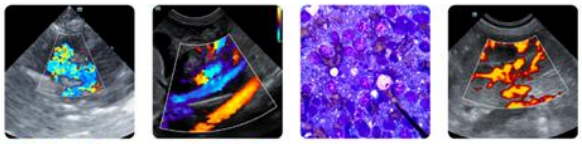


PATIENT

Peppy Buster

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9yr

WEIGHT

5.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE
25028

DATE
06/08/2026

PRESENTING CLINICAL SIGNS

Peppy is a 9 y/o MN DSH that presented for not eating in the last few days and not seen using litterbox. Owner did see him limp on RF limb. Per owner they also got a kitten last week and since then pt has been hiding and eating less. Owners also noticed pt has been breathing heavier.

Abnormal PE/Chem/CBC/UA Results: Musculoskeletal: Weakness in hind limbs, uncomfortable on palpation of RF limb. Cachexia on hind limbs. Abdomen: Doughy abdomen on palpation. No overt organomegaly appreciated CBC - NEU 12.48, LYM 0.22, EOS 0.00 Chemistry - BUN 43.2, Ca 8.2, TP 8.3, GLOB 5.5, Glu 293, TCHO 229 EPOC - BE (ecf) -8.2, Ca 1.19, BUN 41, Crea 2.13, Glu 288 fPli - Abnormal Radiograph report attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. 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 areas of increased in echogenicity with uniform echotexture. The renal cortex appeared to be mildly hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Bilateral areas of mild medullary mineral were present. The renal medullary volume was subjectively reduced. Medial left kidney cortical infarcts were present. The left kidney measured 3.6 cm in length. The right kidney measured 4.3 cm in length.

No overt visualized pathology in the area of the caudal abdomen and aortic trifurcation although not definitively visualized.

Adrenal Glands

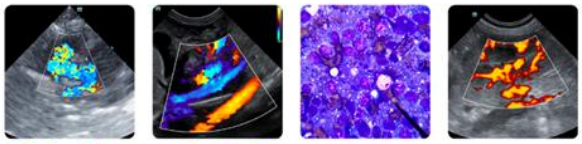
The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.44 width, and the right adrenal gland measured 0.43 width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.25 cm in width.

The small intestine presented intact non-thickened wall, exhibiting generalized empty lumen with mild segmental gas. Segmental mild, non-specific hyperechoic intestinal mucosal speckling. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.40 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific chronic renal changes with left kidney cortical infarcts
- Normal empty stomach
- Possible mild non-specific enteropathy
- Normal area of the pancreas
- Bilateral pinpoint adrenal dystrophic mineralization-normal age variant in a cat
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinary workup including UA if not done with suggested baseline renal staging to include C/S and UPC level given azotemia and renal presentation is recommended.

No evidence of overt active or chronic pancreatitis although mild to chronic pancreatitis may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered. Correlation with musculoskeletal/ neurological exam is recommended.

Gastrointestinal support and empirical therapy for CKD with clinical monitoring would be reasonable. Recheck sonogram recommended if persistent or progressive gastrointestinal signs or evidence of azotemia.

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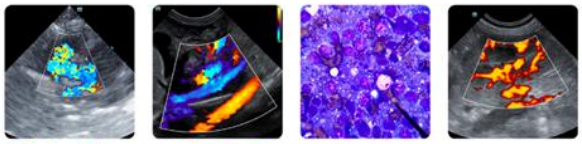

