



## PATIENT

Doll Face Downes

## SPECIES

Feline

## BREED

Himalayan X

## SEX

Spayed Female

## AGE

11 years

## WEIGHT

8.4 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jessica Bailes

## HOSPITAL NAME

All Creatures Great &  
Small Veterinary Clinic  
- Corvallis

## REFERRING VET

Dr. Brent Sadahiro

## INVOICE

11243

## DATE

2/4/2026

## PRESENTING CLINICAL SIGNS

- Acute onset dramatic weight loss (weighed 11.5 lbs 11/2025; now weighing 8.4lbs.)
- Not eating well @ home; no vomiting. no diarrhea.

Abnormal PE/Chem/CBC/UA Results: Generalized cachexia, pale pink mm, otherwise NSF on PE BW/UA: CBC: HCT (26%)- Retics (37000)- non regenerative, HGB (8.9), PLT (537), mild neutrophilia (8778) Normocytic, normochromic non-regenerative anemia: r/o infection/inflammation, chronic dz, neoplasia, open Chem: Crea (2.7), SDMA (18.8), CA (11.5), Na (159), Chol (267) T4 (2.6) U/A: USG (1.031), IS.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The 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 bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no mineral observed. Left kidney is mildly large in size measuring 4.21 cm. The large size is likely at least in part to significant pyelectasia measuring 0.71 cm in transverse view. Right kidney is small in size measuring 2.73 cm and contains mild to moderate pyelectasia is noted as well measuring 0.27 cm in transverse view.

### Adrenal Glands

The right adrenal gland is normal in size (0.26 cm at cranial pole and 0.25 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.26 cm at cranial pole and 0.37 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### 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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

### Liver

The 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.

The 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



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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 empty with no evidence of obstruction, foreign material or infiltrative disease.

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

### **Pancreas**

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.

### **Free Abdomen**

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

There is no apparent pathologic lymphadenopathy noted in these images.

### **PRIMARY FINDINGS**

- Significant chronic kidney disease changes noted bilaterally. Most visible present in the small right kidney, with marked bilateral pyelectasia most significant in the left kidney.

### **SECONDARY FINDINGS**

- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A blood pressure is recommended if not recently evaluated.

A urine culture could be considered, either using urine from the urinary bladder or potentially from the left renal pelvis if patient's coagulation status is appropriate.

There's no visible reason for obstruction of either kidney especially the left but a non-visible, small ureterolith, ureteral structure versus other can't be ruled out as a contributor to the pyelectasia. Therefore, pending patient status, whether or not there's an infection, etc., advanced imaging or contrast radiography could also be considered.

While the weight loss is likely secondary to the reportedly decreased appetite, which may be secondary to the kidney disease, further evaluation of digestion and absorption could also be considered via a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.



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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  
info@sonopath.com