



PATIENT

Steve Guerriero

PRESENTING CLINICAL SIGNS

Recheck ABD. Sq fluids twice weekly, finished Clavamox and Zeniquin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

BREED

DSH

Subnormal left kidney size with mildly enlarged right kidney and asymmetrical margination was present. 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. Marked loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was present. The previously noted bilateral ureters were not definitively visualized. Mild increased right retroperitoneal echogenicity with no evidence of retroperitoneal effusion. The left kidney measured 2.4 cm in length. The right kidney measured 4.8 cm in length.

SEX

MN

AGE

12yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

14.5lb

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.37 cm width The right adrenal gland measured 0.47 cm width.

Spleen

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kerri Becker

Liver/Gallbladder

HOSPITAL NAME

Newton VH

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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr Timony

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.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.24 cm in width.

DATE 1/2/26



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

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Pancreas

Indistinct pancreatic capsule compared to adjacent non-reactive omentum with mild isoechoic heterogeneous remodeled parenchyma present.

SPECIES

Feline

Free Abdomen

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

BREED

DSH

A spherical shadowing structure was present in the mid to caudal abdomen, measuring 1.6 cm diameter, consistent with Bates body.

ULTRASONOGRAPHIC FINDINGS

SEX

Primary

MN

- Chronic nephropathy exhibiting subnormal left kidney size, right kidney compensatory hypertrophy and bilateral pyelectasia
- Mild urine sediment.
- Heterogeneous remodeled pancreas
- Sonographically unremarkable gastrointestinal tract.

AGE

12yr

WEIGHT

14.5lb

Secondary

- Previously noted mid to caudal abdomen Bates body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar sonographic findings compared to the previous study without evidence of progressive pathology. Correlation with recheck UA +/- renal staging to include recheck C/S and UPC level, if inflammatory proteinuria is recommended. No evidence of current gastrointestinal mural pathology or neoplastic criteria. A spec FPL can be considered if clinical signs consistent with chronic pancreatitis are present. Pending recheck urinary workup, CKD therapy with monitoring of renal parameters is recommended.

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(Canine and Feline)

**IMAGING
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HOSPITAL NAME

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Dr Timony

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**DATE
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Feline

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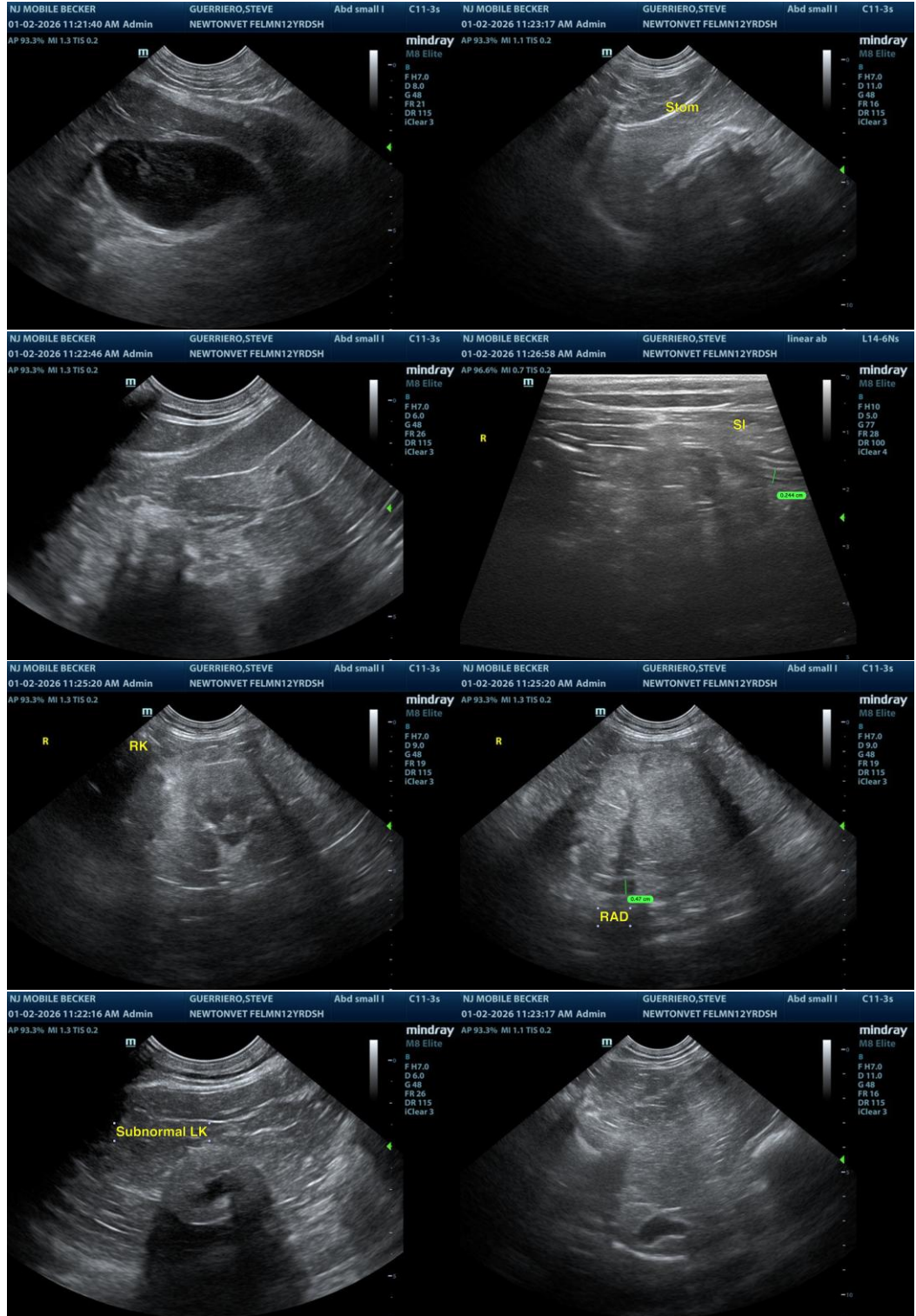
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SPECIES

