



PATIENT

Zoey Rizzo-Berg

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

3.2 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary
Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

16236

DATE

06/01/26

PRESENTING CLINICAL SIGNS

P presented for labwork to schedule routine COHAT and azotemia with dilute urine present.

Abnormal PE/Chem/CBC/UA Results: attached

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.

The left kidney presents with mild renal pelvic dilation measuring 1.5 mm width. Mild loss of corticomedullary distinction. The left kidney measured 3.2 cm in length.

The right kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.4 cm in length.

Adrenal Glands

The adrenal glands were not visualized.

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 has normal wall layering and thickness. Colon contains normal contents with normal wall thickness. Jejunum appears normal in appearance and layering measuring 2.3 mm width. Ileum is normal in thickness and layering. The duodenum appears normal in thickness and layering.

Pancreas

The observed left 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. The right pancreas appears normal.

Free Abdomen



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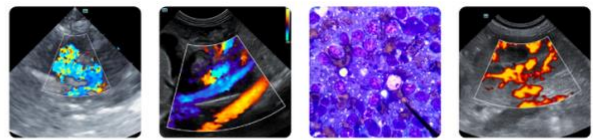
Mild mesenteric lymphadenopathy is present. The lymph nodes are hypoechoic and rounded with a representative node measuring 2.8 mm in width. Most likely these lymph nodes are reactive, less likely to be neoplastic as the cause of their enlargement.

ULTRASONOGRAPHIC FINDINGS

- Chronic kidney disease.
- Left pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's azotemia is attributed to the apparent ultrasonographic evidence of chronic kidney disease seen. Both kidneys having loss of corticomedullary distinction. The mild renal pelvic dilation on the left kidney may be due to pyelonephritis or may be due to polyurea/polydipsia. Recommend urine culture if not already performed. If UTI is ruled out, then discuss further with owner, patient's drinking habits and urinating habits. Recommend full staging, monitoring and managing per international renal interest society guidelines.



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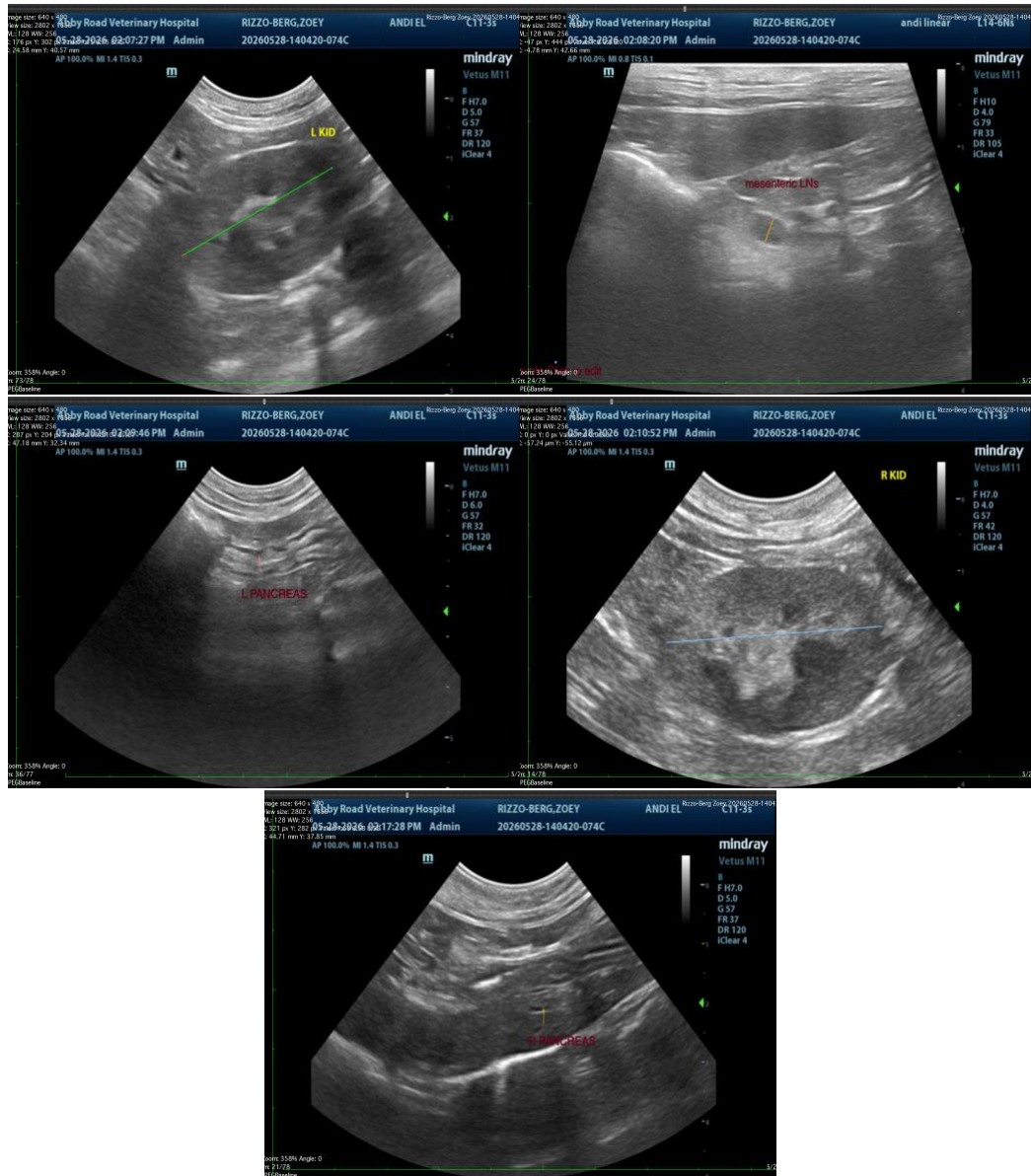
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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