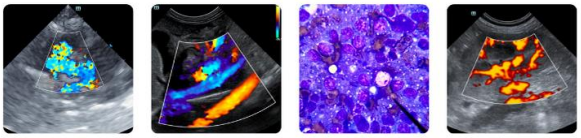


PATIENT

Theia Morris

SPECIES

Feline

BREED

DSH

SEX

F(S)

AGE

12 years

WEIGHT

9.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Rondout Valley VA

REFERRING VET

Dr. Hartelius

INVOICE

10345

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Labored breathing, extreme fatigue following depomedrol injection Severe dyspnea, increased lung sounds w/ rattle and squeak, absent femoral pulses Current meds: Furosemide 6.25mg BID, Plavix 75mg Recieved Depomedrol 11/11/25 for dermatitis, was asymptomatic at that time

Abnormal PE/Chem/CBC/UA Results: Chem: BUN 70, Crea 3.3, Glu 254, K 3.2, ALb 4.7, TP 10.2 U/A ; glucose and trace protein USG >1.050

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio with mild indistinct corticomedullary border demarcation was present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A mild prominent, hyperechoic corticomedullary to corticomedullary border hyperechoic 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 interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.3 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width and the right adrenal gland measured 0.46 cm width.

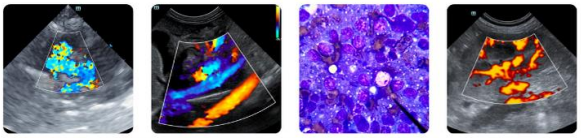
Spleen

The spleen was normal to mildly subnormal in size, possibly suggestive of volume contraction. The spleen measured 0.45 cm width at the level of the mid spleen.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was present.

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 nonshadowing ingesta, consistent with food echogenicity without signs of obstruction or foreign material.

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 ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. Sonographic assessment of the cranial and distal aorta revealed normal aortic volume with normal laminar blood flow on Doppler assessment. Concurrent Doppler assessment of the cranial abdomen caudal vena cava and portal vein revealed normal flow. No overt evidence of vascular thrombus.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with mild urine sediment
- Bilateral mild age-related renal changes with nonspecific medullary rim sign
- Normal volume liver with mild volume contracted spleen
- Sonographically unremarkable major vasculature, i.e., aorta cranial abdomen caudal vena cava and visualized portal vein

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive evidence of major vascular thrombus. A thrombotic event in the non-visualized peripheral vasculature cannot be definitively excluded. Correlation with echocardiogram is recommended. Supportive care in consideration for empirical therapy for thrombotic event, given patient clinical signs, is recommended. Coagulation profile is recommended.

Sonographically, the bilateral kidneys did not appear to be end-stage with nonspecific medullary rim sign. Correlation with urine C/S +/- baseline UPC level, if evidence of inflammatory vs. non-inflammatory urine sediment, is recommended. Pending echocardiogram, CT may be indicated for further assessment.

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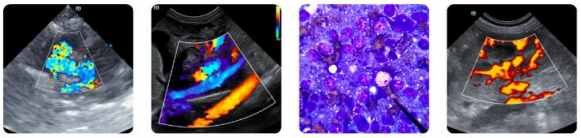

