



PATIENT

Kirby Crampton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

2 years

WEIGHT

10.05 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Pamela Bay

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Pamela Bay

INVOICE

68399

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Chronic vomiting

Abnormal PE/Chem/CBC/UA Results: CBC: all WNL Chem/lytes: SDMA 16 (H), creat 1.3, BUN 25

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with a moderate amount of hyperechoic suspended debris within the urine in the lumen of the bladder. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 3.62 cm and the right kidney was 3.24 cm in length.

Adrenal Glands

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 1.07 cm by 0.53 cm and the right adrenal gland was 0.66 cm by 0.3 cm in size.

Spleen

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.

Liver

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.

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.



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Pancreas

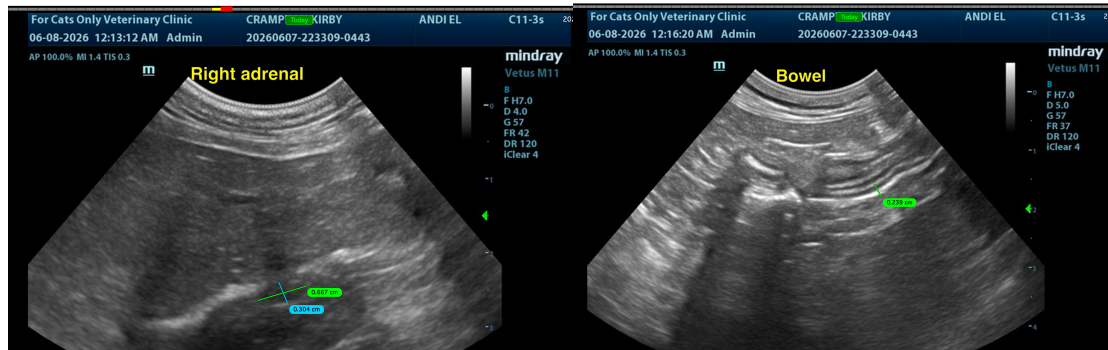
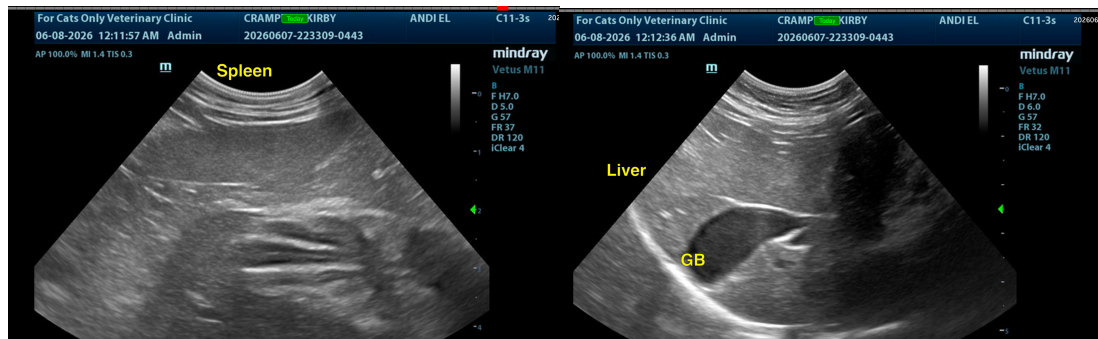
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Hyperechoic debris within the urine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient did not have evidence of changes to explain the chronic vomiting. The kidneys maintained normal architectural appearance despite the very mildly elevated SDMA on blood work. It is recommended to perform a urinalysis with urine culture in order to better determine the underlying cause of the suspended debris within the urine. A hypoallergenic diet trial with daily probiotics can be considered in order to address the chronic vomiting. However, there was no dramatic evidence of a thickened muscularis layer within the images provided. The SDMA level should be carefully monitored over time and it is important to ensure that this patient is well hydrated by considering providing extra access to water which can include providing a feline water fountain.





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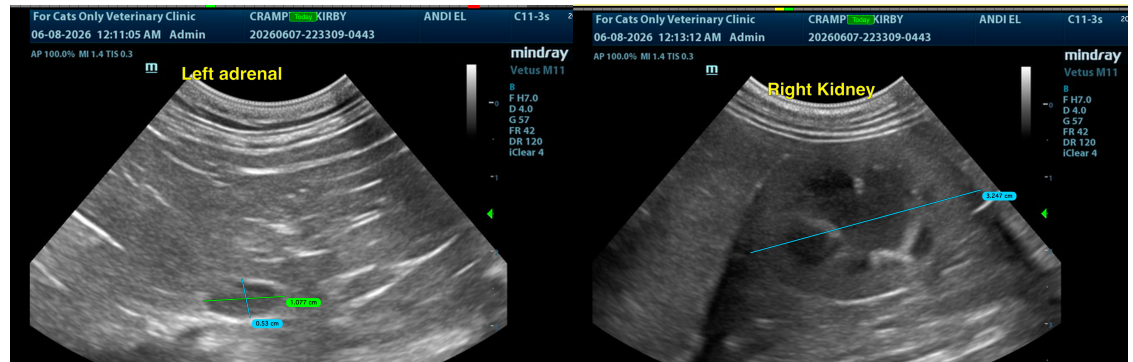
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com