



## PATIENT

Pumpkin Ditzler

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

8yr

## WEIGHT

2.9kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Victoria Orlando

## INVOICE

22992

## DATE

11-19-25

## PRESENTING CLINICAL SIGNS

Presented 11/15 for hematuria. Diagnosed with UTI at that time and sent home with antibiotics and gabapentin. Presented 11/19 for recheck. Owner states hematuria improved initially but then returned. Patient has lost 0.44# in 4 days. Per owner eating normally. Dorsal epaxial muscle wasting

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 7.93 (N), HCT 34% (N), RDW 27.7% (H), WBC 6.21 (N), Plt 268 (N) EPOC: BUN 36 (H), Crea 1.79, HCT 30% UA: RBC >50/HPF, rods present (bacterial confirmation pending) Urine culture pending Rads: Ingesta present in stomach, feces in colon, no obvious renoliths or cystoliths

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### 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 minor 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.

The left kidney was subnormal in size with symmetrical margination and 1:3 cortex medulla ratio. Indistinct corticomedullary border demarcation was present. No evidence of pyelectasia or left hydroureter.

The right kidney was normal in size with symmetrical margination and 1:3 cortex medulla ratio. Adequate corticomedullary border demarcation was present. Mild hydronephrosis with concurrent proximally dilated right ureter extending 3-4 cm caudally. Within the caudal aspect of the proximally distended right ureter, an area of ureteral mineralization which may indicate accumulated mineral, calculus and potential mucus was visualized measuring ~ 0.4 cm in diameter. The visualized dilated right ureter to the level of the urinary bladder was not obvious.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### 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.



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## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic ingesta exhibiting mild progressive distal acoustic shadowing.

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.

## 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 was evident.

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Normal urinary bladder with minor urine sediment
- Subnormal left kidney with chronic changes
- Right kidney mild hydronephrosis
- Proximal right hydroureter with lumen mineral / calculus and potential mucus
- Sonographically unremarkable gastrointestinal tract with gastric ingesta, suggestive of food echogenicity, minor potential for intermixed hairball density

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right obstructive ureterolithiasis with potential for concurrent mucus is present and likely source of the hematuria. Medical therapy which may include increased urine output, relaxation of ureteral smooth muscle and empirical therapy for possible ureteral inflammation with clinical and sonographic monitoring may be considered. Otherwise, referral for additional interventional procedure is likely indicated to preserve right kidney function. Correlation with UA pending urine C/S and most recent meal ingestion is recommended. Documented 12-hour fast and sonographic reassessment of the stomach may be considered if reported NPO.



