



PATIENT	PRESENTING CLINICAL SIGNS
Whiskey Silimperi	Hyporexia, recurrent (e.coli) bacterial cystitis. Hx pyelonephritis 2025 .(prev. report attached). Weight loss. Current medications: Amoxicillin, Mirataz; SQF; (initially 2 doses Cerenia); on Budinocide for longterm mgmt of "gi" dz.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Pyuria, hematuria, decreased USG, TP 5.3.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
FS	
AGE	No evidence of pathology in the area of the aortic trifurcation.
12 yrs	
WEIGHT	Subnormal size and symmetrical margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length.
7.10 lbs	
INTERPRETED BY	Subnormal size and asymmetrical margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and marked loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Cortical infarcts were noted in the right kidney, as well as mild medullary mineral and mild pyelectasia. The right kidney measured 2.9 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Adrenal Glands
Shari Reffi, CVT	No obvious pathology was noted in the area of the left or right adrenal glands.
HOSPITAL NAME	Spleen
Nazareth VC	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.
REFERRING VET	Liver/ Gallbladder
Dr. Bankowski	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The common bile duct was not definitively visualized.
INVOICE	
10387	
DATE	
11/20/25	



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact, non-thickened wall with maintained wall layer ratio. Segmental nonshadowing intestinal ingesta and nonobstructive ileus were noted. The small Intestinal wall width measured 0.22 cm.

Normal visible colon wall layers were present with semi-formed fecal matter.

Pancreas

The left and right pancreas were mildly prominent in size with capsule asymmetry and heterogeneous, remodeled parenchyma. Mildly prominent right limb pancreatic duct was noted.

Free Abdomen

Intermittent, nonhomogeneous mesenteric lymph nodes were present, exhibiting mild irregularly enlarged size. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 2.0 cm x 0.92 cm. Mild perilymphatic to peri intestinal hyperechoic omentum was noted. Mild volume peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy exhibiting nonobstructive intestinal ileus and segmental nonshadowing ingesta / chyme
- Chronic pancreatitis
- Chronic renal changes, more prominent in the right kidney, exhibiting subnormal right kidney size and mild pyelectasia
- Sonographically normal urinary bladder with minor urine sediment
- Mild hepatic parenchymal remodeling and mild gallbladder debris
- Static mild mesenteric lymphadenopathy, perilymphatic / peri intestinal mild hyperechoic omentum and minor volume peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck urine C/S on a sterile urine sample if evidence of inflammatory sediment on urinalysis is recommended. Chronic right kidney pyelonephritis, pelvic scarring owing to chronic renal changes, or potential previous mineral passage is possible.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Emerging to occult intestinal and lymphatic neoplastic criteria was not obvious, yet not definitively excluded. Effusion analysis for further clarification, and if possible, could be considered; otherwise, continued gastrointestinal / renal support



