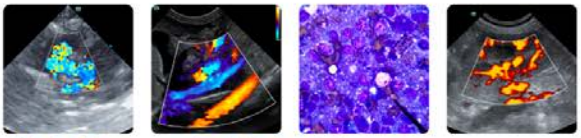




**PATIENT**

Guiness Kazmi

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

13.4 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Meghan Morse, LVT, CVT

**HOSPITAL NAME**

Park Ridge Animal Hospital

**REFERRING VET**

Dr. Doyle

**INVOICE**

74357

**DATE**

4/9/26

## PRESENTING CLINICAL SIGNS

Renal changes, not eating, dental dz w/ resorptive lesions. Low energy, loss of appetite
Current meds: Mirtazapine, Gabapentin

Abnormal PE/Chem/CBC/UA Results: SDMA 15, Creat 3.5, BUN 36, USG 1.028

## 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 right kidney presents normal size (4.4 cm) with normal shape and architecture. Mild to moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.1 cm) with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### *Adrenal Glands*

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 2.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.4 mm in width.

### *Spleen*

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

### *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. The small bowel does contain a moderate amount of ingesta. Colon contains normal contents with normal wall thickness. No mechanical obstruction seen within the GI tract.

### *Pancreas*

The visible pancreas is mildly hypoechoic with no surrounding steatitis.

**PATIENT**

Guiness Kazmi

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

13.4 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Meghan Morse, LVT, CVT

**HOSPITAL NAME**

Park Ridge Animal Hospital

**REFERRING VET**

Dr. Doyle

**INVOICE**

74357

**DATE**

4/9/26

## *Free Abdomen*

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

## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Loss of corticomedullary distinction in both kidneys.
- Suspect mild reactive pancreatic inflammation – most likely not the cause of the patient's clinical signs at this time.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient is azotemic and currently feeling ill, and both kidneys have mild loss of corticomedullary distinction with the presence of suspected pathologic urinary bladder debris, consider possible pyelonephritis as a cause of the patient's clinical signs and azotemia. Recommend urine culture if not already performed and treating with an appropriate antibiotic for 30 days to determine if renal function can be recovered. If pyelonephritis is ruled out or there is no improvement with antibiotic therapy, then the patient would appear to have Stage 3 chronic kidney disease per IRIS guidelines. Recommend full staging, monitoring and managing per IRIS guidelines.

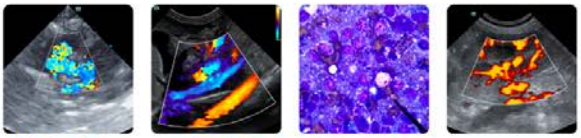
Consider submitting an fPLI to determine if pancreatitis may be a component of the patient's illness.

No evidence of GI disease. If the patient has been properly fasted for this exam, consider possible functional ileus, and treat supportively. Azotemia is the suspected cause of the GI signs.

Lab work would suggest possible acute on chronic renal disease. Recommend hospitalization for IV fluid diuresis to determine if renal function can be regained and if patient improves clinically with this treatment.

Prognosis is opening pending results of recommended diagnostics and response to supportive care and response to IV fluid diuresis.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

**PATIENT**

Guiness Kazmi

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

13.4 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Meghan Morse, LVT, CVT

**HOSPITAL NAME**

Park Ridge Animal Hospital

**REFERRING VET**

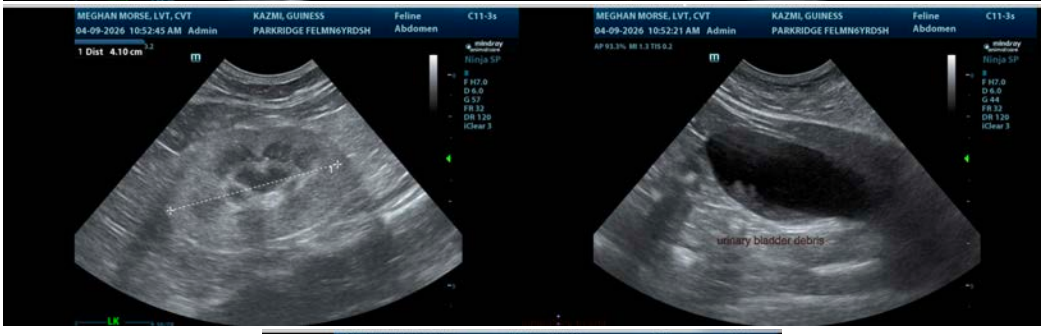
Dr. Doyle

**INVOICE**

74357

**DATE**

4/9/26



**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