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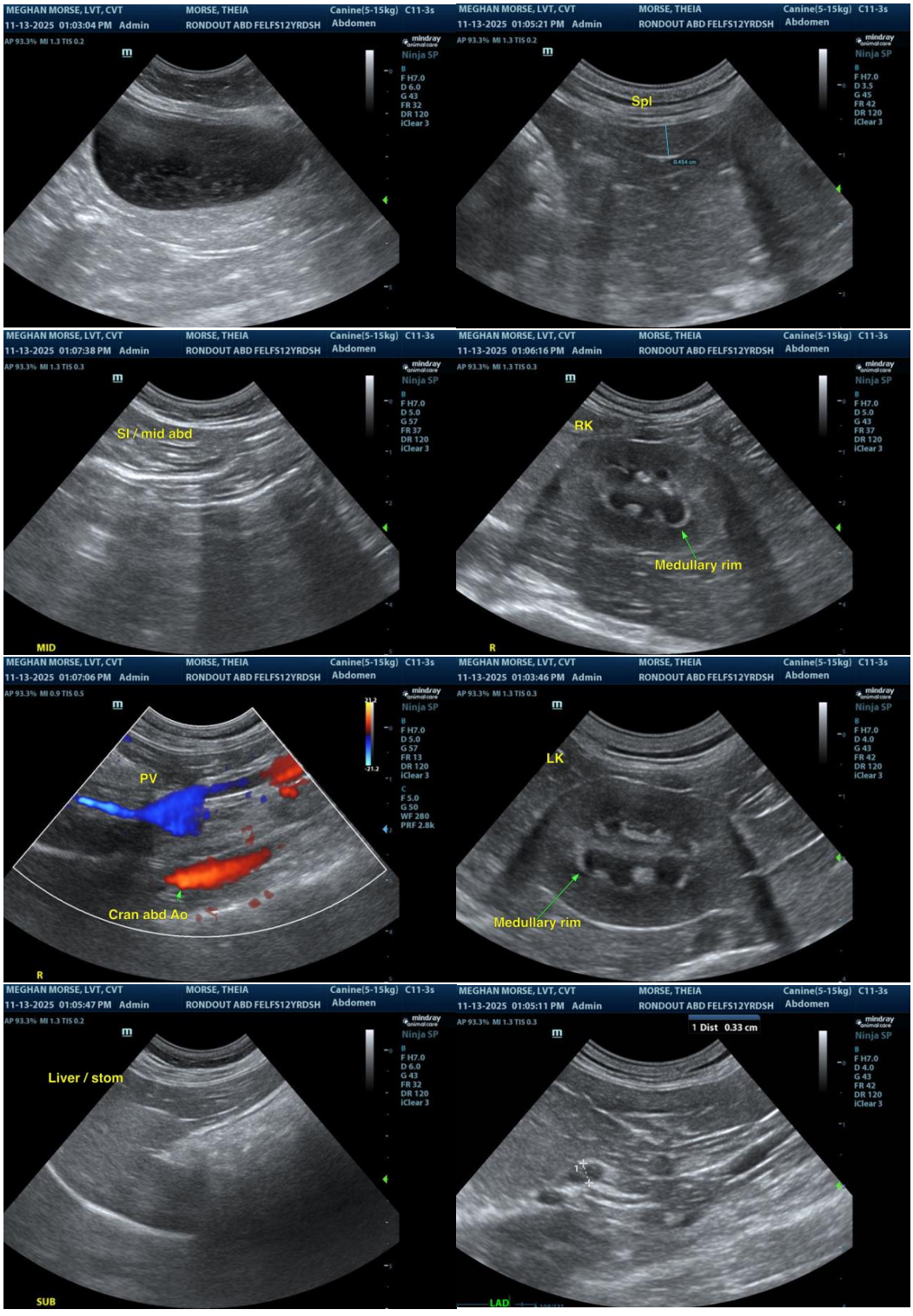

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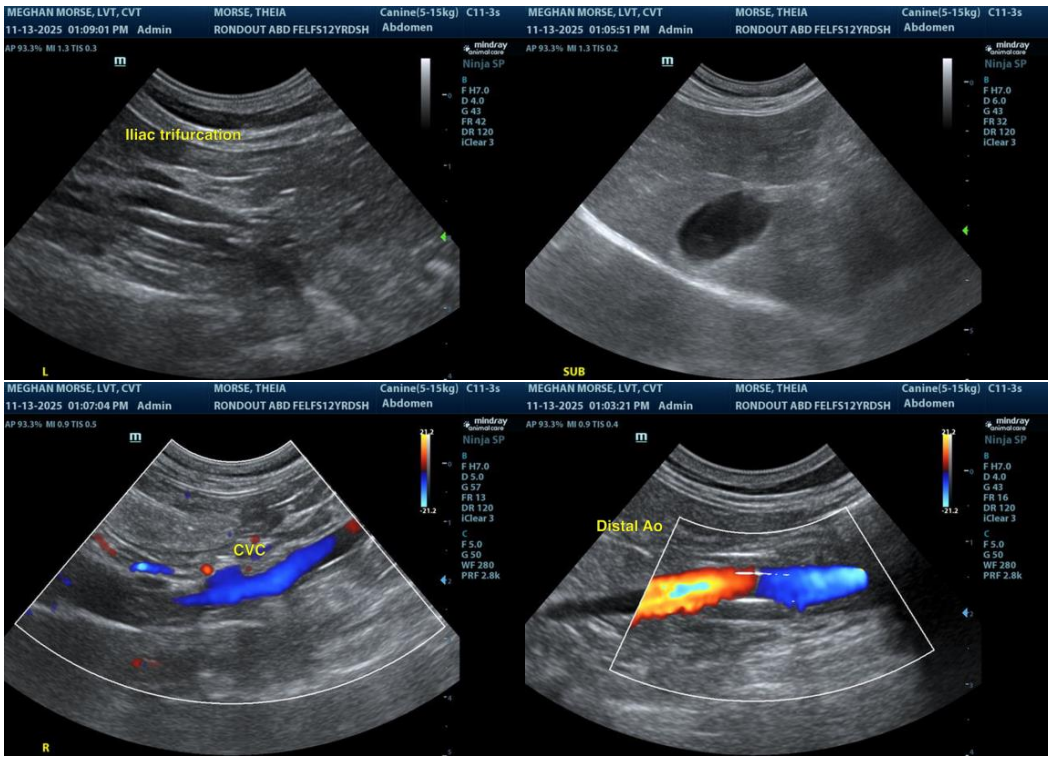

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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