



## PATIENT

Anning Anderson

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

8 Years 9 Months

## WEIGHT

2.2 kg

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski, DVM

## HOSPITAL NAME

Apex Veterinary  
Services LTD

## REFERRING VET

Alpine 24/7 ER Doctor

## INVOICE

16416

## DATE

06/06/26

## PRESENTING CLINICAL SIGNS

Progressive anorexia/hyporexia and poor water intake. Recently evaluated by mobile veterinarian.

Current Presentation: T 35.5°C, HR 180 bpm, RR 28/min, QAR, approximately 10% dehydrated, pink tacky mucous membranes, BP 135/110 (MAP 113). recent bloodwork showing severe azotemia, markedly increased SDMA, hyperphosphatemia, hypokalemia, mild non-regenerative anemia, and findings consistent with acute-on-chronic renal disease. Urinalysis demonstrated dilute urine (USG 1.010), pyuria, bacteriuria, and proteinuria.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder contains a mild amount of echogenic dependent sediment within the urinary bladder trigone. The bladder wall is normal in thickness. The trigone and proximal urethra are patent with no evidence of obstruction.

The kidneys are normal in size and structure. The cortices are hyperechoic with a loss of corticomedullary definition. There is a normal cortex to medulla ratio and mild pyelectasis bilaterally with irregular renal capsules bilaterally. The left kidney measures 3.17 cm. The right kidney measures 3.38 cm.

### Adrenal Glands

Both adrenal glands are visualized and have 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 0.56 cm. The right adrenal gland measures 0.54 cm.

### Spleen

The spleen is normal in size and contour with subtle ill-defined hypoechoic nodular changes throughout. These do not readily distort the splenic capsule. Vasculature is normal with no evidence of congestion, spontaneous echocontrast or thrombosis. The spleen measures 0.7 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. 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.

### Gastrointestinal

The stomach contains echogenic contents. The pylorus and pyloroduodenal junction are patent with no evidence of pyloric outflow obstruction. Small intestine is non-distended with normal wall thickness and maintenance of normal wall layering and adequate peristaltic activity. Colon contains normal shadowing feces. ICJ is patent.

### Pancreas



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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 are slightly prominent mesenteric lymph nodes with normal length to width ratio and isoechoic parenchyma.

### **ULTRASONOGRAPHIC FINDINGS**

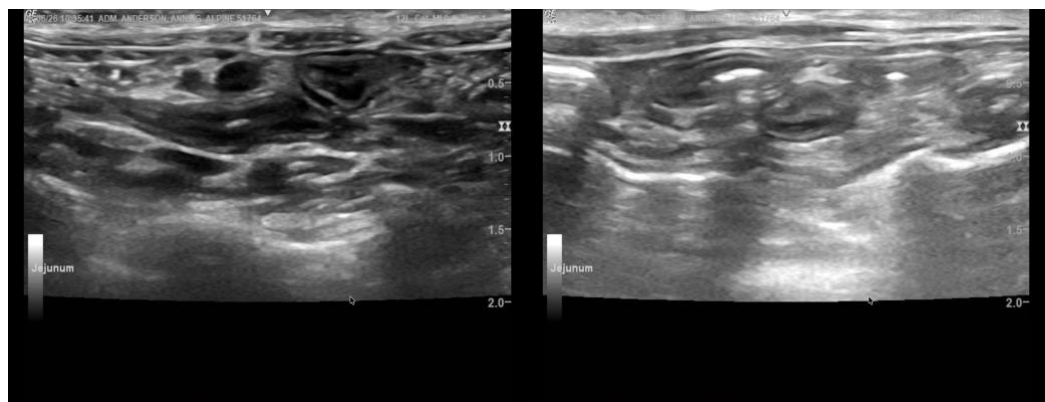
- The bilateral renal changes are most consistent with age-related underlying chronic renal disease. The mild pyelectasis may represent an ascending pyelonephritis especially given the history of pyuria.
- The splenic changes are likely incidental and representative of a reactive spleen.
- There is no evidence of gastrointestinal obstruction, and no overt evidence of ileus noted.
- The slightly prominent mesenteric lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

### **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.

Fine needle aspirates of the spleen with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

Begin empiric antibiotic therapy after aseptic collection of urine given the concern for ascending pyelonephritis. Additionally, fluid diuresis is recommended given the severity of the azotemia.





