

PATIENT

Whiskey Rosekelly

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

5.1 kg

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

16424

DATE

06/06/26

PRESENTING CLINICAL SIGNS

Patient for the last 24-36 hours has not been eating well. he's hiding. owner was uncertain of when he last urinated but no known urinary issues. he did eat some fried chicken yesterday

Abnormal PE/Chem/CBC/UA Results: CBC. lymphopenia Chemistry. cholesterol 299, calcium 8.5 EPOC. BE -6.2 UA. spg 1.041, proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. It contains a mild amount of suspended echogenic mobile debris. 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. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure. The cortices are hyperechoic with a loss of corticomedullary distinction. There are mild renal cortical cystic changes noted with minimally irregular renal capsules bilaterally. Normal cortex to medulla ratio with no significant pyelectasis. The left kidney measures 3.4 cm. The right kidney measures 3.6 cm.

Adrenal Glands

Both adrenal glands are not 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 0.9 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 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 ileocecolic 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



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The pancreas is not visualized.

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Free Abdomen

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There is no significant lymphadenopathy or free fluid.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

- 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.
- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with chronic age-related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia. These changes in the kidneys are atypical for this patient's age. This may represent early chronic renal disease or dysfunction. Given the presence of proteinuria, glomerulonephritis must also be considered.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection. If there is no active sediment present, a urine protein to creatinine ratio is recommended to further evaluate the proteinuria. Also consider an fPLI to evaluate the pancreas for potential occult inflammation or pancreatitis.

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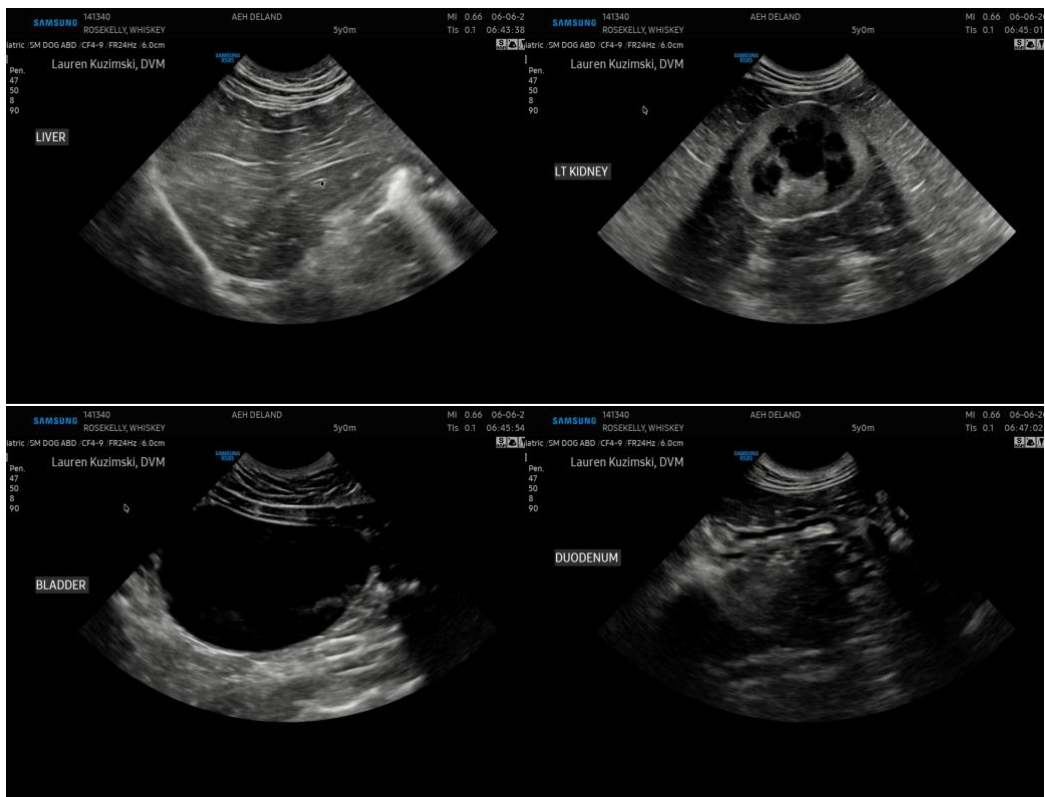
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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