
**PATIENT**

Puma Eddy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

5yr

**WEIGHT**

4.86kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

 Loetitia Saint-  
 Jacques,  
 LVT

**HOSPITAL NAME**

 Roundhill Animal  
 Hospital

**REFERRING VET**

Dr Carl Kelly

**INVOICE**

22982

**DATE**

11/17/2025

**PRESENTING CLINICAL SIGNS**

Puma" BLOCKED FELINE DSH 5 years old Male, neutered 4.86kg Presented today blocked. Not vomiting. Drinking excessive water. Not eating (all for 24 hours). Placed urinary and IV cath. negative fiv/felv test. Low glucose (40) this morning. Temperature was BELOW 91 degrees F this morning. Is now maintaining around 95-96. Urine specific gravity is 1.019. Extremely high Crea, BUN, PHOS. Low CA (7.2mg/dl) Low Na (148mmol/L) Low Cl. Has been getting 0.9% saline with 50% dextrose IV all day.

Abnormal PE/Chem/CBC/UA Results: LABS attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

The urinary bladder was non-distended with urine. Generalized thickened urinary bladder wall exhibiting mild asymmetrical luminal surface contour was present. Minimal anechoic urine present, with probable adhered ventral lumen surface mineral vs mineralized lumen wall. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Pinpoint to focal areas of non-obstructive proximal urethral lumen mineral was present.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Mild bilateral pyelectasia. Mildly dilated left and right ureter to the approximate level of the urinary bladder without overt visualized obstructive criteria. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

**Adrenal Glands**

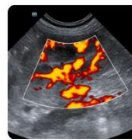
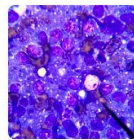
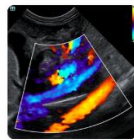
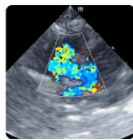
Both adrenal glands were mildly enlarged with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland measured 0.54 cm width at the caudal pole.

**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



**PATIENT**

non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Puma Eddy

**Gastrointestinal**

**SPECIES**

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild to moderate retained fluid and mild lumen gas.

Feline

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental primarily mild ileus to the level of the colon was present with no evidence of pathology in the area of the ileocolic junction. The small intestinal wall measured 0.22 cm in width.

**BREED**

DSH

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

**SEX**

**Pancreas**

MN

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.

**AGE**

**Free Abdomen**

5yr

No omental masses or overt lymphadenopathy was present.

Mild pericyclic to intermittent minor peritoneal effusion.

**WEIGHT**

4.86kg

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Mild to moderate cystitis pattern with ventral lumen surface mineral
- Sonographically unremarkable bilateral kidneys exhibiting mild pyelectasia and mild left and right hydroureter
- Normal gastrointestinal tract with gastric and segmental intestinal ileus, consistent with metabolic gastrointestinal ileus
- Pericyclic to mild intermittent peritoneal effusion

**Secondary**

- Mild bilateral adrenomegaly -subjective benign

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The kidneys did not appear to be sonographically end stage, indicating likely renal insult and non-obstructive left and right ureters or potential ureteritis, likely owing to urinary blockage. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Given the degree of azotemia in conjunction with recent decreased USG, permanent acute renal insult cannot be definitively excluded. Hospitalization with renal and gastrointestinal support, empirical therapy for cystitis with clinical and as needed sonographic monitoring for further prognosis is recommended.

**INTERPRETED BY**

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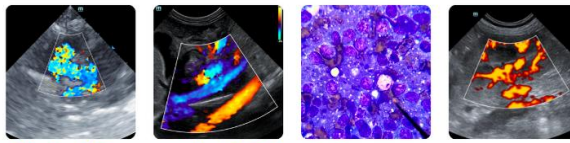
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Suspect incidental bilateral adrenomegaly which may indicate patient variant or stress hyperplasia.