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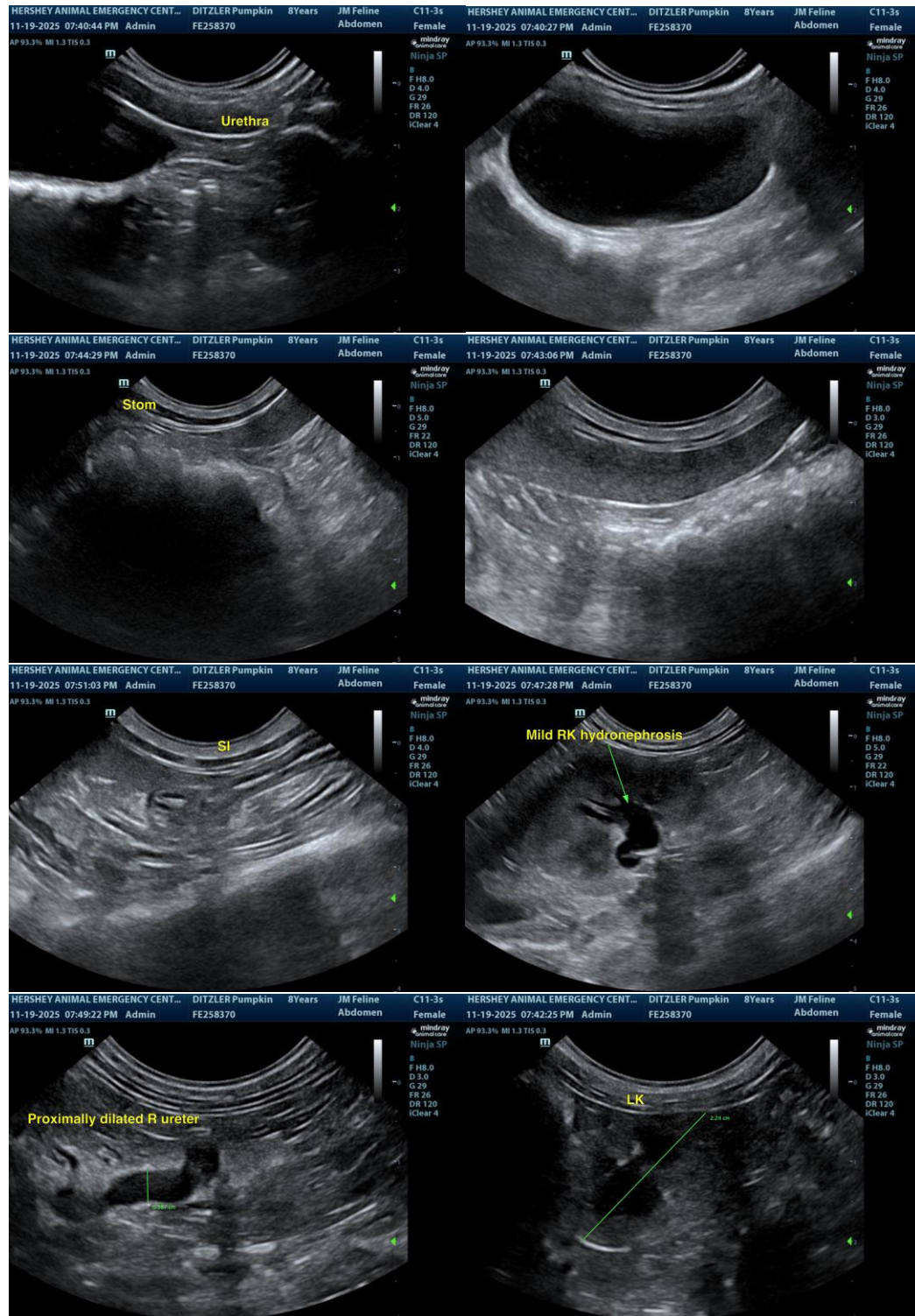
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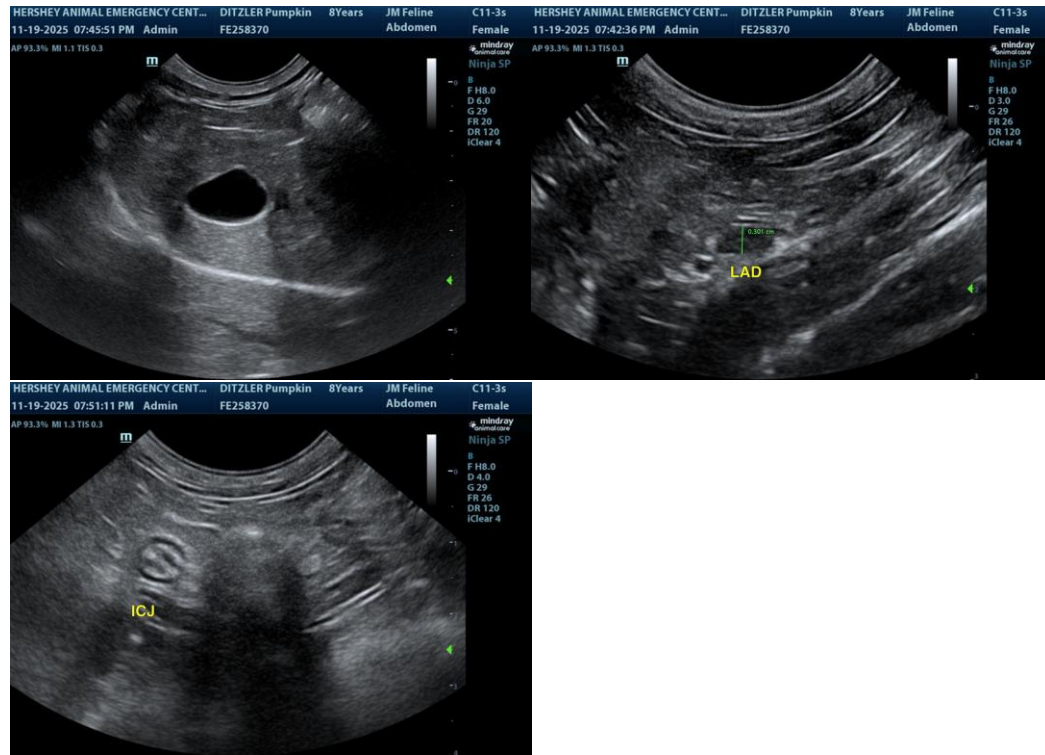
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)