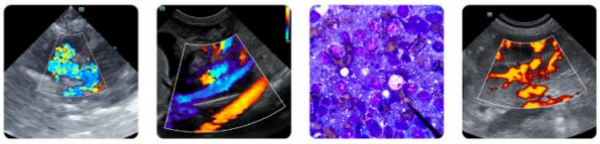

PATIENT

Zander Ellison

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

10 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

All Creatures Great and Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

15069

DATE

04/13/26

PRESENTING CLINICAL SIGNS

BCS 2/9; Weight loss, anorexia, vomiting.

Current Meds: IVF; Azodyl; Baytril; Miratax

Abnormal PE/Chem/CBC/UA Results: Azotemia-stage III; Anemia-HCT 25; WBC elevated BW and UA; USG: 1.016

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 a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can 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.

The left kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. The left kidney measured 3.4 cm in length. A hyperechoic shadowing nephrolith was present in the renal pelvis. The renal pelvis is dilated at 7.7 mm width. The nephrolith appears to be mildly obstructing the renal pelvis at this time.

The right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 5.8 mm width.

The right adrenal gland was not seen.

Spleen

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

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

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The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Small bowel diffusely appears to have normal thickness and layering. Diffusely, small bowel is mildly to moderately distended with ingesta. No mechanical obstruction is seen. Suspicion that this patient may not be fully fasted for this exam.

Colon contains a large amount of stool. Diffusely, the colon wall is normal in appearance.

Pancreas

The left limb of the pancreas is diffusely hypoechoic and enlarged at 1.1 cm width. No mild surrounding hypoechoic fat is present.

The observed right limb of the 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 are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with left renal pelvic dilation and nephrolithiasis.
- Mild pancreatic inflammation- most likely reactive due to left-sided renal pelvic dilation and associated inflammation. Primary pancreatitis is not suspected.
- Right limb pancreatic remodeling.
- Gastrointestinal ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ruling out urinary tract infection is recommended. If urine culture has not been submitted, consider submitting a urine culture.

After fasting for 12 to 24 hours, recommend rechecking GI tract ultrasound to rule out possibility of mechanical obstruction or other GI abnormalities such as thickened GI tract, which may be suggestive of a chronic inflammatory enteropathy.

I suspect patient may have a ureterolith present within the left ureter causing an obstruction. Could not confirm this on this ultrasound. Recommend IV fluid diuresis to determine if the renal pelvic dilation on the left side can be resolved. If IV fluid diuresis does not resolve the renal pelvic dilation within the left kidney, then consider referral to discuss possible subcutaneous ureteral bypass with system placement into the left kidney or possibly a left-sided ureteral stent.

The left-sided renal pelvic dilation may be contributing to the patient's azotemia. However, given that the patient has loss of corticomedullary distinction bilaterally, the patient does appear to have true chronic kidney disease after resolution of the left-sided renal pelvic dilation.

Recommend full staging, monitoring and managing per International Renal Interest Society guidelines.

