



**PATIENT**

Pancake Dunns

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

11 years

**WEIGHT**

18.10 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Dog and Cat Clinic of  
 Niagara

**REFERRING VET**

Dr. Habib

**INVOICE**

11300

**DATE**

2/13/2026

**PRESENTING CLINICAL SIGNS**

- Vomiting, possible urinary obstruction
- Has had issues like this in past, was diagnosed with chronic kidney disease 3 years ago and placed on renal diet but has obstructed multiple times since, kidney values become VERY elevated each time but return to normal after relief of obstruction.
- 3 year history of azotemia and pulmonary disease
- Jan 2025-Dec 2025 was on urinary S/O diet with great stability and no obstructions during that time and BW was normal and stable
- Prazosin, Famotidine, mirtaz, IVF, urinary catheter placed

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results and radiographs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney is significantly enlarged with an abnormal structure with multiple anechoic fluid pockets and hyperechoic shadowing material consistent with nephroliths. Surrounding peritoneal space is hyperechoic consistent with retroperitoneal inflammation. Left kidney measures 4.91 cm in length.

The right kidney is similarly significantly enlarged with minimal cortical medullary distinction. There is moderate hydronephrosis and multiple hyperechoic shadowing objects within the renal pelvis consistent with nephroliths. Right retroperitoneal space is also hyperechoic consistent with retroperitoneal inflammation. There is no overt ureteral dilation. The right kidney measures 6.28 cm in length.

**Adrenal Glands**

The adrenal glands are not visualized bilaterally.

**Spleen**

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.



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**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**Pancreas**

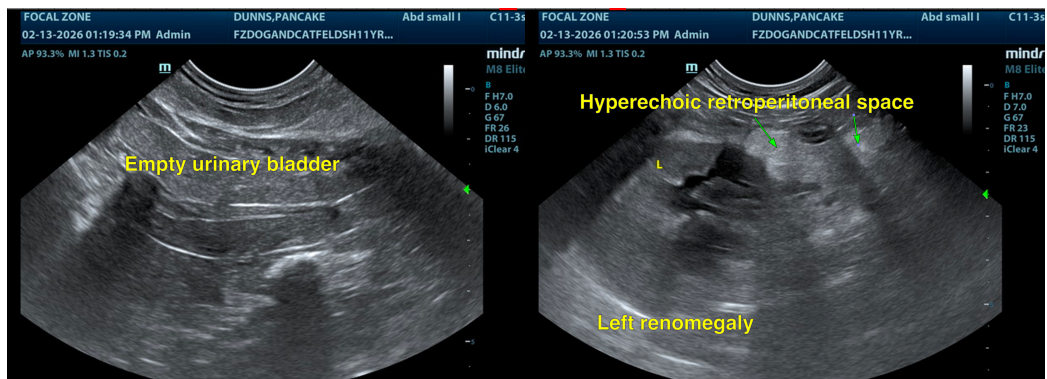
The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral renomegaly with hydronephrosis – Irregular structure and hydronephrosis of left kidney, bilateral nephroliths.
- Empty urinary bladder throughout scan.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Severity of renal changes, together with azotemia and completely empty urinary bladder is concerning for anuric renal failure. Treatment with IV fluids and monitoring of urinary bladder volume could be considered to determine if urine can be produced. There is no visible ureteral obstruction, however, this cannot be completely ruled out with ultrasound. An abdominal CT scan may be of use to identify bilateral ureteroliths which may be escaping detection on ultrasound, though this is considered less likely. Transfer to a facility with renal dialysis.





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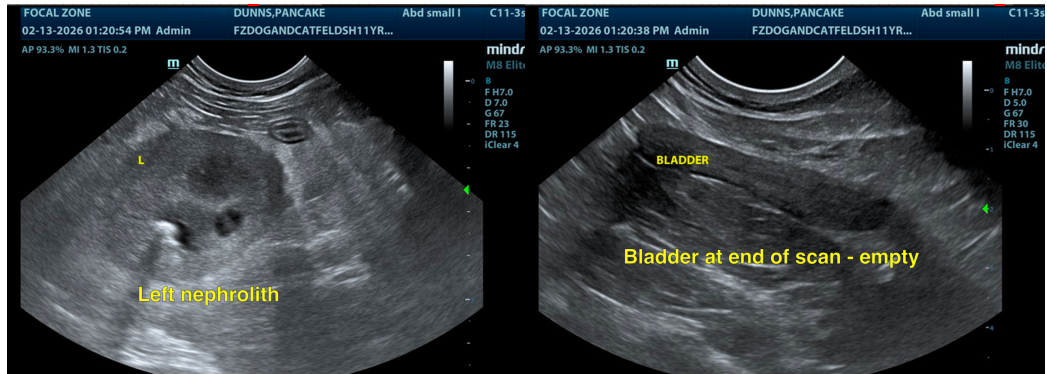
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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