



PATIENT

Tigresse Abram

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

6.7 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Babak Sehat

INVOICE

75629

DATE

6/3/26

PRESENTING CLINICAL SIGNS

Presented for lethargy and appetite decrease to anorexia after hospitalization. Chronic weight loss. Hx of hospitalization for IV fluids for Azotemia supportive care. Abdominal ultrasound recommended to evaluate renal and hepatic architecture and assess for evidence of alimentary lymphoma or other intra-abdominal pathology.

Abnormal PE/Chem/CBC/UA Results: Urinalysis (May 30, 2026): USG 1.023, proteinuria 1+, hematuria 4+, >50 WBC/HPF, >50 RBC/HPF, with suspected cocci and rod bacteria, supporting urinary tract infection/pyelonephritis.[6] Chemistry – Trending Renal & Liver Values: Jun 1: Creatinine 431 µmol/L (elevated), BUN 18.2 mmol/L (elevated), ALT 145 U/L (elevated), AST 275 U/L (elevated).[7] Jun 2: Creatinine decreased to 368 µmol/L, BUN decreased to 17.3 mmol/L. ALT normalized while AST continued to improve but remained elevated at 189 U/L.[8]

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 pyelectasia noted. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Left kidney is small at 3.6 cm. Right kidney is normal in size at 4.0 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.49 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.50 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

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. 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 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 observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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

- Mild to moderate chronic kidney disease changes noted bilaterally, most visibly significant in the left kidney, with non-obstructive dystrophic mineralization noted bilaterally. *Chronic low-grade smoldering pyelonephritis can't be ruled out.
- Hyperechoic hepatomegaly – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a pre-antibiotic urine culture is recommended, if possible.

A blood pressure is recommended if not recently evaluated.

Given patient's reportedly decreased appetite, hepatic lipidosis could be contributing to the mild liver changes but may or may not warrant further diagnostic intervention given patient's reportedly improving liver enzymes. Having said that, fine needle aspirates could be considered if patient's coagulation status is appropriate.

In the meantime, continued supportive/symptomatic medical management of clinical signs and management of a suspected acute on chronic kidney insult from an infection/pyelonephritis is recommended while monitoring for continued improvement.

Further ongoing treatment recommendations of suspected chronic kidney disease are largely



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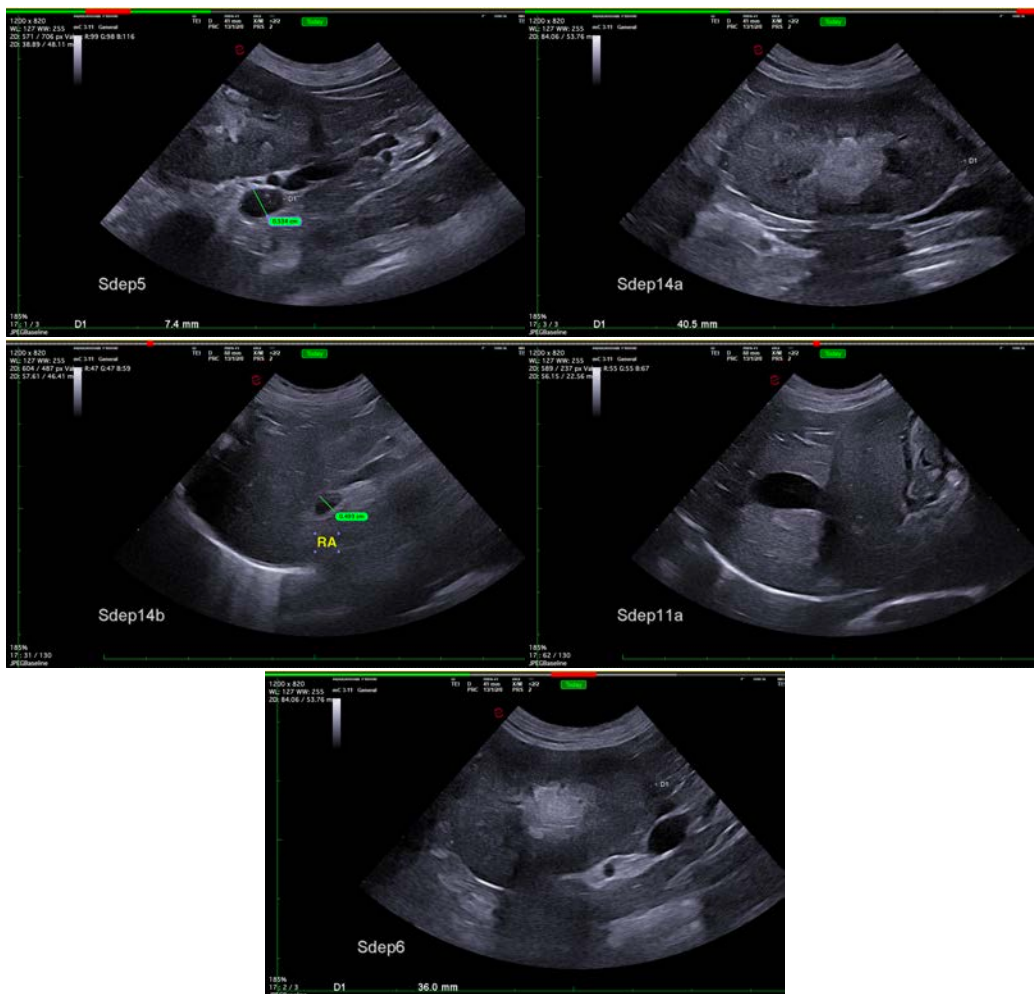
DATE

6/3/26

dependent on patient status, kidney values, etc. upon full resolution of the current infection. Full consultation with and/or referral to a veterinary internist could be considered pending that result.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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