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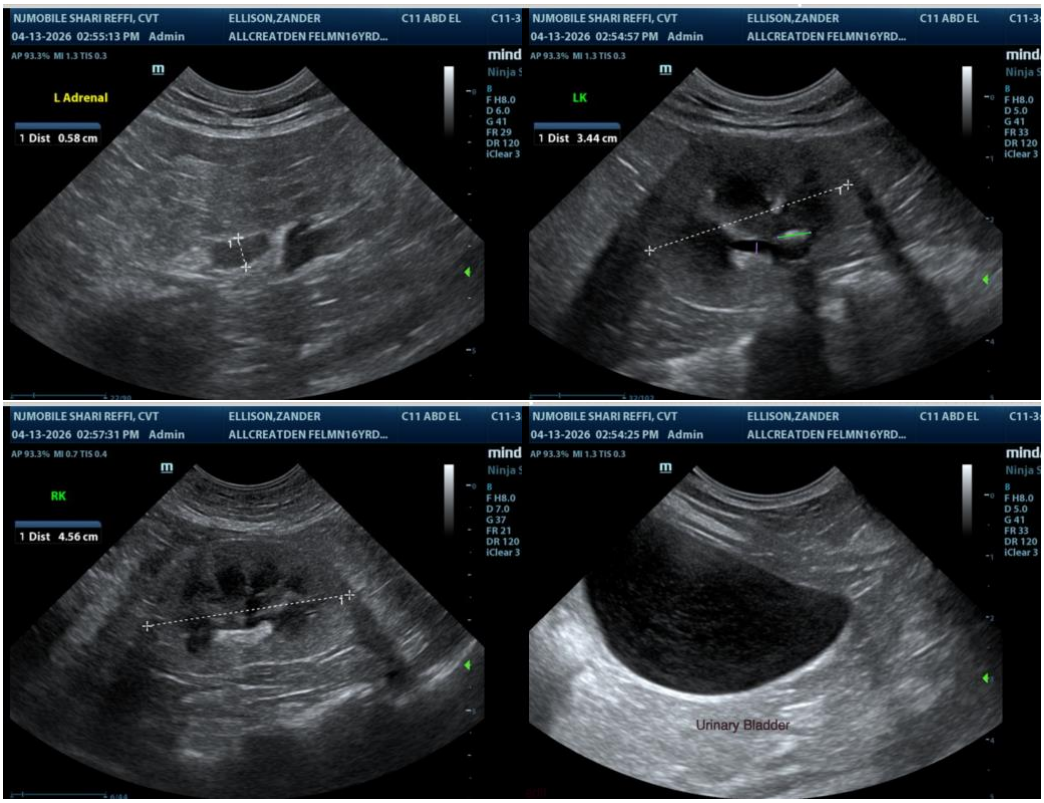
Anemia is suspected to be due to chronic kidney disease. Patients vomiting may be due to uremia from elevated creatinine or may be due to primary or mechanical GI disease.

Recommend fast patient for 12 to 24 hours. Re-image GI tract to help determine underlying cause of fluid retention within the GI tract seen on this ultrasound.



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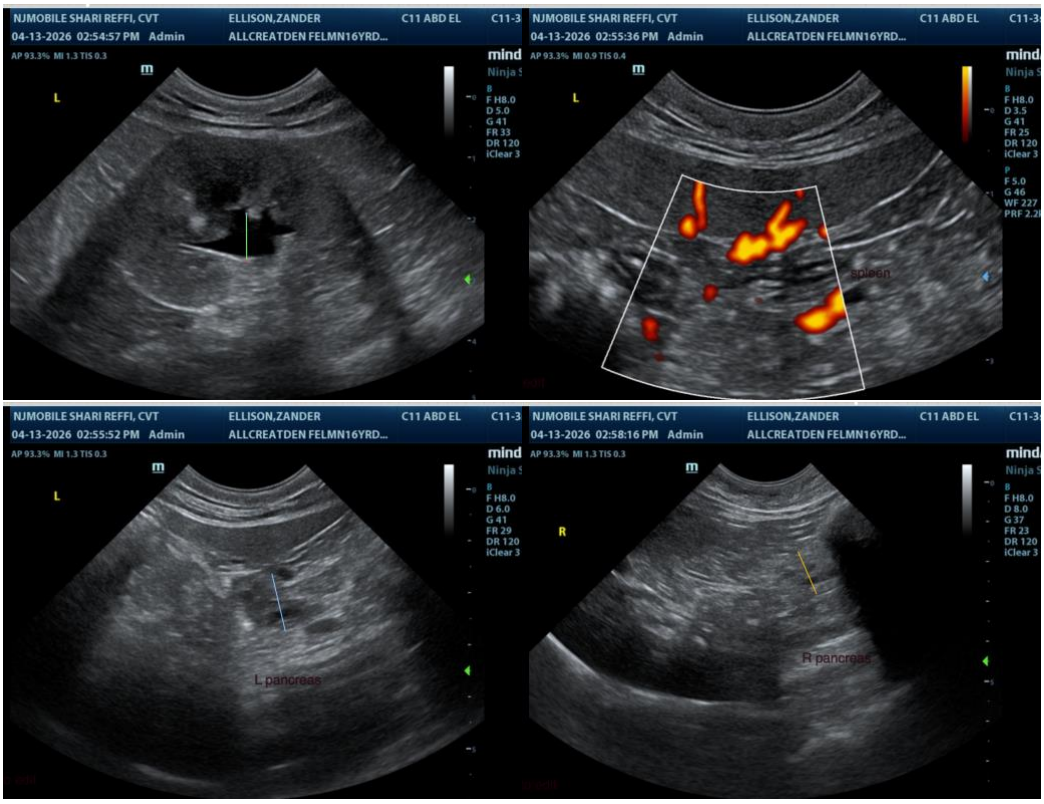

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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