



## PATIENT

Ashes Leitzel

## SPECIES

Feline

## BREED

DSH

## SEX

Intact Male

## AGE

6.5 Years

## WEIGHT

3.85 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

71875

## DATE

11/17/25

## PRESENTING CLINICAL SIGNS

Presented Sunday 11/16 at 6:45a for dehydrated, drinking a lot, and stumbling. Neighborhood stray brought in a few months ago, treated for ear mites, giardia, leg injury Patient is circling again towards left side, decreased appetite today when offered treats. Historically FIV positive.

Abnormal PE/Chem/CBC/UA Results: EENT/oral: severe halitosis, moderate dental disease, severe bilateral ear discharge, bilateral nasal and ocular discharge H/L: No m/a, ss pulses, stertorous breathing, mildly increased BV sounds Abd: Kidneys palpate rounded, large soft bladder Musc: Underconditioned, no lameness Integ: Severe matting down tail and hind legs, severe flea dirt, severe ulcerated wound on left hock EPOC: Cs02 49.8 L, BE,ECF -5.9 L, Na 145 L, BUN 13 L, HCT 16 L CBC: RBC 3.95 L, HCT 17.1 L, hemoglob5.2, RDW 39 H, Retic 117.3 H, WBC 20.27 H, Neut 16.25 H, Mono 0.75 H, PLT 642 H, plateletcrit 1,21 H T4 WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was mildly distended in size with normal tone. Normal wall without evidence of inflammation or tumors. Anechoic urine present with moderate, primarily non-dependent particulate to mobile sediment. No obvious pathology in the area of the trigone or cystourethral junction. The urethra was indistinctly visualized to a depth of 2.0 cm.

The kidneys are enlarged in size with symmetrical contour and maintained 1:3 cortex to medulla ratio with increased corticomedullary echogenicity and indistinct corticomedullary border demarcation. No evidence of pyelectasia or retroperitoneal inflammation. The left kidney measured 5.3 cm in length. The right kidney measured 5.1 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 0.40 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm

### 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, potentially partially divided into two compartments containing anechoic bile. Potential for mildly dilated non-obstructive cystic duct. The common bile duct was not definitively visualized.



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## 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.

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. Small intestinal wall measured 0.21 cm. Duodenum wall measured 0.28 cm.

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

## Pancreas

The area of the pancreas was sonographically normal.

## Free Abdomen

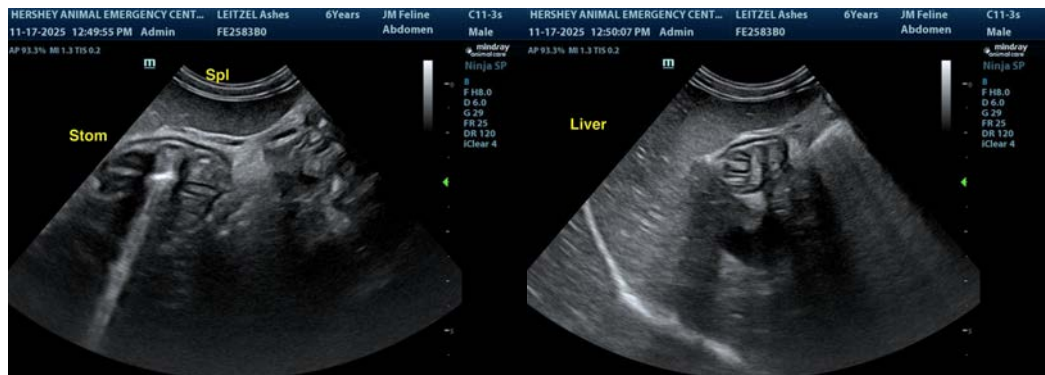
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Mild distended urinary bladder with urine sediment.
- Bilateral mild renomegaly exhibiting intact architecture and increased corticomedullary echogenicity.
- Sonographically normal gastrointestinal tract.
- Normal volume liver.
- Possible partial bilobed gallbladder in a cat, possible mild non-obstructive dilated cystic duct – If present bilobed gallbladder, this is a normal variant in a cat.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific given no currently reported azotemia, the bilateral kidneys may indicate non-specific to chronic nephritis with unilateral or bilateral renal neoplasia thought less likely, given intact renal architecture. Correlation with assessment of urinary pattern as well as urinalysis, culture and sensitivity if evidence of inflammatory sediment, or UPC level if non-inflammatory proteinuria. Monitoring of renal parameters going forward is recommended. Gastrointestinal support is indicated. A GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for mild pancreatitis or non-structural enteropathy if continued or progressive inappetence. Correlation with neurologic examination, 3-view chest radiographs, +/- recheck retroviral status is recommended.





