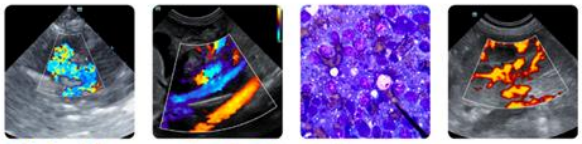

PATIENT
Zumba Fleek

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
14yr

WEIGHT
4.28kg

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Jackson

HOSPITAL NAME
Wilvet South

REFERRING VET
Jackson

INVOICE
24202

DATE
03/16/2026

Targeted urinary tract. The submitted study contained 37 videos primarily of the urinary tract with brief videos of the caudate liver.

PRESENTING CLINICAL SIGNS

- History: O reports 48 hrs ago pt has been very lethargic/hiding (owner notes his hind end seems very weak) and has not shown any interest in food/water and has a foul odor (unsure where), pt also vomited three times (brown/liquid) causing concern
- Pt was very active before the 48 hrs mark/ playing and eating well, indoor/outdoor and was noted pt was drinking water excessively but is concerned he is not improving as pt is just laying in a ball or hiding more frequently
- Symptoms: weak/lethargic - hiding, V+ , Inapt for 48hrs
- Duration (Date & Time): 2 days from 3/15 - 48hrs
- E/D/U/D: not E/D in 48 hrs but was seen drinking water outside and urinated 4 hrs ago - unsure BM
- V/D/C/S: V++ after the last time he ate (48hrs ago)
- Indoor/Outdoor/both: BOTH
- Diet Type: hills science wet food - lack of interest so O offered broth/tuna etc but still no interest
- Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.78, HCT 32.4, all other wnl Chem 10: Creat 9.0, BUN >134, Glob 5.6, ALP <10, all other wnl FAST scan: Right kidney irregular cortex, anechoic urinary bladder, liver mildly irregular appearance, spleen normal. EPOC: pH 7.077, Crea 10.97, BUN >120, HCT 27, K 3.0 , Beb -17.7, HCO3 10.9, mTCO2 10.8 Urinalysis, USG 1.017, pH 6.5, urine protein 500m Blood 250, WBC 15/ HPF, Red blood cells >50 /hpf, cocci and rods present, non squam >10 /HPF Phosphorous slide: 11.4 Urine culture and MIC pending Targeted US pending. General Appearance: Lethargic Musculoskeletal: Sarcopenia Hydration: Moderate dehydration

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. No pyelectasia. The left kidney measured 4.4 cm in length. The right kidney measured 4.2 cm in length.

Liver

Brief views of the caudate liver revealed a non-homogenous microcystic intraparenchymal nodule measuring 1.6 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

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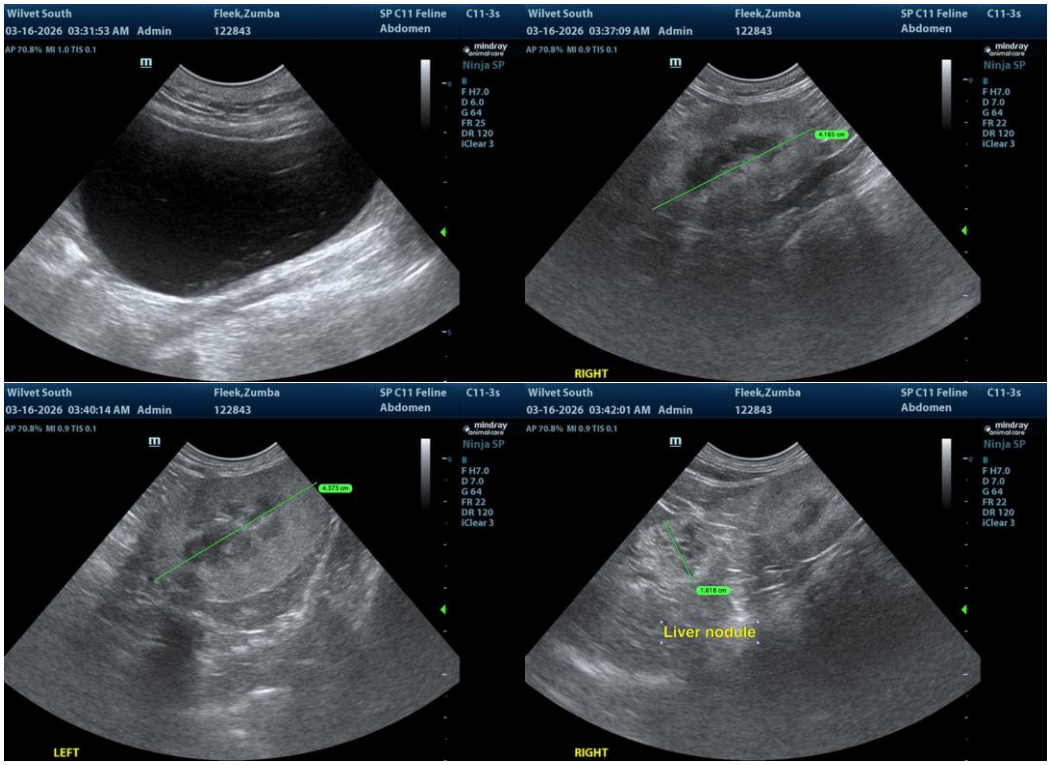
- Bilateral chronic nephropathy
- Normal urinary bladder with mild urine sediment

Secondary

- Caudate liver intraparenchymal nodule - biliary cystadenoma favored

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys are most consistent with chronic renal disease or nephropathy with acute on chronic renal insult or nephropathy not definitively excluded. Correlation with pending urine C/S +/- baseline UPC level if non-inflammatory proteinuria for renal staging is recommended. Hospitalization with renal and gastrointestinal support with monitoring of renal parameters, UA, urine output, and body weight for further prognosis is recommended. Leptospirosis titer / PCR may be considered if clinically applicable. No overt evidence of unilateral /bilateral renal neoplastic criteria which is thought less likely.



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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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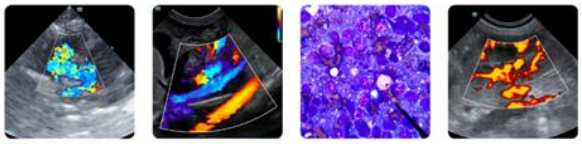
FOSTERING THE ART OF VETERINARY MEDICINE™



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