



PATIENT

Oswald Arunova

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

11 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

All Creatures Great &
 Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

15976

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Anorexia, vomiting, lethargy, wt loss of 1 1/2 lbs in 2 weeks IV fluids Cerenia famot Mirataz ampicillin

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 occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also 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. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction with mild renal pelvic dilation measuring 2.3 mm width. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.8 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 2.8 mm width.

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 and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The stomach contains a small amount of retained fluid but otherwise appears normal. The small bowel measured 2.3 mm width.

Pancreas



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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.

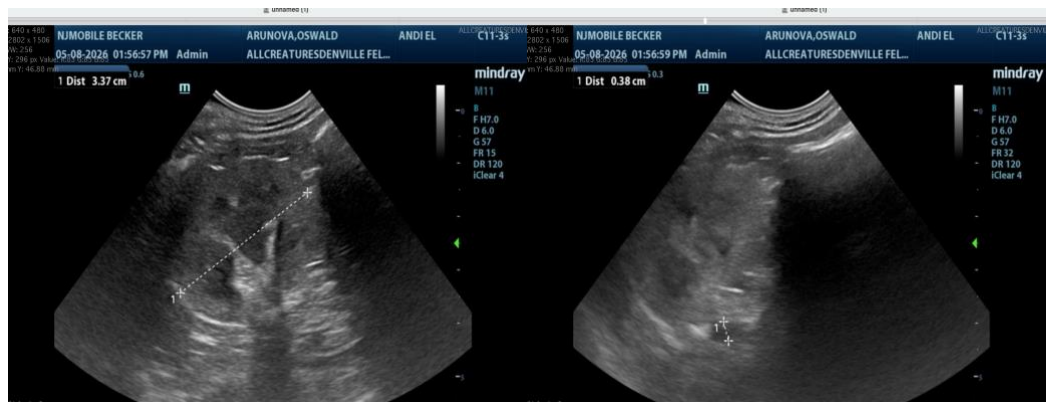
ULTRASONOGRAPHIC FINDINGS

- Right renal pelvic dilation.
- Urinary bladder debris.
- Possible mild gastric ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the right kidney is consistent with either chronic kidney disease possibly due to a previous illness such as an infarction or possibly an obstructing ureteral which is not seen on this exam. Also consider pyelonephritis as a cause of the appearance of the right kidney. Recommend performing urine culture if not already performed. If patient is diagnosed with urinary tract infection, recommend 30 days of appropriate antibiotic treatment and rechecking the appearance of kidney at that time via ultrasound.

The patient appears to potentially have mild gastric ileus with no mechanical obstruction seen. Consider supportive treatment with antibiotics and prokinetics, appetite stimulants as needed.





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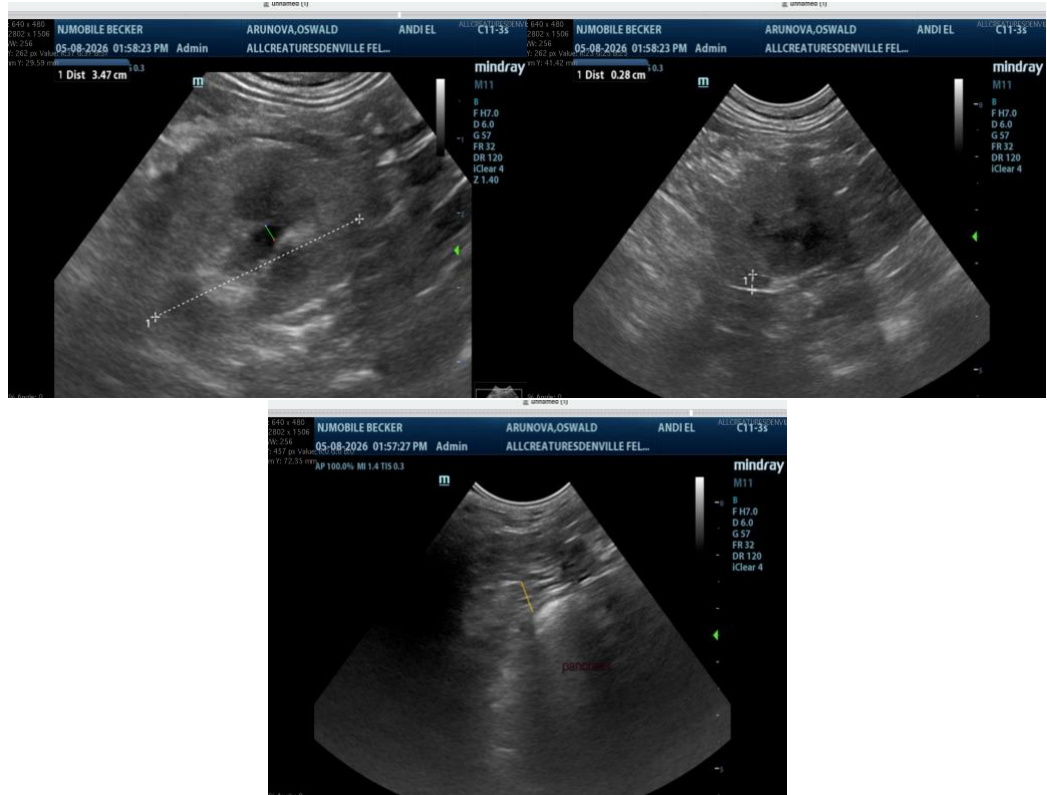
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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