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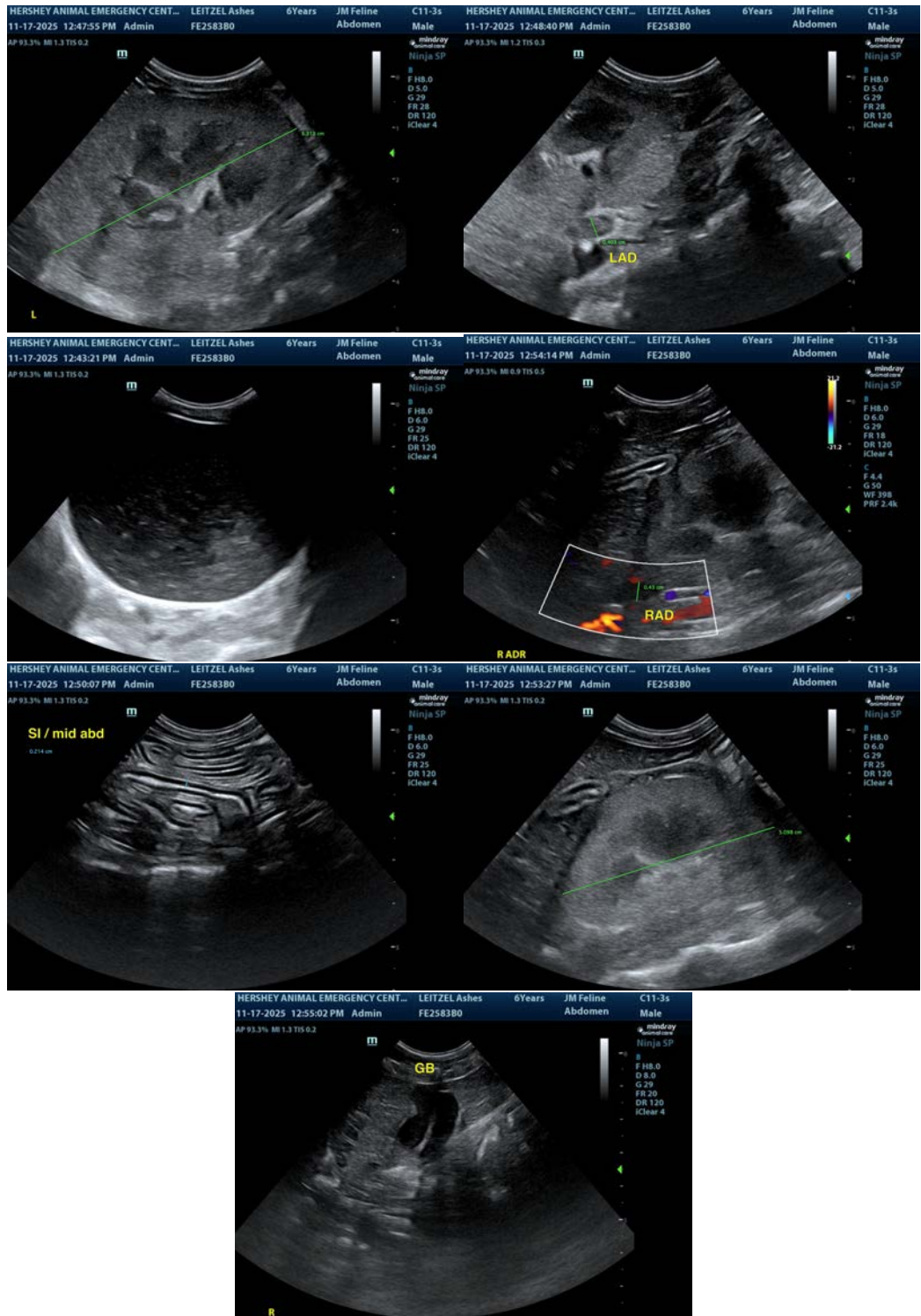
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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