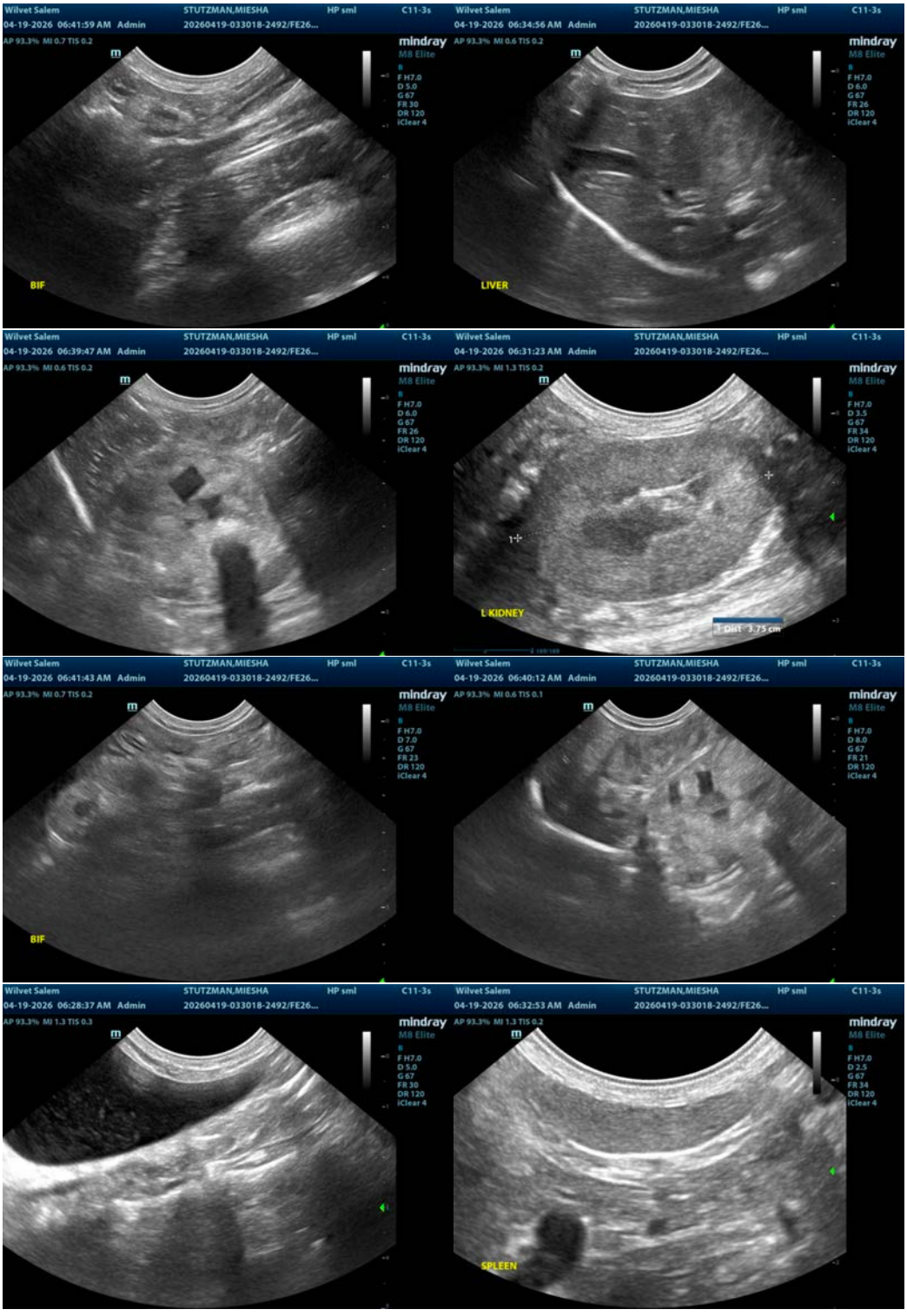

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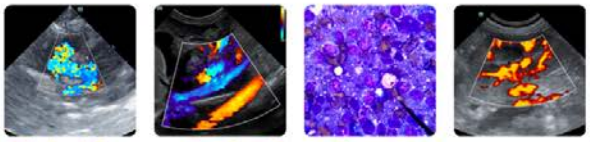

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com