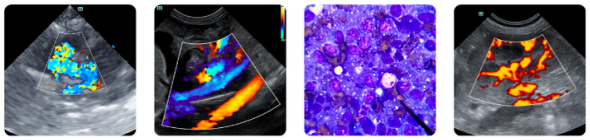


PATIENT

Miles Kirbatski

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16 years 4 months

WEIGHT

7.06 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Mary Kermendy, CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Dr. Kevin Kicker

INVOICE

11868

DATE

5/5/2026

PRESENTING CLINICAL SIGNS

Weight 11-26-25 = 9.86 , 5-1-26 = 6.97 today = 7.06. Blood results show azotemia, neutrophilia, hyperglobulinemia, anemia, thyroid normal. On exam left kidney is disproportionally large relative to the right. BCC = 3/9, mildly approximately 5% dehydrated. Over the weekend (form 5-1 to 5-5) the cat was started on daily SQ fluids (100ml SID) and clavamox. Previously reported lab findings worsened despite. Weight was stable over the weekend and cats general demenor improved. Sedated for UA and radiographs with 0.3mg/kg torb.

Abnormal PE/Chem/CBC/UA Results: RBC = 4.3 (6.54-12.2) HCT = 19 (30.3-52.3) HGB = 6.7 (9.8-16.2) WBC = 18.18 (2.87-17.02) Neutrophils = 14.645 (2.3-10.29) Mono = 0.82 (0.05-0.67) Platelet = 48 (151-600) Creat = 4.9 (0.8-2.4) BUN = 106 (16-36) Phos = 11.4 (301-7.5) Potassiuim = 3.1 (3.5-5.8).

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 incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The 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 normal in size and measures 4.1 cm and contains moderate pyelectasia measuring 0.64 cm in transverse view. The right kidney is small/normal in size measuring 3.5 cm and contains mild pyelectasia measuring 0.29 cm in transverse view.

Adrenal Glands

The adrenal glands are unable to be well visualized in these images.

Spleen

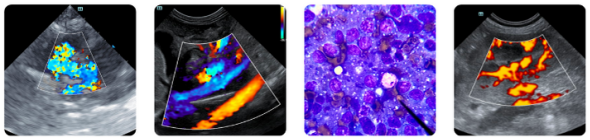
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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.

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 of the small intestine is empty with no evidence of obstruction or foreign material.

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 bilateral chronic kidney disease changes with bilateral pyelectasia, which could indicate an infection such as pyelonephritis, or could be the result of chronic kidney disease combined with recent fluid therapy with obstruction being thought less likely.
- 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 can be in part normal patient variant in senior cats.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, a pre fluid specific gravity would be helpful in further interpreting azotemia. Therefore, 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 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.

A blood pressure is recommended if not recently evaluated.

Ultimately, given the reported dehydration, azotemia, etc., I suspect that patient's weight loss is secondary to decreased appetite and dehydration likely secondary to emerging chronic kidney disease +/- concurrent infection, etc. Therefore, in addition to supportive/symptomatic medical management of clinical signs, beginning or continuing medical management for progressive chronic kidney disease,

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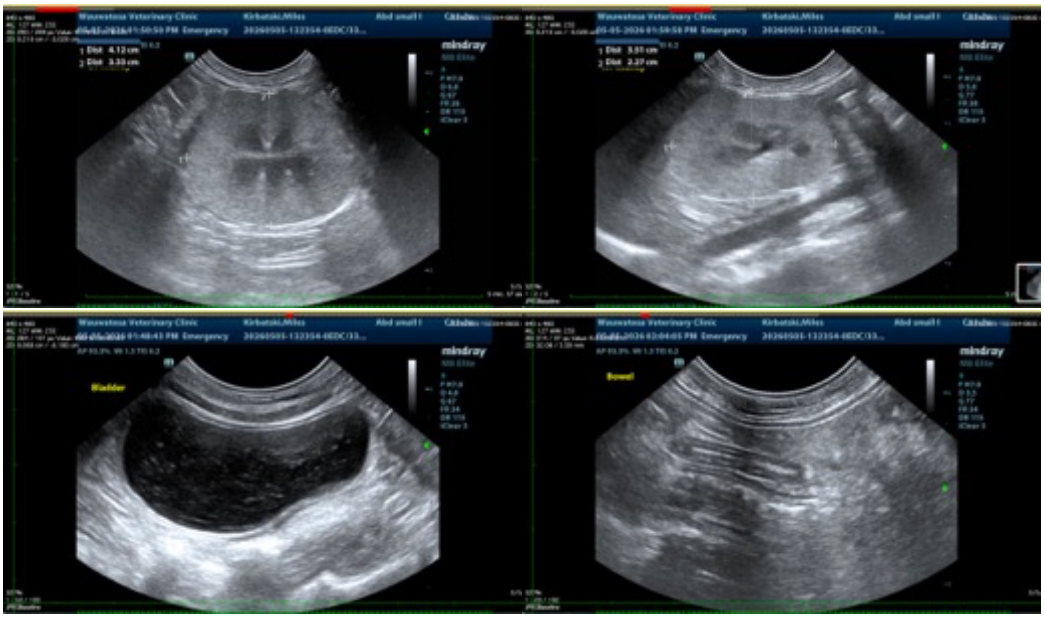
including addressing hydration, electrolyte abnormalities, proteinuria, hypertension, anemia, etc. all as they or if they become clinically indicated.

Additional recommendations both therapeutic and diagnostic are largely dependent on results of above.



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