



PATIENT

Timbit Eldridge

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

4.09 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Governors Road
 Animal Hospital

REFERRING VET

Dr. Farooq

INVOICE

74765

DATE

4/28/26

PRESENTING CLINICAL SIGNS

BAR, 210 HR, 28 RR, heart/lungs normal, pink/moist mm, CRT<2sec, normal hydration/abdominal palpation, no obvious organomegaly/abnormality or pain upon palpation, normal E/E/N/oral cavity, normal LN/coat/gait etc. 204 loose, multiple teeth seem effected with m3 dental disease.

Current Medications: Pronefra, gabapentin

Abnormal PE/Chem/CBC/UA Results: Urinalysis: 1.015 sp gravity, pH 5.0, no protiens, casts/crystals etc. low wbc/rbcs, neg for bacteria CBC: Reticulocytes Hemoglobin 21.3 (13.2 - 20.8) CHEM: SDMA 20 (0-14), Creatinine 463 (71-212), Urea (BUN) 30.5 (5.7- 12.9), Phosphorus 3.59 (1.00-2.42) Primary Question to Be Answered in This Exam kidney infection vs toxicity vs renal failure/staging vs neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as a few subtle, small densities consistent with dependent mineral "sand" (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomdullary distinction and poor visualization of internal architecture. The left kidney is small at 2.5 cm with mild to moderate pyelectasia. The right kidney is small-normal measuring 3.5 cm with mild pyelectasia and small non-obstructive nephroliths.

Adrenal Glands

The right adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.33 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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.

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.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestine demonstrates areas of mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen 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.

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.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic kidney disease changes bilaterally, most visibly significant, however, in the left kidney with bilateral mild to moderate pyelectasia, and in the right kidney non-obstructive nephroliths.
- Mild/emerging inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling. *This finding is likely in part normal patient variant in a senior cat but should be interpreted in combination with any clinical history of gastrointestinal signs, including unintentional weight loss, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urine culture could be considered.

A blood pressure is recommended if not recently evaluated.



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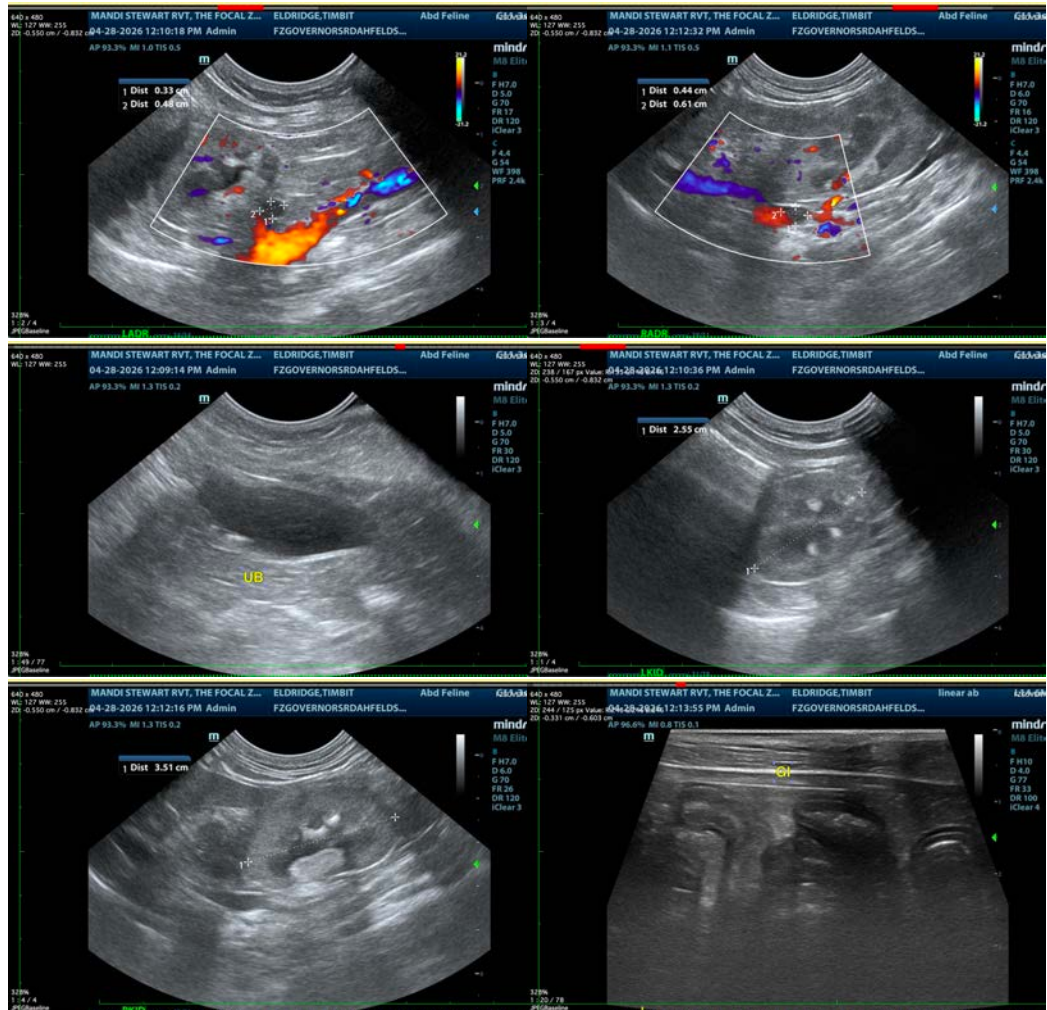
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Toxin exposure, concurrent infections, etc. can't be ruled out via ultrasound causing some acute on chronic change. Having said that, the appearance of the kidneys is consistent with chronic kidney disease, and therefore, in addition to evaluating and managing any concurrent insults, beginning medical management for chronic kidney disease is recommended. This could include management of proteinuria, hypertension, electrolyte abnormalities, clinical signs such as nausea or inappetence, hydration, abnormalities, etc., as well as a transition in diet, if tolerated.



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