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SEX

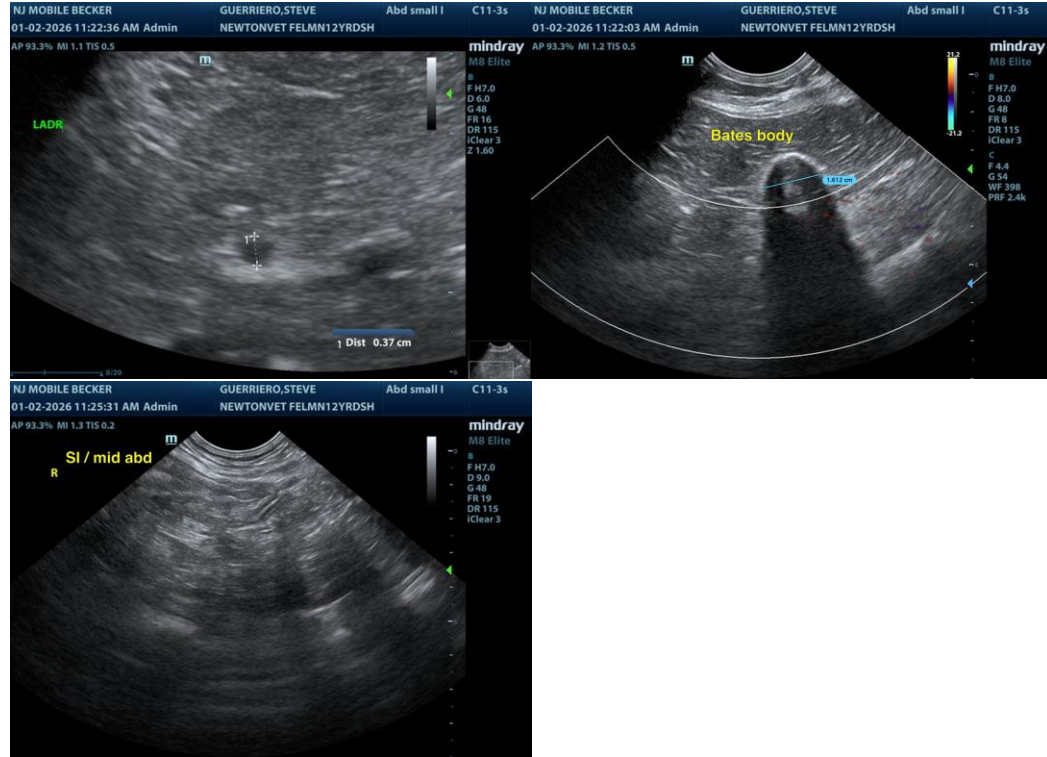
MN

AGE

12yr

WEIGHT

14.5lb



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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

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