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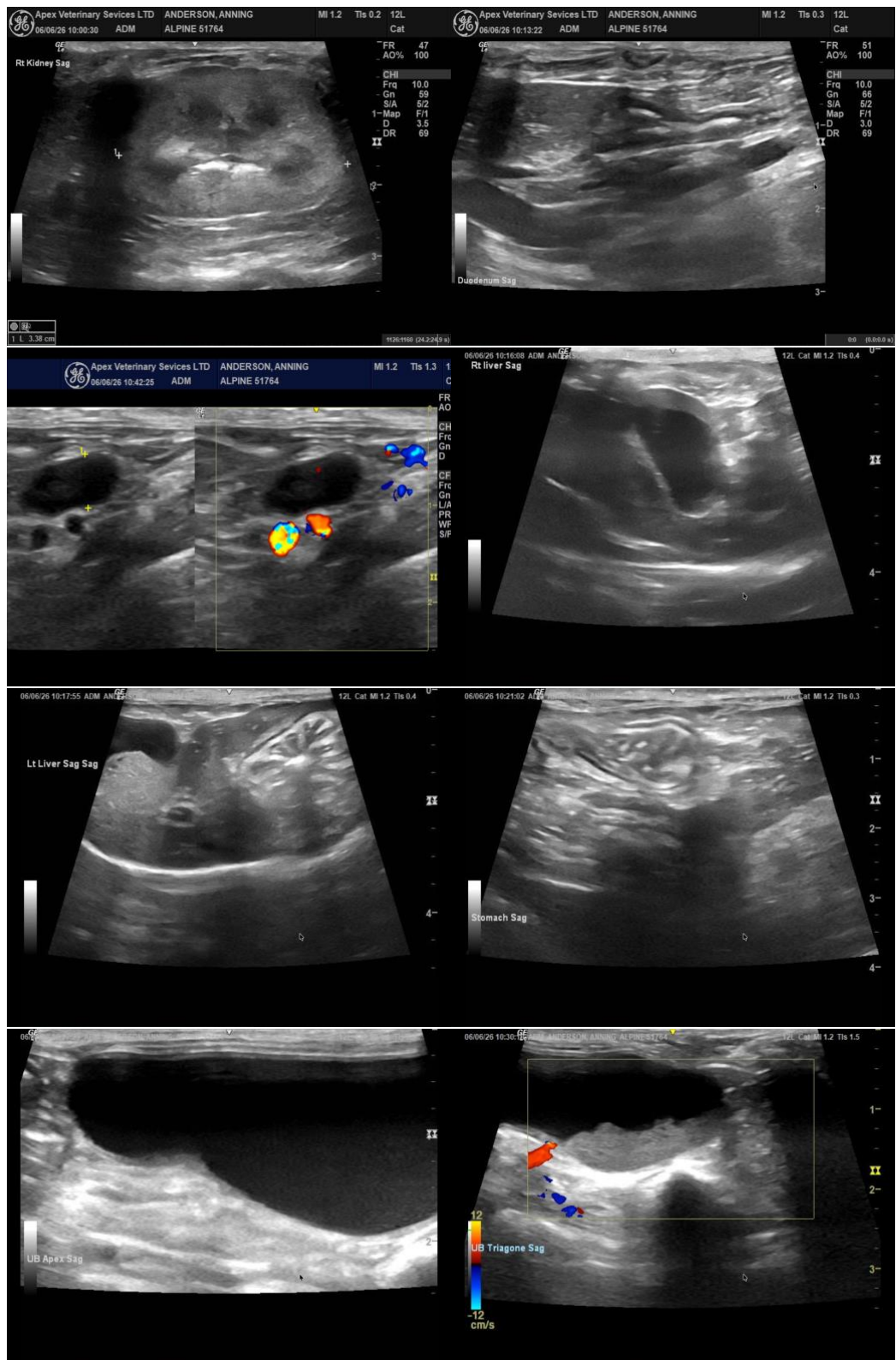
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**

[info@SonoPath.com](mailto:info@SonoPath.com)