



PATIENT

Bento Zheng

SPECIES

Feline

BREED

British Shorthair

SEX

Neutered Male

AGE

8 Years

WEIGHT

11.5

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Shen Li

HOSPITAL NAME

Dr. Shen Li VS

REFERRING VET

Dr. Shen Li

INVOICE

35921

DATE

2/21/26

PRESENTING CLINICAL SIGNS

Previous UO history twice, possible AKI during one episode.

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 presents normal size (4.7 cm in length) and has mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.3 cm) and has mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The regions of the adrenal glands revealed no evident pathology.

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 is moderately distended with partially digested food. The patient does not appear fully fasted for this exam. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

Diffusely the pancreas is mildly hypoechoic, however, there is no surrounding hyperechoic fat.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Loss of corticomedullary distinction in both kidneys, potentially consistent with early chronic kidney disease.
- Diffusely mildly hypoechoic pancreas with no significant surrounding hyperechoic fat



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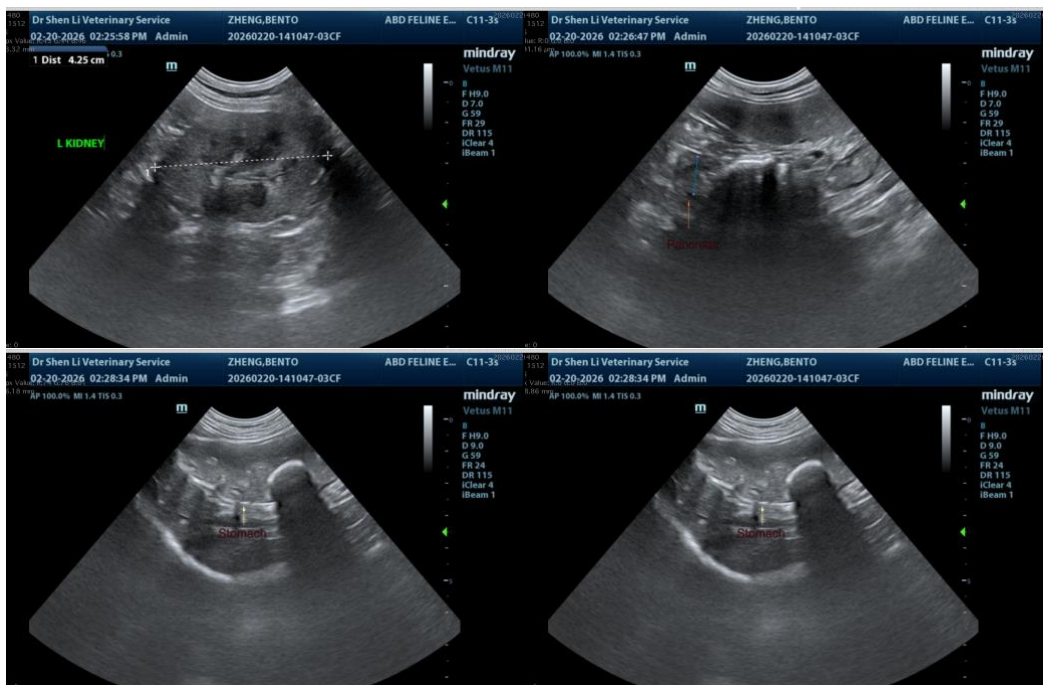
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full renal staging, monitoring and managing the patient for the International Renal Interest Society Guidelines.

Recommend submitting a Texas A & M GI panel. Screen the patient further for the possibility of pancreatitis. If pancreatitis is confirmed by a Texas A & M GI panel, then the next step would be to determine if the patient has any occult gastrointestinal disease. Generally, in feline patients, pancreatitis is a reactive process and rarely a primary disease process. If the GI panel suggests that the patient may have occult gastrointestinal disease, further work up, including screening for parasites or potentially a diet trial would be recommended.



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)

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