



PATIENT

Makai Espino

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

13.7

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Wilkinson

HOSPITAL NAME

Severna Park
Veterinary Hospital

REFERRING VET

Dr. Storm

INVOICE

12094

DATE

11/04/25

PRESENTING CLINICAL SIGNS

Hx of eosinophilic granulomatous complex, rodent ulcers and various dermal plaques. Managed by dermatology. P has historically been managed with Apoquel, but this has recently stopped working. O unable to administer oral due to rodent ulcer. Convenia administered 1 week ago. No other medications since. Routine bloodwork noted azotemia and referral back to GP for workup. Otherwise, PE unremarkable.

Abnormal PE/Chem/CBC/UA Results: (10/17/25) - azotemia (BUN: 61mg/dL; CREA 3.8 mg/dL; SDMA 39.6 ug/dL) WBC (20.7 K/uL), neutrophilia (11.79 K/uL); eosinophilia (2.69 K/uL). (10/29/25) - UA NSF

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. Nondependent particulate mild 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.

Normal renal size with primarily symmetrical margination was present in both kidneys. Thickened hyperechoic cortex with concurrent mild increased medullary echogenicity and loss of corticomedullary border demarcation was also present. Both kidneys exhibited areas of medullary mineral to small renoliths. No pyelectasia was evident. The left kidney measured 3.8 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The areas of the left and right adrenal glands were free of obvious pathology.

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. The spleen measured 0.94 cm width level of the mid spleen.

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.



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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 was evident.

Free Abdomen

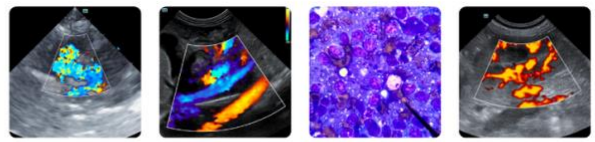
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urine sediment.
- Bilateral chronic nephropathy exhibiting medullary mineral/small renoliths.
- Sonographically normal spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the bilateral nephropathy may include chronic renal changes or nonspecific chronic nephritis i.e. interstitial nephritis. No evidence of renal neoplastic criteria. Correlation with urinalysis, screening culture/sensitivity and baseline UPC level for renal staging is suggested. CKD therapy with as needed gastrointestinal support, monitoring of urinalysis, renal parameters and systemic BP is recommended. Sonographic reassessment is indicated if progressive azotemia which may suggest progressive chronic renal failure.



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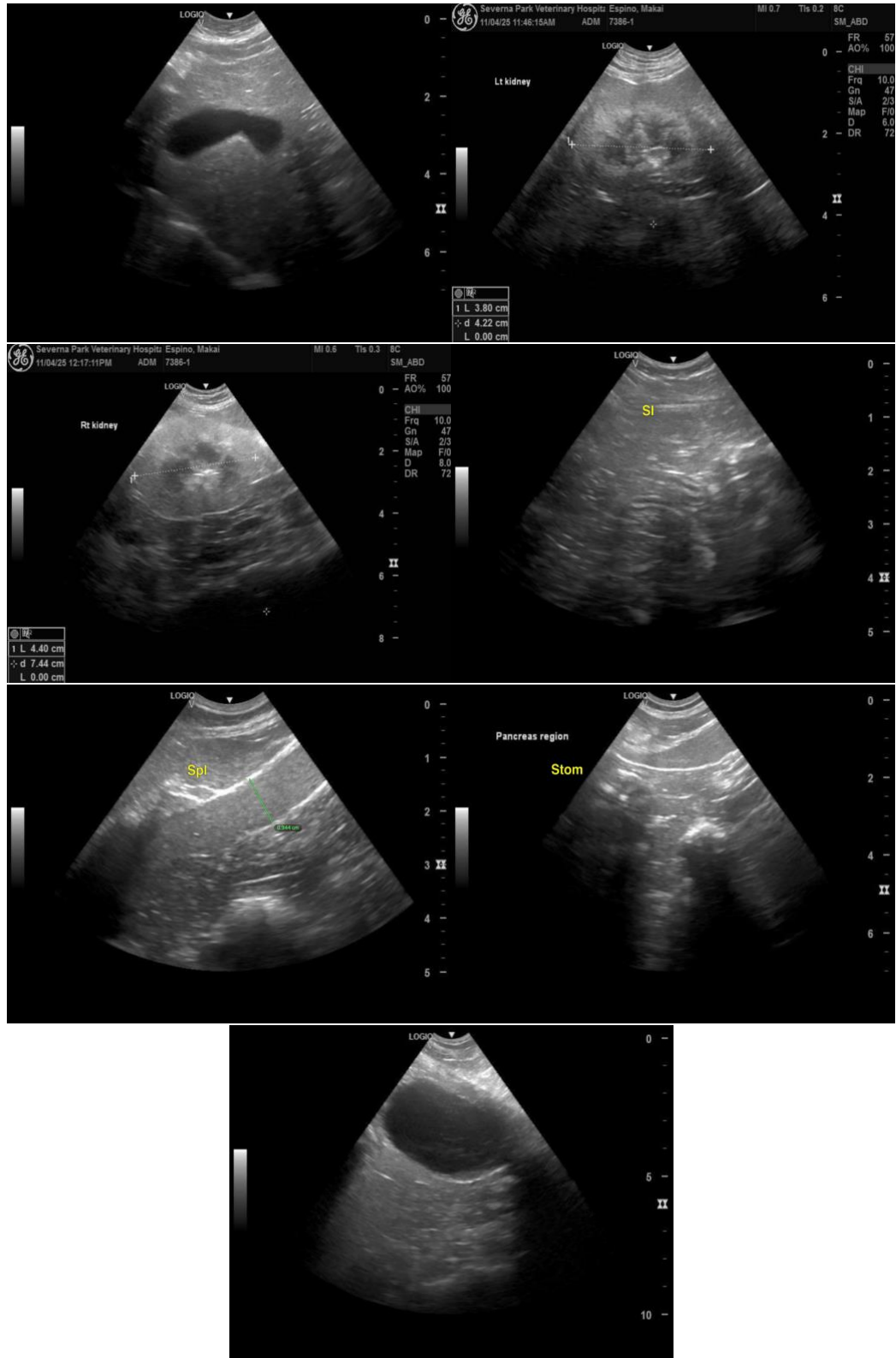
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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