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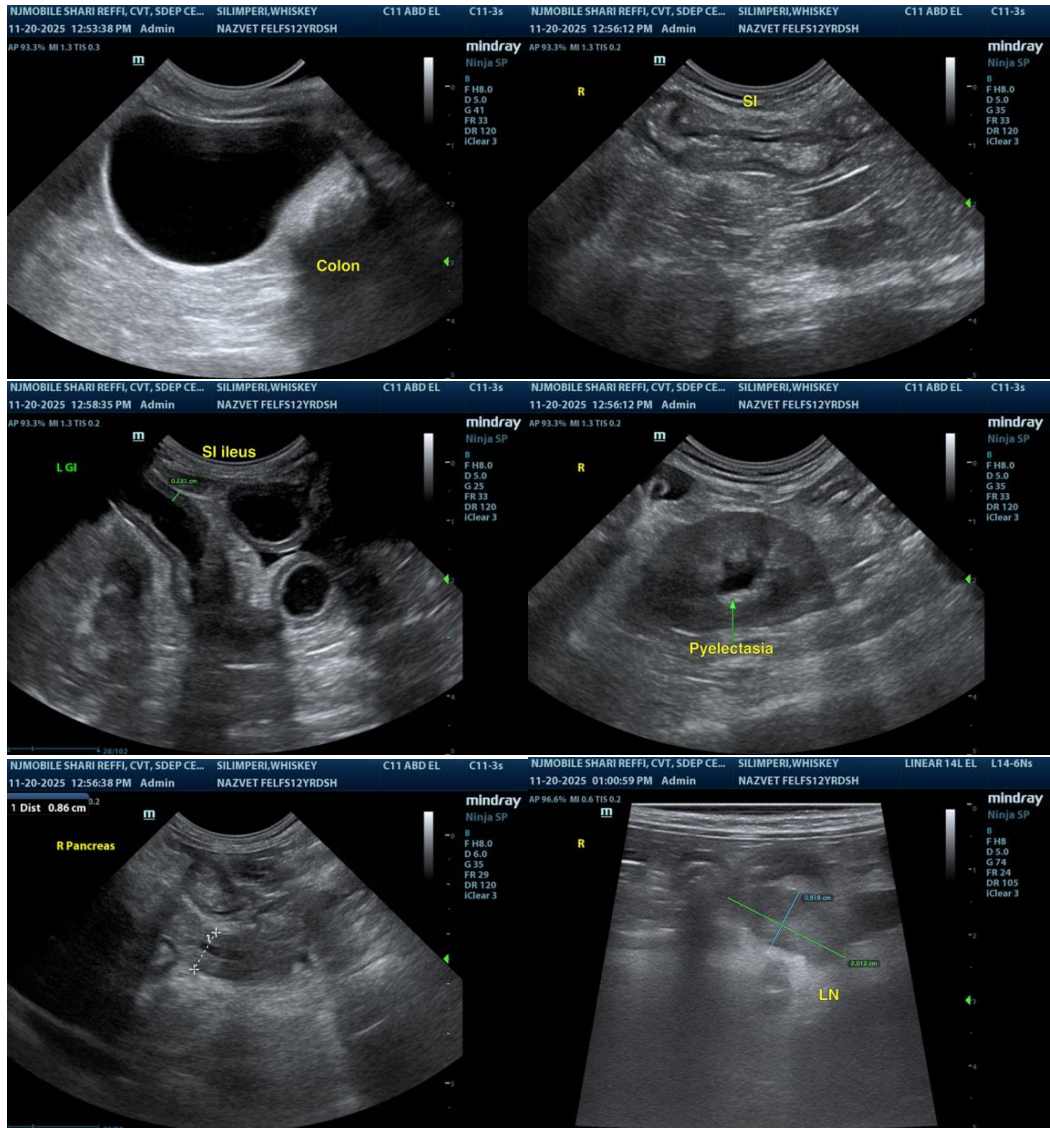
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with sonographic reassessment, if progressive gastrointestinal signs, weight loss, or peritoneal effusion arise, is recommended.





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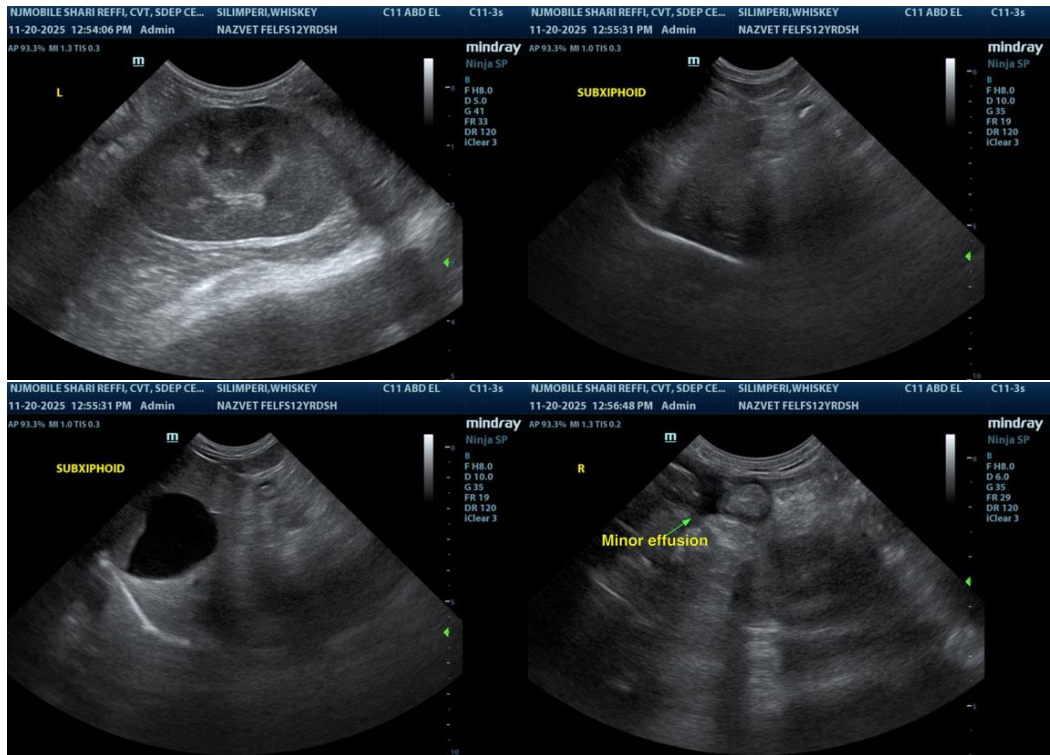
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com