



PATIENT

Emma Healey

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

19 Years

WEIGHT

6.54 Pounds

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of
Oakland

REFERRING VET

Dr. Sopoliga

INVOICE

35943

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- Imaging to evaluate kidneys further. Recent labwork SDMA 17 Crea 2.7 BUN 48 RBC 6.34 Hct 31.4 % normal Ca 10.4 USG 1.020 with 1+ protein UPCR 0.2
- Normal T4 1.6
- 2025 labs- BUN 36 Crea 1.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The kidneys are normal in size. The left kidney measures 3.89 cm. The right kidney measures 4.06 cm.

Adrenal Glands

The areas of the adrenal glands are examined without evident adrenal gland pathology.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

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The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

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There is no visible free peritoneal effusion noted in these images.

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There is no apparent pathologic lymphadenopathy noted in these images.

AGE

ULTRASONOGRAPHIC FINDINGS

19 Years

- Mild bilateral chronic kidney disease changes are present. Having said that, in part, normal age-related change can't be ruled out. This finding should be interpreted in combination with clinical signs, lab work abnormalities, urinalysis results, etc.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

6.54 Pounds

Given the patient's reported laboratory abnormalities, early or emerging chronic kidney disease is suspected. If not recently evaluated, a blood pressure is recommended.

INTERPRETED BY

Evaluating for any contributing concurrent infections, medications or toxin exposure, etc., is recommended.

Beth Johnson, DVM, DACVIM (SAIM)

In the meantime, in addition to supportive/symptomatic medical management of clinical signs, beginning therapy for emerging chronic kidney disease, including potentially, if tolerated, a diet change, could be considered.

IMAGING PERFORMED BY

Dr. Sheldon

HOSPITAL NAME

Advanced PetCare of Oakland

REFERRING VET

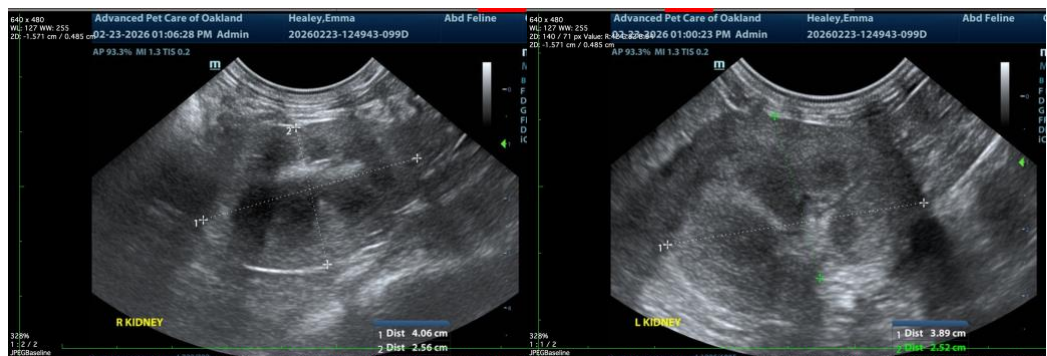
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM



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info@sonopath.com

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