



PATIENT

Sierra Ascough

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13yr

WEIGHT

15.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Iitchfield

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Ammeraal

INVOICE

22913

DATE

11/10/2025

PRESENTING CLINICAL SIGNS

Pet having a history of not wanting to eat much, staring at water bowl and spraying colorless urine on ground and wall

Abnormal PE/Chem/CBC/UA Results: BUN/CREA 147, CREA 11.3, MG 4.2, PHOS 10.8, EOS 1%, PLATELETS 113

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended to subnormal in size with normal appearing bladder wall. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. No evidence of inflammatory or neoplastic changes was noted.

Enlarged size and mild asymmetrical margination was present in the kidneys. A normal 1:3 cortex / medulla ratio with mild hyperechoic cortex echogenicity. Hypoechoic medullary echogenicity with enhanced corticomedullary border demarcation was present. A mildly hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. Both kidneys exhibited mild perinephric hyperechoic to retroperitoneal tissue and minor right kidney hypoechoic halo. The left kidney measured 6.6 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.48 cm width. The right adrenal gland measured 0.49 cm 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented non-distended in size with intact normal gastric wall with borderline thickened hypoechoic gastric wall. The stomach was primarily empty with lumen gas. Borderline thickened hypoechoic stomach wall measured 0.32 cm in width.



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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.

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

SPECIES

Pancreas

Feline

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.

BREED

Free Abdomen

DSH

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

SEX

ULTRASONOGRAPHIC FINDINGS

FS

Primary

- Bilateral renomegaly exhibiting non-specific medullary rim and evidence of mild perinephric inflammation / scant right kidney hypoechoic halo.
- Sectorial borderline thickened hypoechoic stomach wall.
- Non-distended/ subnormal urinary bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the bilateral nephropathy and renomegaly may include acute on chronic nephropathy, i.e. infectious disease, toxic insult, etc. with primary concern for emerging bilateral renal neoplasia, i.e. lymphoma. Assuming normal clotting status and using a 25g needle, accessible renal cortex FNA for screening cytology is warranted for further assessment. Correlation with full urinary workup including UA, C/S and baseline UPC level is recommended.

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The sectorial mildly thickened stomach is non-specific yet may be concerning for concurrent emerging infiltrative mural neoplasia if renal neoplasia is confirmed. Renal and gastrointestinal support pending additional diagnostics with clinical monitoring is recommended. A guarded prognosis is indicated.

