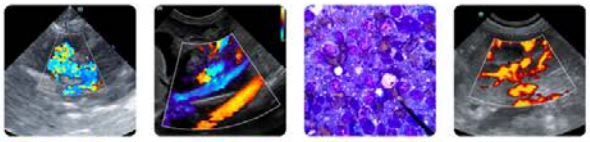

PATIENT

Tabitha Smith

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

9.06 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Weekes

INVOICE

72952

DATE

2/12/26

PRESENTING CLINICAL SIGNS

Patient presented with anorexia and emesis. Emesis occurs intermittently throughout the day, is primarily liquid, and on one occasion contained a small strand of blood. Patient is lethargic, not playing, and mopey, exhibiting an uncoordinated gait described as 'crisscrossing'. Patient has experienced diarrhea. Patient has a mild cough, occurring after emesis. Current diet consists of Fancy Feast wet food, described as an 'appetizer' and 'shredded and chunky'. Owner notes patient's weight was 9.4 lbs previously. Owner speculates patient may no longer like the food.

Abnormal PE/Chem/CBC/UA Results: Gastrointestinal / Abdominal: Soft, non-painful, no masses or organomegaly, moderately full bladder 1. Acute Anorexia, Emesis, and Diarrhea: Emesis intermittent, liquid, one episode with hematemesis; r/o Pancreatitis, Inflammatory Bowel Disease, Renal insufficiency, Hyperthyroidism, Gastrointestinal Neoplasia, Dietary intolerance, Diabetes Mellitus. 2. Lethargy and Ataxia: r/o Neurological disease, Metabolic encephalopathy, Systemic illness. 3. "Harsh" lung sounds: r/o Bronchitis, Feline Asthma, Pneumonia (incl aspiration),Cardiomyopathy 4. Dental Disease with Resorptive Lesions. 5. Weight loss (0.4 lb): r/o Hyperthyroidism, Diabetes Mellitus, Renal disease, Neoplasia, enteropathy. 6. Historical Hyperglycemia: r/o Diabetes Mellitus, Stress hyperglycemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The right kidney is markedly irregular in shape but normal in size at 3.4 cm. There is moderate loss of corticomedullary distinction.

The left kidney is markedly irregular in shape and small in size, measuring 2.5 cm. There is moderate loss of corticomedullary distinction.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Small intestinal walls measure 2.0 mm in width. Colon contains normal contents with normal wall thickness.

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Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

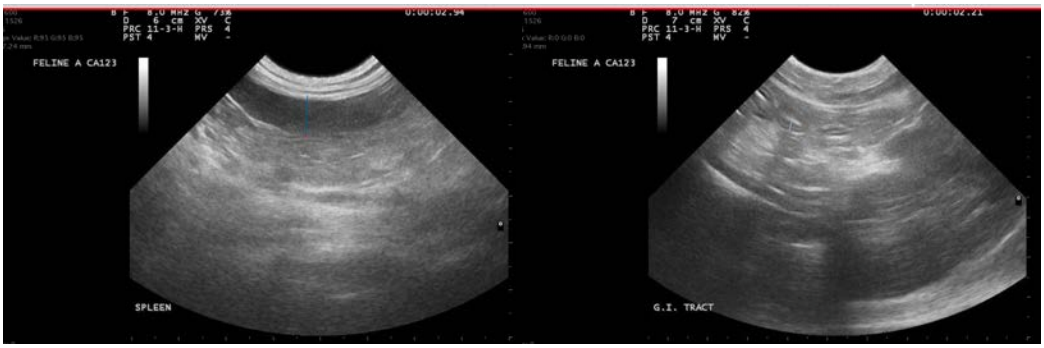
ULTRASONOGRAPHIC FINDINGS

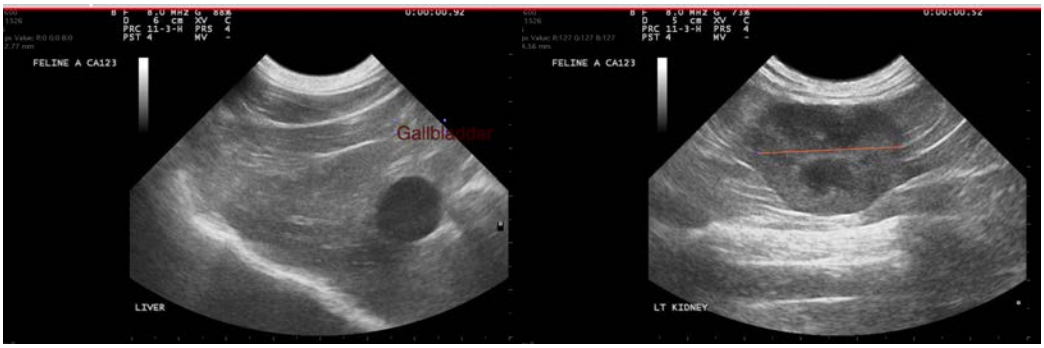
- Evidence of bilateral chronic kidney disease – The small left kidney and irregular shape of both kidneys are most likely the cause of the patient's clinical signs and physical exam findings.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring, and managing the patient per the International Renal Interest Society guidelines for chronic kidney disease. If a systemic blood pressure has not been obtained, we recommend obtaining a doppler blood pressure to determine if the patient is potentially hypertensive. If clinically warranted, recommend urinalysis. If an active urine sediment is present, recommend urine culture and antibiotic sensitivity testing to determine if urinary tract infection or pyelonephritis may be present and the cause of the patient's clinical signs. Pyelonephritis would explain the patient's discomfort on abdominal palpation.

Recommend submitting a Texas A&M GI panel to screen the patient for the significant possibility of occult gastrointestinal or occult pancreatic disease as a cause of or contributor to the clinical signs. No GI masses or other significant anatomical abnormalities are seen on this exam. Prognosis is open pending further diagnostics.





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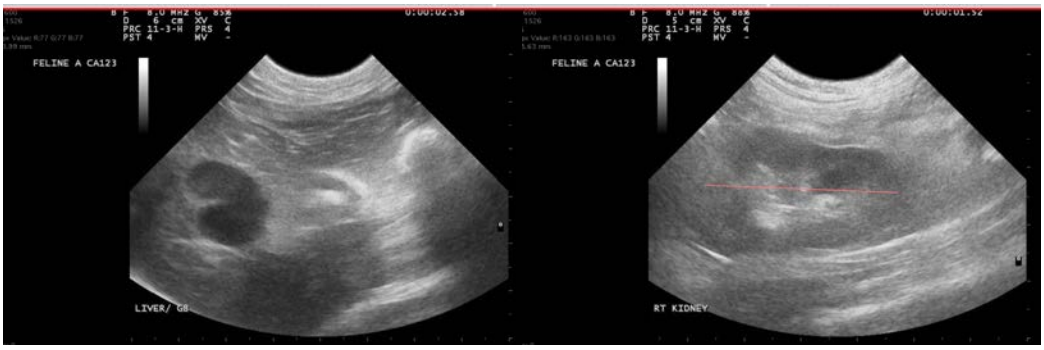

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com