



## PATIENT

Hobo Bastianelli

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

15 Years

## WEIGHT

4.4 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Axenoff

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Axenoff

## INVOICE

12133

## DATE

11/07/25

## PRESENTING CLINICAL SIGNS

P initially presented to rDVM for episode of profuse vomiting and diarrhea and was hospitalized overnight on IV fluids with GI supportive care. P was not azotemic on presentation and has no prior history of kidney disease. P developed azotemia while hospitalized and has remained steady even while on IV fluid therapy. P is now also isosthenuric. On 11/05 at rDVM, SDMA was 14, at 11/06 recheck at rDVM SDMA went up to 24. Prior medical history of triaditis, IBD, and pancreatitis. No previous medical history of renal disease. P also had leukopenia at rDVM and adequate HCT; on intake diagnostics here, leukopenia has resolved, and P has non-regenerative anemia.

Abnormal PE/Chem/CBC/UA Results: Intake diagnostics 11/07 upon case transfer: CBC: HCT 26.4% (L), remainder NSF EPOC:Na+ 145 (L), Crea 2.34 (H), HCT 22% (L) USG: 1.010 (L) Triple SNAP: All negative

## 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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A borderline thickened cortex with subtle increased cortex echogenicity with adequate medullary volume. Mild to moderate indistinct corticomedullary border demarcation expected for the age of the patient. Minor areas of renal medullary mineral. A caudal cortical infarct was present in the right kidney. The left kidney measured 3.3 cm in length. The right kidney measured 3.1 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 0.35 cm width.

The area of the right adrenal gland was free of 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.

### 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.



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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 generalized intact normal to segmental borderline mild thickened wall with overall maintained wall layer ratio. Small intestine wall measured up to 0.27 cm wall width. No evidence of mechanical/metabolic ileus to the level of the colon.

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

- Bilateral chronic nephropathy pattern with caudal right kidney cortical infarct.
- Intact normal to borderline mild thickened small intestine.
- Normal area of pancreas.
- Sonographically normal liver/gallbladder.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys exhibited chronic renal changes and right kidney infarct, typically associated with chronic renal disease, however, the kidneys did not appear to be end stage indicating potential for acute on chronic nephropathy or renal insult. Correlation with urinary work up including screening culture/sensitivity and UPC level, if clinically indicated, is recommended. The segmental borderline to mild thickened small intestine wall may correlate with patient's history. No overt evidence of current significant intestinal mural pathology, pancreatitis or hepatopathy. If continued gastrointestinal signs, correlation with a GI panel to include PLI, TLI, cobalamin and folate and monitoring of hepatic parameters is recommended. Renal and gastrointestinal support with monitoring of renal parameters, urinalysis and systemic BP for further assessment and prognosis would be appropriate.



