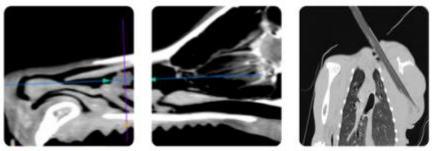

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Celia Walker

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

3.4 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Downtown AH

REFERRING VET

Dr. Ahn

INVOICE

37013

DATE

5/8/26

PRESENTING CLINICAL SIGNS

History: Presented on April 21, 2026 for not eating and lethargy. Blood work revealed elevated BUN, CREA, PHOS; PE revealed 10% dehydration. Acute kidney injury/disease suspected, she was hospitalized for 4 days on IVF. On April 23 blood work recheck revealed that BUN, CREA were still high but markedly improved; PHOS normal. Celia was eating well in hospital and was discharged home on April 24 with instruction to recheck blood work on May 7. On May 4, owner called to report that Celia was barely eating over the weekend and not doing well. No follow up visit or blood work can be done before Friday (May 8) morning (per owner's ability to bring Celia to clinic). Current Medications: Convenia (April 21).

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. No papilla seen.

The left kidney presents normal size. Moderate loss of corticomedullary distinction was noted. Mild nonobstructive dystrophic mineralization was noted. The left kidney measured 3.6 cm.

The right kidney presents at the low end of normal in size, measuring 3.1 cm in length. Marked loss of corticomedullary distinction was noted. The cortex of the right kidney is diffusely hyperechoic, most likely due to lipid deposition, unlikely to be due to infiltrative disease such as lymphoma. This also may be due to interstitial nephritis caused by pyelonephritis. Moderate renal pelvic dilation was noted in the right kidney, measuring 9.5 mm x 5.5 mm in width.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.6 mm in width.

Spleen

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

Liver

On the images provided, 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. 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.

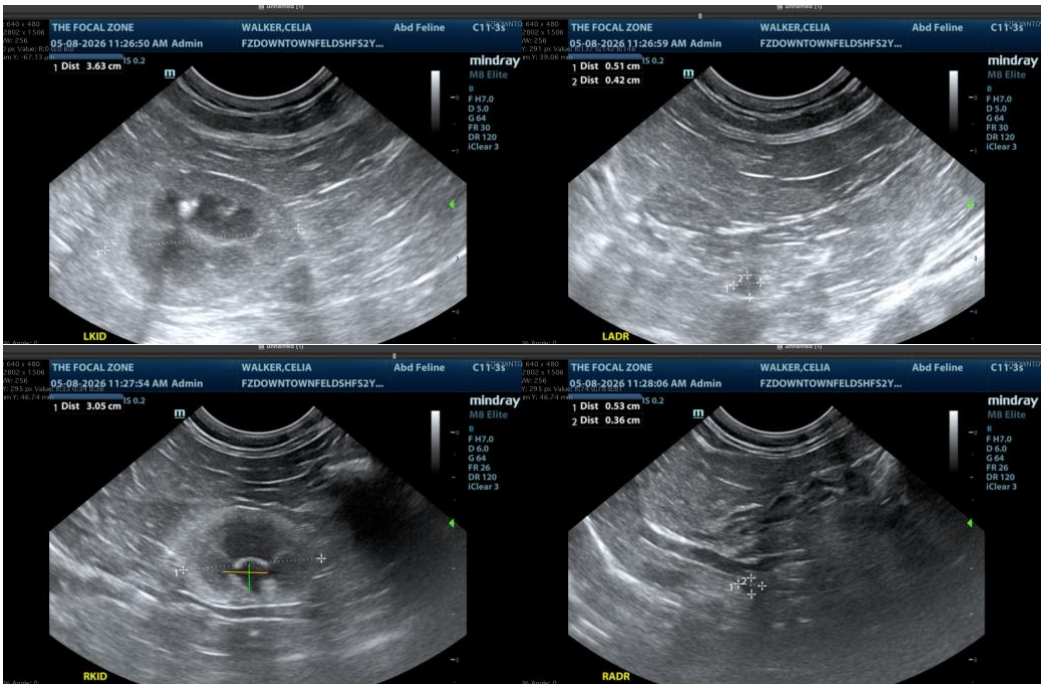
ULTRASONOGRAPHIC FINDINGS

- The patient appears to have chronic kidney disease- No obvious evidence of an acute kidney injury is seen at this time. Suspected possible pyelonephritis specifically associated with right kidney. No evidence of obstructive renal disease seen on this exam.

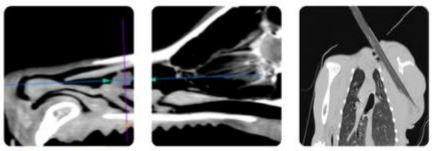
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring and managing per International Renal Interest Society guidelines. If urine culture has not been performed, recommend urine culture.

No cause for the patient's elevated bilirubin is seen on this exam. At this time, the liver appears normal. It does not rule out the possibility of early hepatic lipidosis. If patient is not eating a normal daily caloric intake consistently, recommend placement of an esophageal feeding tube to provide parenteral nutrition.



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.



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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