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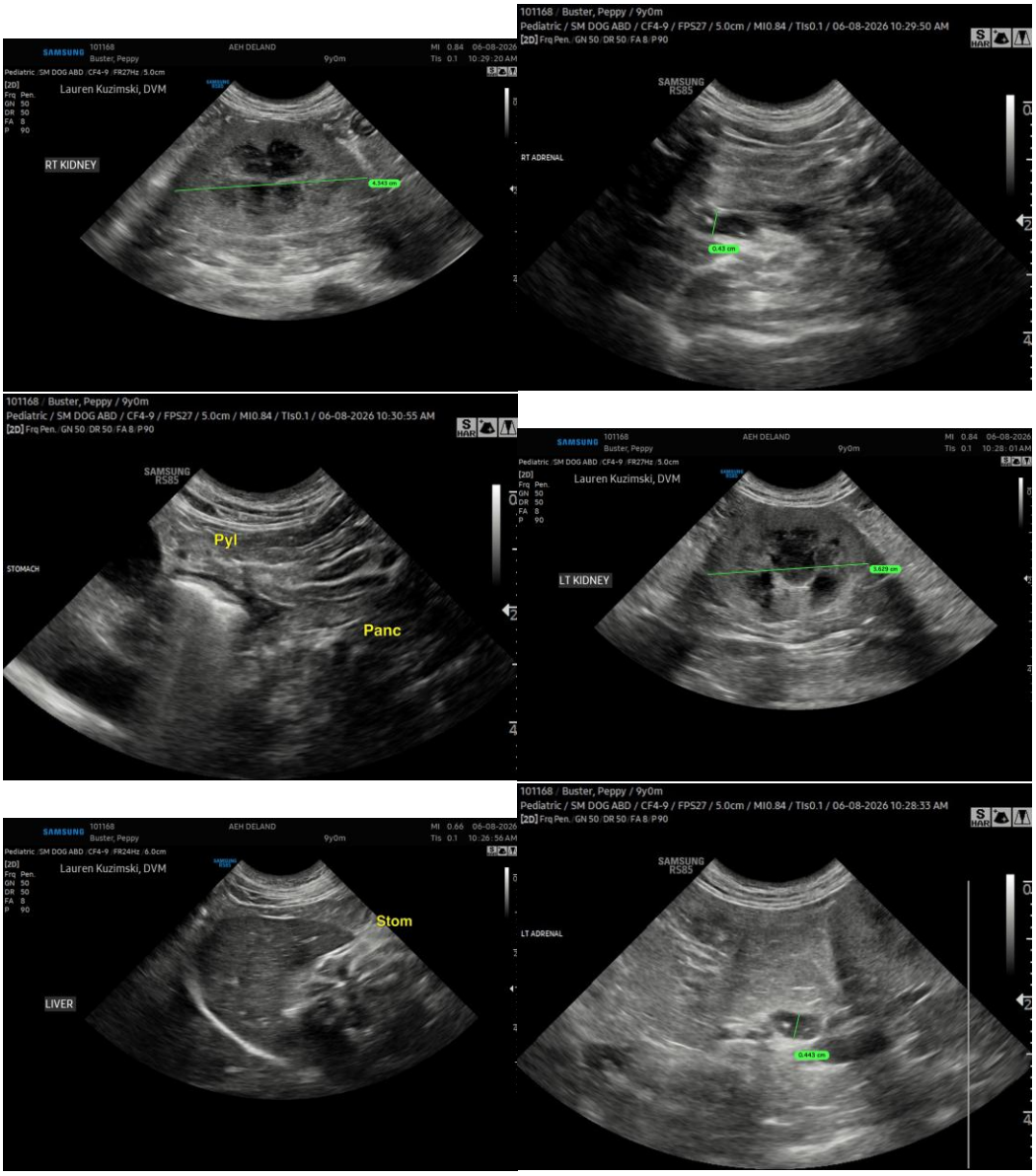

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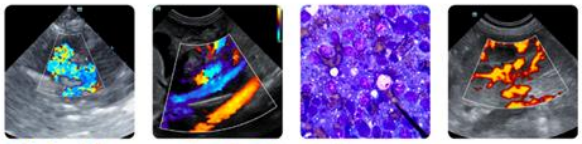

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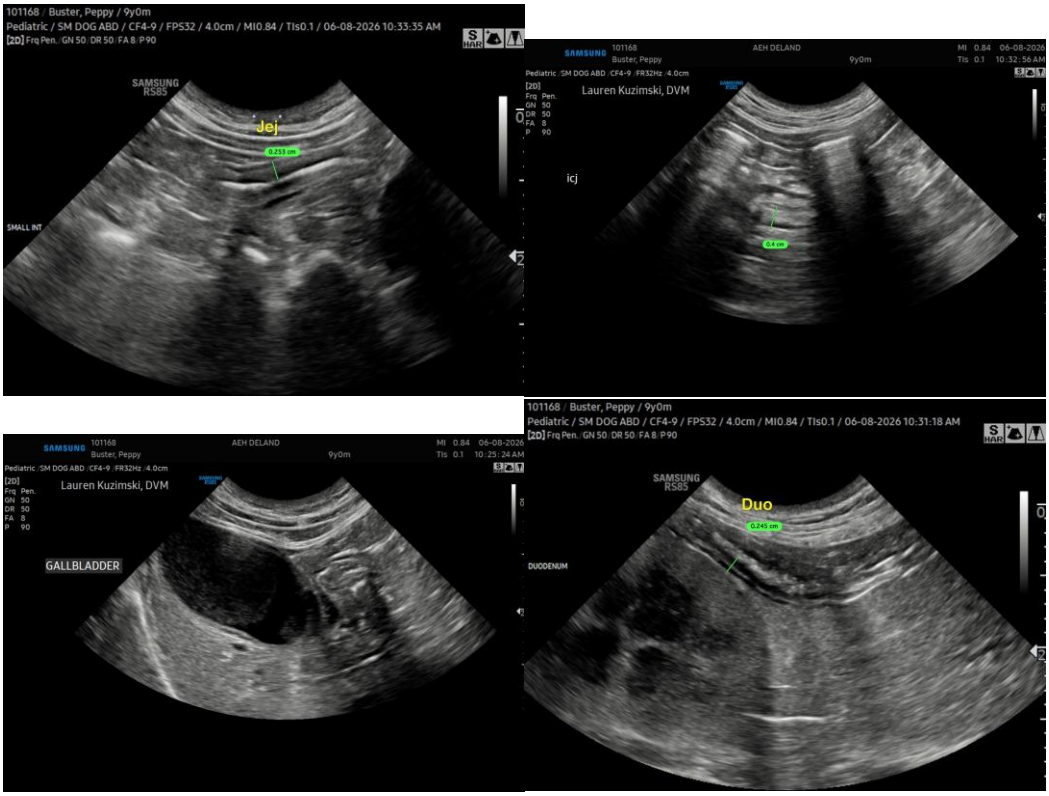

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com