



PATIENT	PRESENTING CLINICAL SIGNS
Scraps Johansen	<ul style="list-style-type: none"> P underwent an anesthetic event- bradycardia and hypotension occurred. P recovered well. BW showed elevated CRE 2.1, elevated SDMA and elevated proBNP. Would like to r/o any significant kidney dz Peri-anesthetic medications as follows: 0.09ml Methadone 10mg/ml IM, 0.17ml Midazolam 5mg/ml IM, 2 ml Propofol 10mg/ml IV to effect induction Isoflurane Inhalant 1 L/min Mild non regenerative anemia SDMA: 17 (elevated) CRE: 2.4 (elevated) cardiopet : 325 (elevated) Urine dilute 1.029 (dilute however p was on IV fluids) FIV +
SPECIES	
Feline	
BREED	
Domestic Shorthair	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered male	Urinary System
AGE	The urinary bladder , trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. A moderate amount of suspended, hyperechoic debris. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.
5 years	
WEIGHT	The kidneys revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. The renal cortex of both kidneys was mildly coarse in echogenicity. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was <u>4.39 cm</u> and the right kidney was <u>3.9 cm</u> in length.
9.2 lbs	
INTERPRETED BY	Adrenal Glands
Kim Radway, DVM, DABVP (Canine/ Feline)	Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was <u>0.79 cm by 0.44 cm</u> and the right adrenal gland was <u>0.85 cm by 0.44 cm</u> in size.
IMAGING PERFORMED BY	Spleen
Matt Heinlein	The spleen presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.
HOSPITAL NAME	Liver
TLC AH	The liver revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.
REFERRING VET	
Dr. Ramirez	
INVOICE	
72126	
DATE	
3/2/26	



PATIENT

Scraps Johansen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

9.2 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Moderate amount of hyperechoic suspended debris within the urine.
Mildly coarse echogenicity to the renal cortex.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

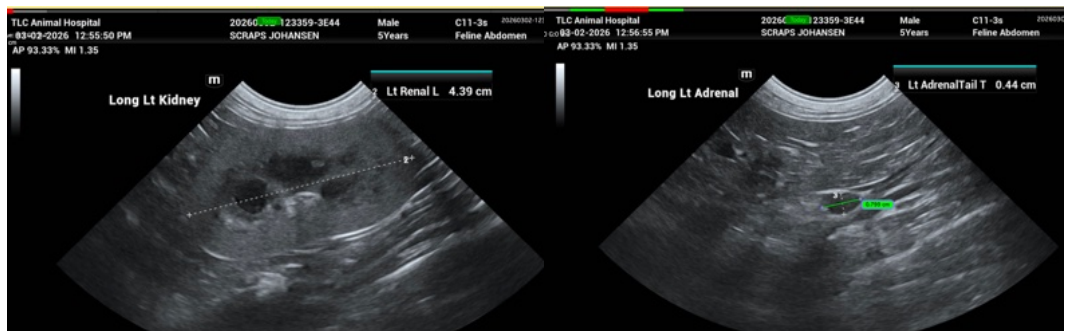
This patient had acceptable overall renal architecture with maintained corticomedullary definition, no evidence of renal cortical cysts or nodules and no evidence of renal pelvic dilation.

There was a very mild, hyperechoic and coarse appearance to the renal cortex which could represent individual variation or early chronic degenerative renal changes.

Since this patient currently has renal insufficiency on blood work it is recommended to maintain a cystocentesis urine sample to submit for evaluation and urine culture.

It is also important to carefully monitor this patient for the improvement or consistent presence of renal insufficiency by regularly monitoring the BUN, creatinine and electrolytes in this patient. A systemic blood pressure should also be measured since there was a recent unexpected anesthetic event.

Feeding a renal diet and ensuring proper hydration is also important in this patient long term.





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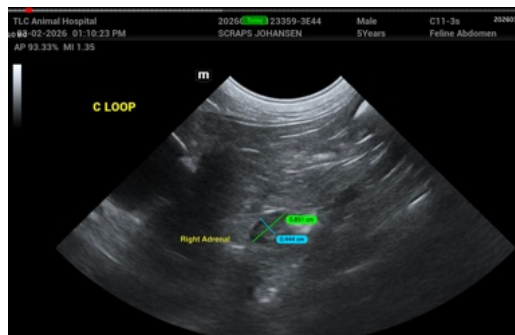
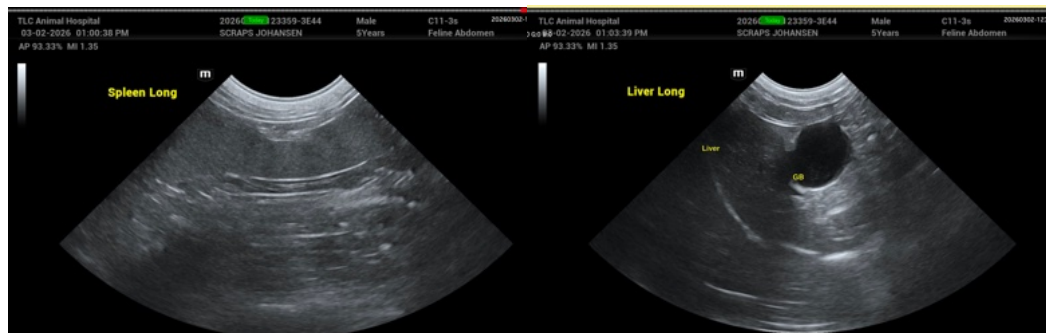
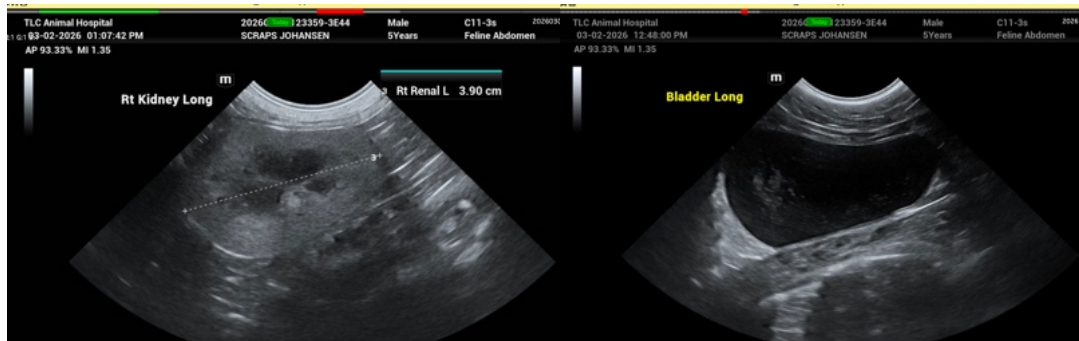
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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