



PATIENT PRESENTING CLINICAL SIGNS

Snowball Kuratnik Hx of uroliths, cystotomy done 2024. Stage 2 CKD

SPECIES Current Medications: Mirtazapin, enrofloxacin, depo-medrol

Feline Abnormal PE/Chem/CBC/UA Results: Elevated renal parameters - BUN, Creatinine, K+, SDMA, and PSL CBC- Neutrophilia and Lymphopenia- stress/inflammatory leukogram labs attached

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DLH **Urinary System**

SEX Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses observed. Several discrete shadowing mineral densities are noted, measuring between 0.4-0.50 cm. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

Spayed Female

AGE 12 Years The left kidney is irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney is normal in size at 3.94 cm.

WEIGHT 4.7 kg In the area of the right kidney there is an approximately 1.4 cm x 1.1 cm, mildly heterogeneous, ovoid density with some subtle renal architecture that likely represents a very abnormal small right kidney.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Adrenal Glands

The right adrenal gland is normal in size (0.31 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

The left adrenal gland is normal in size (0.24 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

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Spleen

The 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.

REFERRING VET

Dr. Apollo

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.

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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.

*See other.



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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 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

*See other.

Free Abdomen

There is a mild to moderate amount of anechoic free fluid noted in these images.

Throughout the cranial abdomen, beginning medial to the spleen, extending adjacent to the stomach and extending into the right cranial abdomen is a large, scalloped, irregular, ill-defined, hypoechoic structure/mass measuring 3.2+ cm x 2.1+ cm in size that I believe represents pancreas. Having said that, involvement of the spleen, liver, lymph node, even bowel can't be definitively ruled out.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect pancreatic mass, although as described above other tissue origin is possible. Both benign inflammatory and infiltrative neoplastic differentials causing the mass-like appearance are possible and can't be fully differentiated without tissue sampling.
- The mild to moderate amount of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.
- Bilateral chronic kidney disease changes with significantly more visible evidence of disease noted in the right kidney.
- Urinary bladder cystoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

A blood pressure is recommended if not recently evaluated.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.



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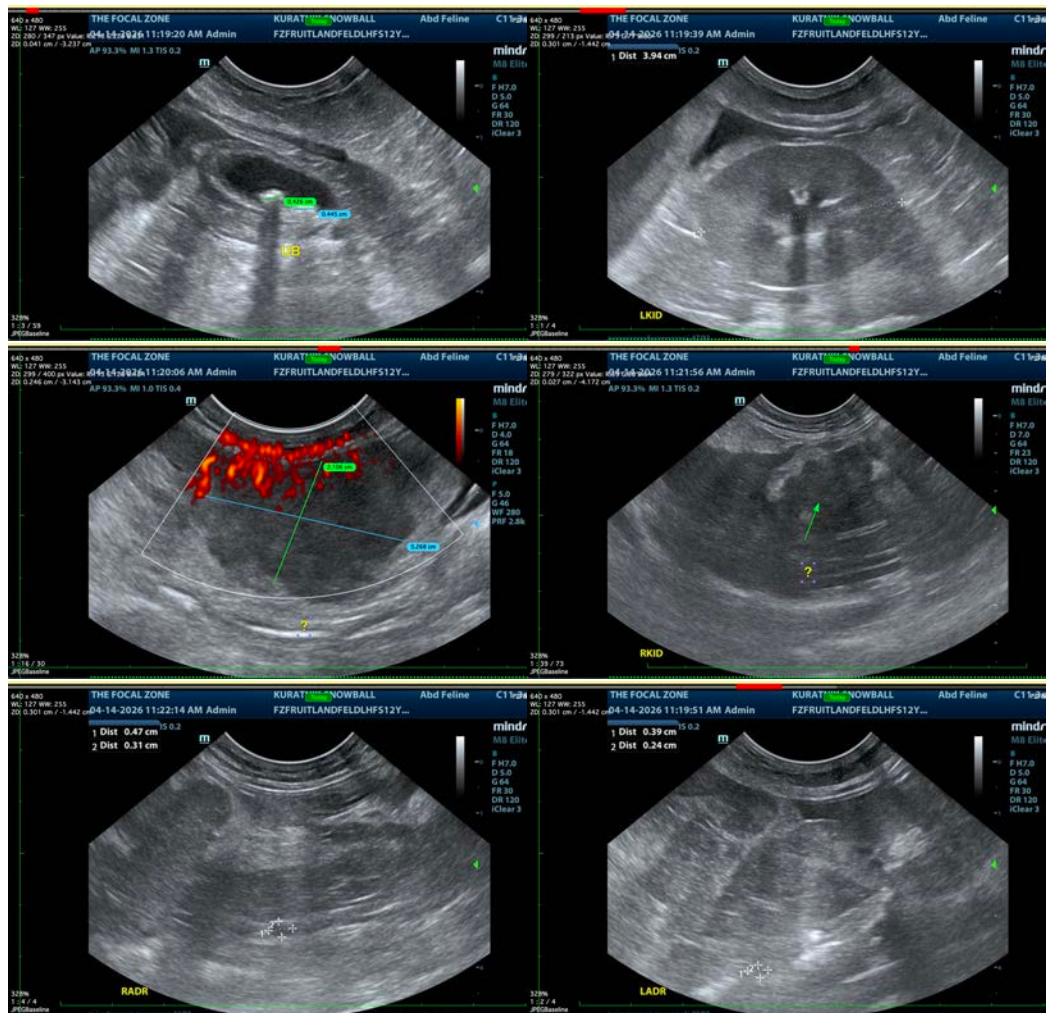
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A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Fine needle aspirates of the cranial abdominal/suspect pancreatic mass are recommended if patient's coagulation status is appropriate.

Pending results of that tissue sampling, advanced imaging such as an abdominal contrast CT scan may also be helpful/warranted for further staging, especially if there is any indication based on cytology for surgery.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.





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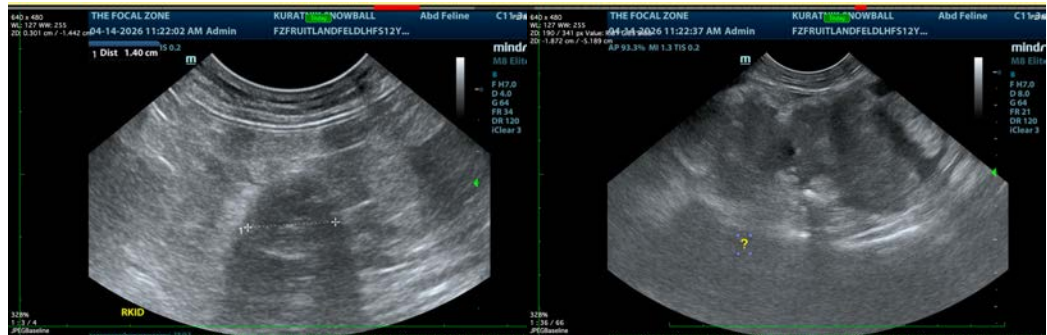
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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 info@sonopath.com