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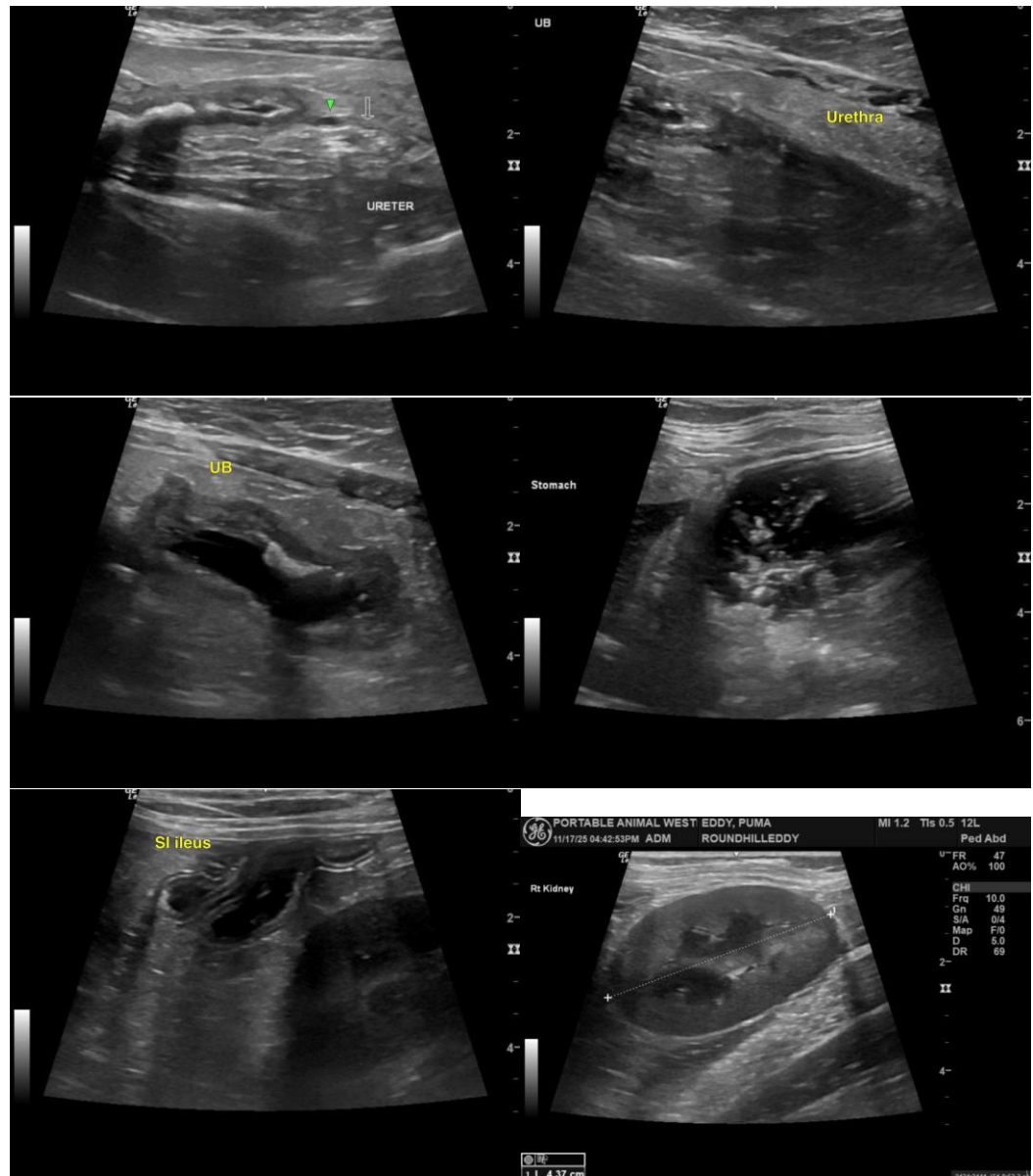
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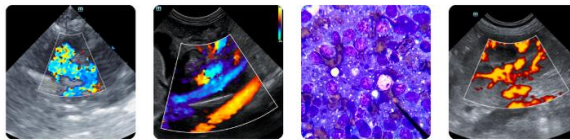
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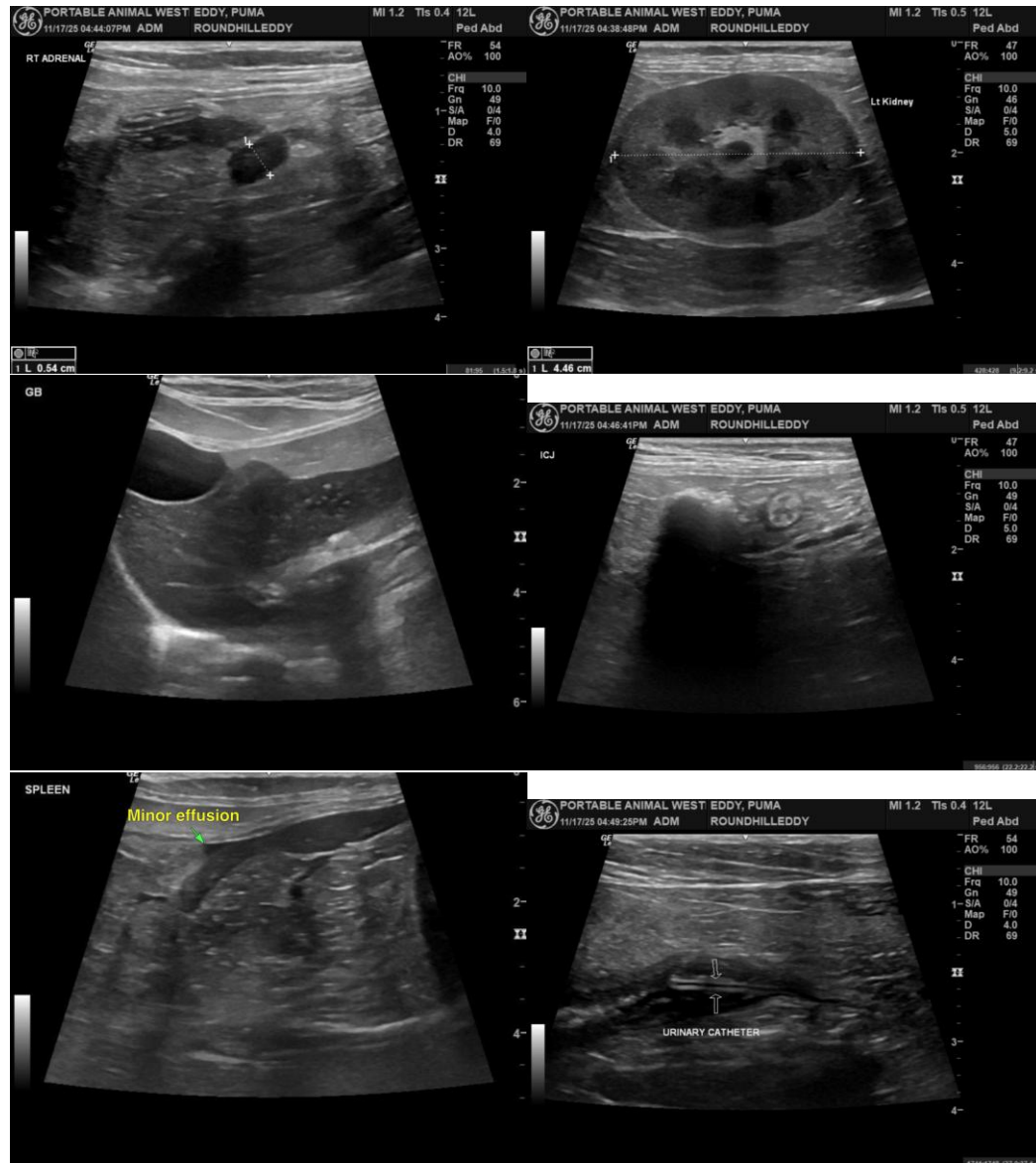
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

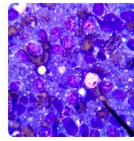
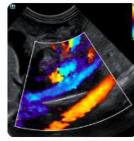
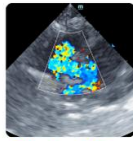
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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