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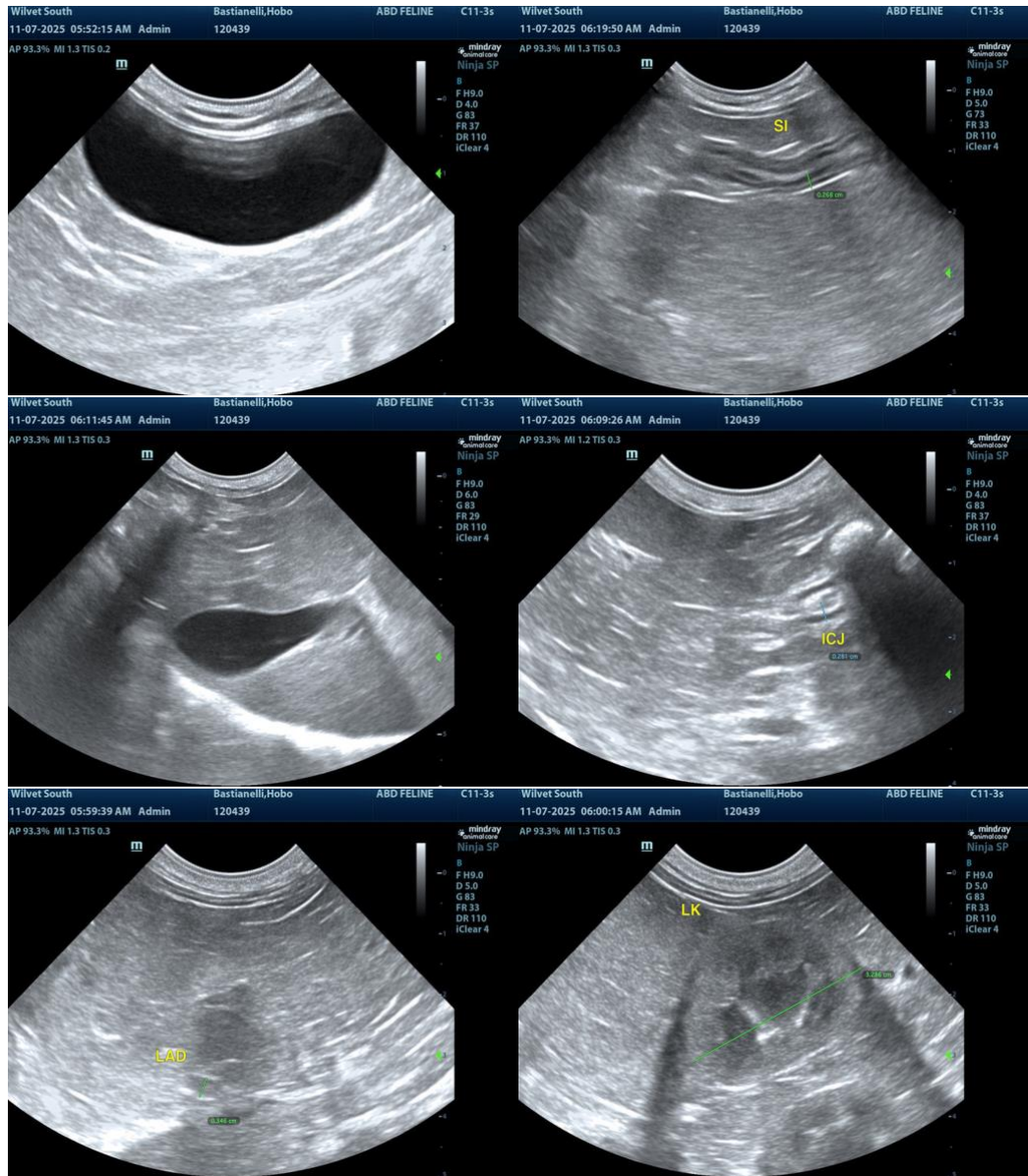
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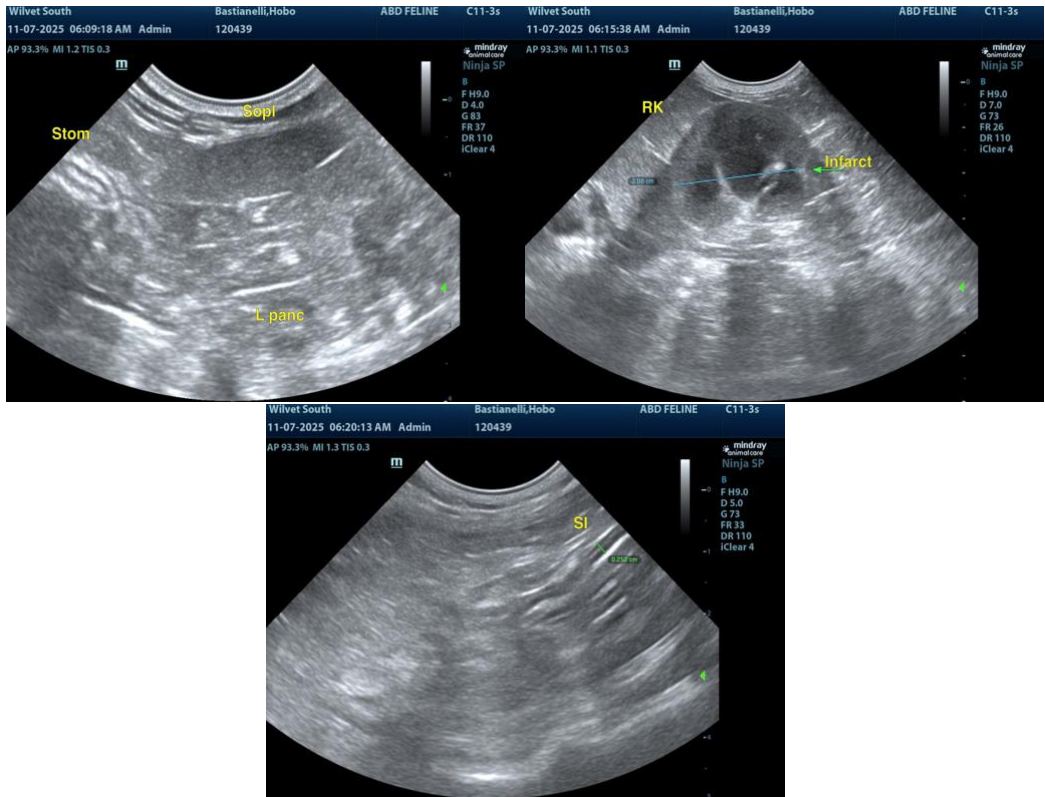
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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