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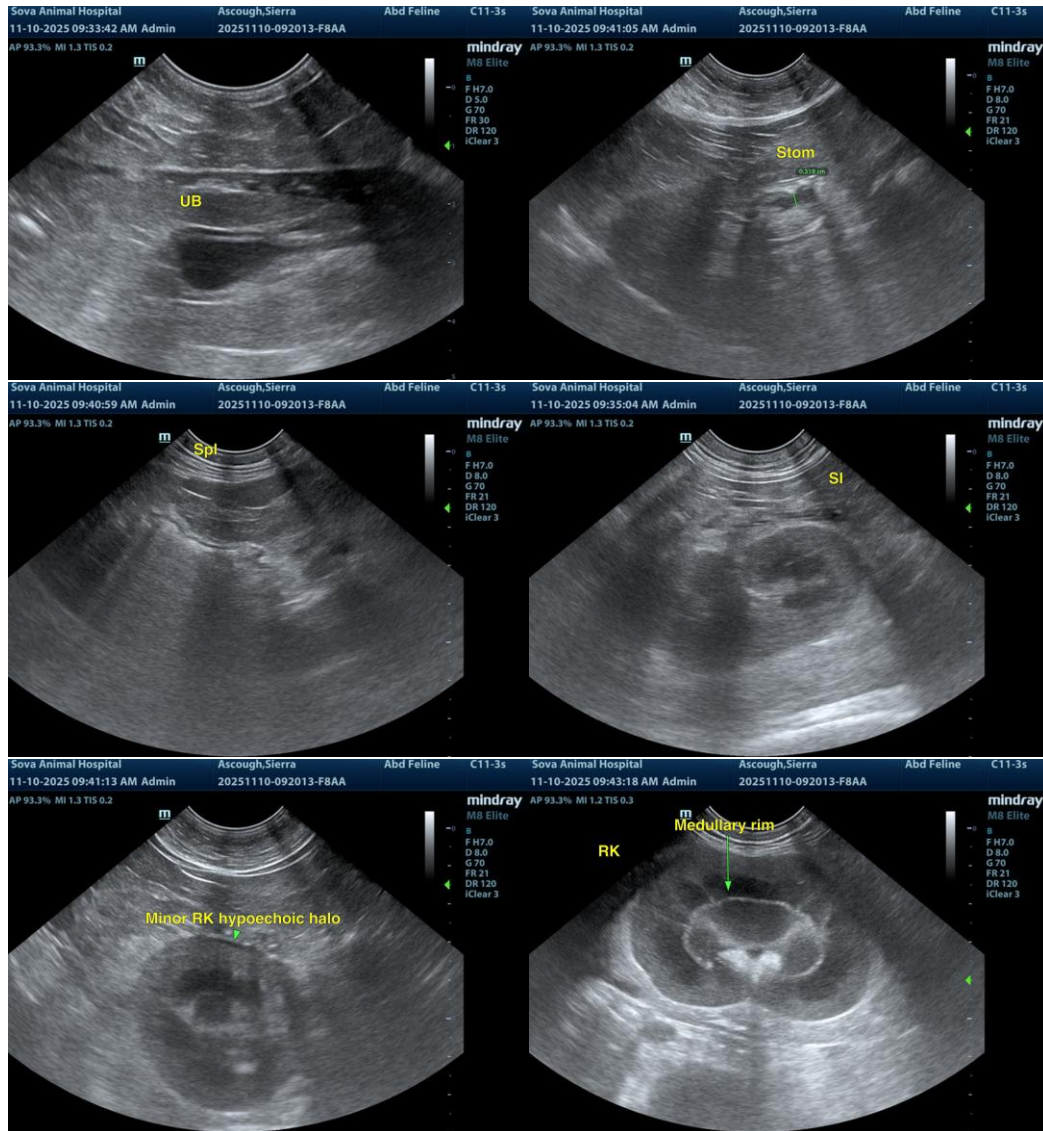
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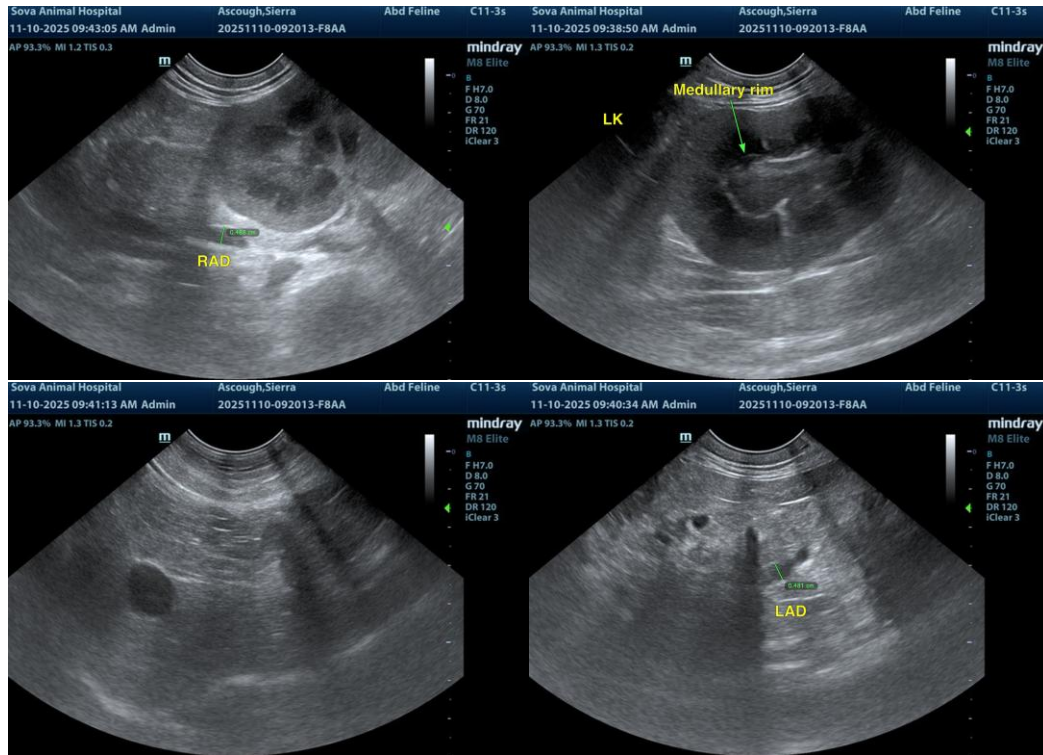
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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