

**PATIENT**

Sparks Galindo

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

16 Years

WEIGHT

7.5 lbs

INTERPRETED BYGreg Kuhlman, DVM,
DACVIM (SAIM)**IMAGING
PERFORMED BY**

Julia Bakker, DVM

HOSPITAL NAMEOrange Blossom
Veterinary Imaging**REFERRING VET**Alexandra Galindo,
DVM**INVOICE**

75403

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Sparks seems to be losing weight and not grooming as well. Dr. Galindo wants to do AUS to be cautious. FNA of the left kidney's cranial nodule taken for cytology.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN***Urinary System***

The bladder is markedly distended with anechoic urine with a moderate amount of debris.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in both kidneys. There is a hypoechoic non-capsule displacing area in the cranioventral aspect of the left kidney measured 1.0 cm x 0.86 cm. It is reported that this was aspirated and going to be submitted for cytology. Left kidney measures 3.1 cm with 2.7 mm renal pelvic dilation. Right kidney measures 3.1 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.9 mm in width.

The left adrenal gland is not seen.

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 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.

The small intestine is diffusely moderately distended with ingesta. The patient does not appear to be fasted for the exam. No mechanical obstruction seen.



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Colon contains normal contents with normal wall thickness.

Pancreas

The area of the right limb of the pancreas is seen, no pathology noted. The area of the left limb is not seen due to lack of acoustic window given the amount of food within the patient's stomach causing shadowing.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Age related renal changes with mineralization.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has ultrasonographic evidence of bilateral chronic kidney disease. Recommend full IRIS staging, monitoring and managing. If the planned left kidney cytology is inconclusive, recommend rechecking the lesion periodically via ultrasound to determine if it is changing in size. The left kidney renal pelvic dilation could possibly be due to pyelonephritis or may be due to PU/PD, or due to chronic kidney disease.

If not already performed, recommend urinalysis. If active urine sediment is present, recommend urine culture and antibiotic sensitivity. If UTI is ruled out, discuss with owner the possibility of patient having PU/PD. If patient is found to be PU/PD, it is most likely due to renal disease.





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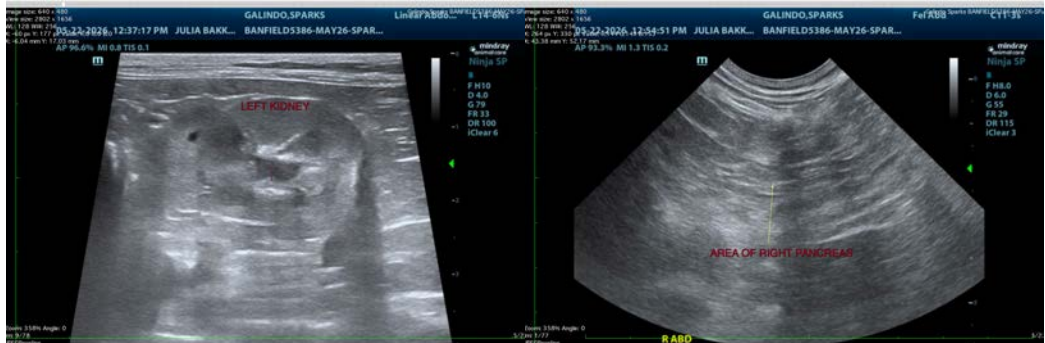
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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