



PATIENT

Frankie O'Reilly

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

8 years

WEIGHT

4.1 kgs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing,
ER

INVOICE

12003

DATE

5/27/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate vomiting, anorexia, lethargy for 1 week. ER bloodwork shows azotemia. Mother-in-law was watching patient for a week. Patient has been vomiting yellow bile, not eating much, and lethargic for the past week. Physical exam revealed 5% dehydration and cranial abdominal pain. Owner declined all treatments once diagnostic results were obtained.

AUS sedation: Butorphanol 0.34 mg/kg IV.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 52.9% H, WBC 9.16k, neut 8.07k, lymph 0.71k L, mono 0.1k, plt 191k PCV/TS: 55/9 Chem: BUN 66.7 H, Cr 2.4 H, Phos 6.4 H, TCa 8.4 L, TP 8.5 H, Alb 3.7 H, Glob 4.8, K 4.2, rest wnl 3V AXR: Left kidney is small and irregular. No small intestinal dilation or plication. No foreign material seen.

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 irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no mineral observed. Left kidney is small in size measuring 2.7 cm. The right kidney is small/normal in size measuring 3.47 cm and contains trace pyelectasia.

Adrenal Glands

The right adrenal gland is normal in size (0.19 cm at cranial pole and 0.3 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm at cranial pole and 0.36 cm at caudal pole), 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.

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.

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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.

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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 is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

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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.

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Beth Johnson, DVM
DACVIM

- Mild to moderate bilateral chronic kidney disease changes, most visibly significant in the left kidney with trace pyelectasia in the right kidney.
- Concurrent chronic low grade smoldering pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

IMAGING PERFORMED BY

Renee Trionfetti, VMD

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patients reported history, a pre-renal component to the azotemia is likely, therefore, further evaluation to help determine pre-renal versus renal azotemia is recommended beginning with 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.

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A blood pressure is recommended if not recently evaluated.

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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.

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In the meantime, supportive/symptomatic medical management of clinical signs, nausea, dehydration, etc. is recommended while monitoring clinical signs, azotemia, etc. for improvement to help determine how much, if any, ongoing management of emerging chronic kidney disease may be warranted.

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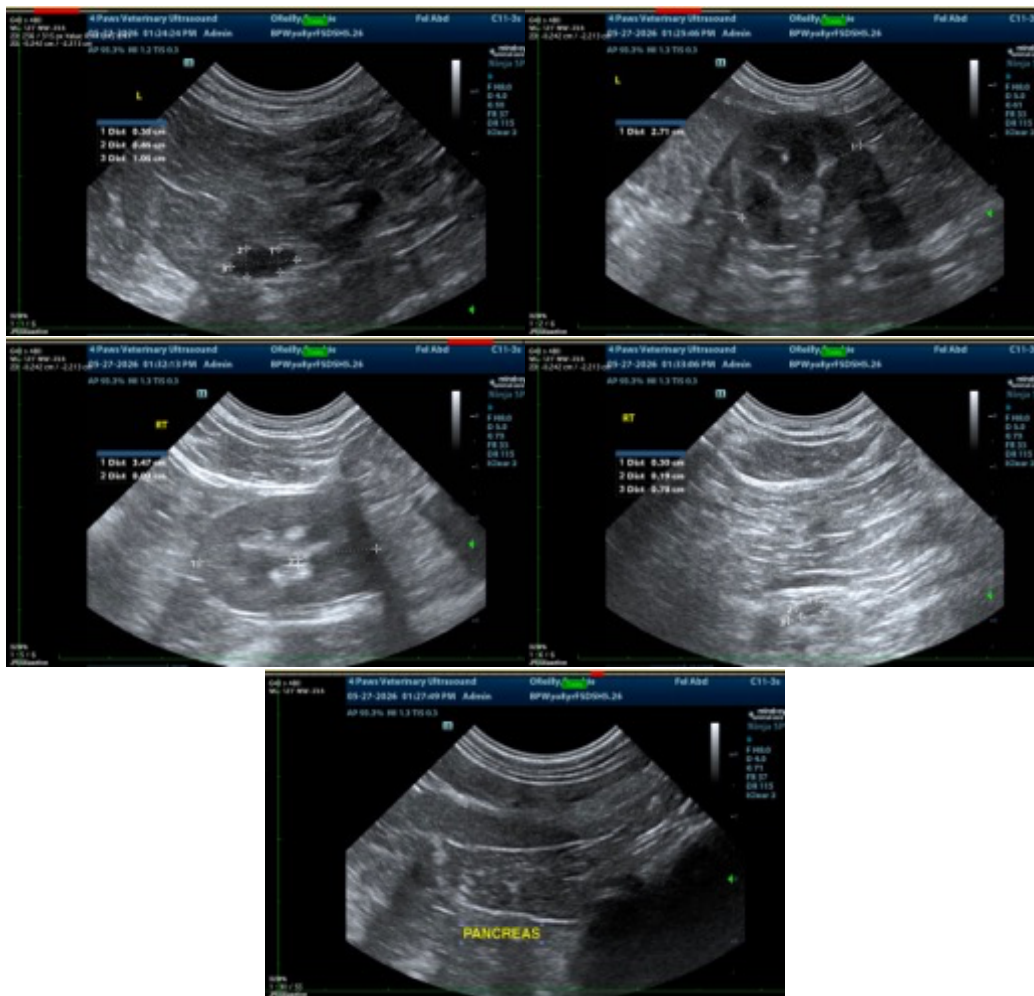
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com