



## PATIENT

Houdini Bridges

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

12y

## WEIGHT

4.6 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kari Wilson, DVM

## HOSPITAL NAME

Animal Emergency  
Hospital Deland

## REFERRING VET

Dr. Kari Wilson, DVM

## INVOICE

13052

## DATE

1/10/26

## PRESENTING CLINICAL SIGNS

History: Houdini is a 12 YO FS DSH who was presented for recurrent UTI symptoms and loose stool. P was seen on 1/4/26 and diagnosed with UTI and elects BUN. She was sent home with pain medication and antibiotics. O states that p was back to herself until this morning when she started to strain outside of the litter box. O also noticed nickel size drops of diarrhea in litter box this morning. P has ravenous appetite. Visit: Houdini is a 12 YO FS DSH who was presented for not being able to urinate or defecate. P is posturing but nothing is coming out.

Current medication: Clavamox 1/4/26

Abnormal PE/Chem/CBC/UA Results: 1/10 Visit: BUN 39.2 ALT: 133 ALP: 128 T4: 14.4 1/4/26 Visit: BUN: 39

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. The right kidney exhibited mild pyelectasia. The left kidney measured 3.4 cm in length. The right kidney measured 4.2 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm. No obvious pathology in the area of the right adrenal gland.

### 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

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, generally mild, similar appearing ingesta to the level of the colon. Small intestine wall measured 0.23 cm, and ileocolic wall measured 0.30 cm.

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

## Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## Free Abdomen

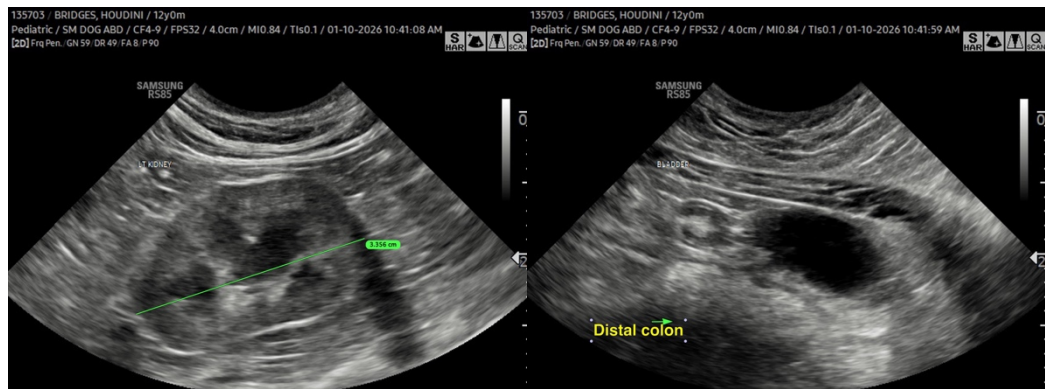
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with mild right kidney pyelectasia
- Sonographically normal urinary bladder and visible proximal urethra
- Normal gastrointestinal tract with non-shadowing gastrointestinal ingesta and soft fecal matter in colon
- Normal liver/gallbladder – consistent with mild benign hepatopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary workup including urinalysis, +/- C/S or UPC level if clinically indicated for baseline renal staging is recommended. Mild to emerging benign hepatopathy or secondary hepatopathy potentially secondary to hyperthyroidism given severe elevated T4 level possible. If patient is hyperthyroid with therapy, serial monitoring of renal parameters indicated given current mild azotemia. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult or non-structural intestinal disease or mild pancreatitis is warranted. No evidence of lower urinary tract or visible distal descending colon pathology as an obvious contributing factor to the patient's history.





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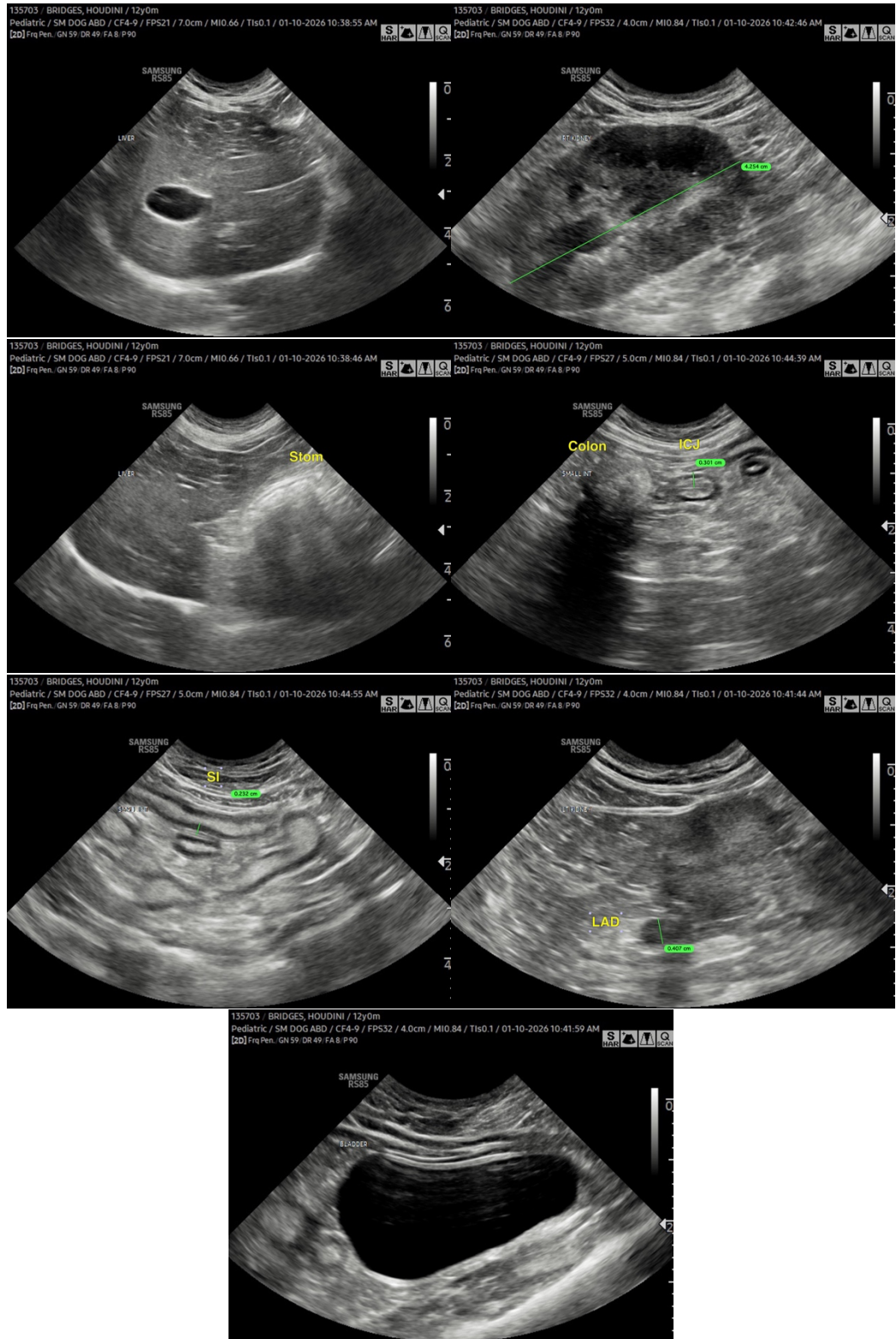
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)