



PATIENT

Evan Lopez

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

4.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria Lara

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Maria Lara

INVOICE

22866

DATE

11-8-2025

PRESENTING CLINICAL SIGNS

Evan presented on 11/5 with a history of a runny nose, constipation, lethargy and anorexia. Patient had been previously hospitalized on 10/29 with history of decreased appetite and vomiting he received treatment consisting of IVF's, antiemetics, H2 blockers and Cefovecin. Evan was hospitalized 11/5 at Allure with mild improvement of his clinical signs and blood work.

Abnormal PE/Chem/CBC/UA Results: 10/29 HCT 26.67% (L) BUN 37 (H) CREA 2.4 (H) 11/5 WBC 19.34 (H) NEU 15.83 (H) HCT 27.2 (L) BUN 56 (H) CREA 3(H) GLOB 5.8 (H) SDMA 33 (H) UA USG - 1.028 (L) PROT 100 (H) RODS PRESENT +++ 11/6 BUN 41 (H) CREA 2.9 (H) PCV 24% (L) 11/7 PCV 20% CREA 2.6 (H)

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 mild to moderate 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.

Borderline subnormal left kidney size with asymmetrical margination was present. Variable thickened cortex with non-homogenous hyperechoic cortex echogenicity. Significant indistinct corticomedullary border demarcation and reduced medullary volume. Medullary mineral to renolithiasis was present in the left kidney with pyelectasia and cortical infarcts.

Right kidney adequate size and asymmetrical margination was present with thickened hyperechoic cortex. Reduced medullary volume and significant indistinct corticomedullary border demarcation. Medullary mineral to renoliths, mild pyelectasia and cortical infarcts present in the right kidney.

The left kidney measured 3.0 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

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



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

Gastrointestinal

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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 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.

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

Pancreas

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The left pancreas was normal in size with symmetrical contour and non-homogenous remodeled parenchyma. Mildly prominent pancreatic duct present.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

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- Significant chronic degenerative renal changes exhibiting renolithiasis and mild pyelectasia
- Normal gastrointestinal tract
- Probable mild chronic pancreatitis
- Urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys are consistent with chronic renal failure with potential concurrent infection. A urine C/S on sterile urine sample +/- UPC for renal staging if non-inflammatory sediment is recommended. A spec FPL is recommended. Gastrointestinal and renal support with empirical therapy for chronic renal failure and potential underlying UTI with clinical monitoring for further prognosis is recommended.

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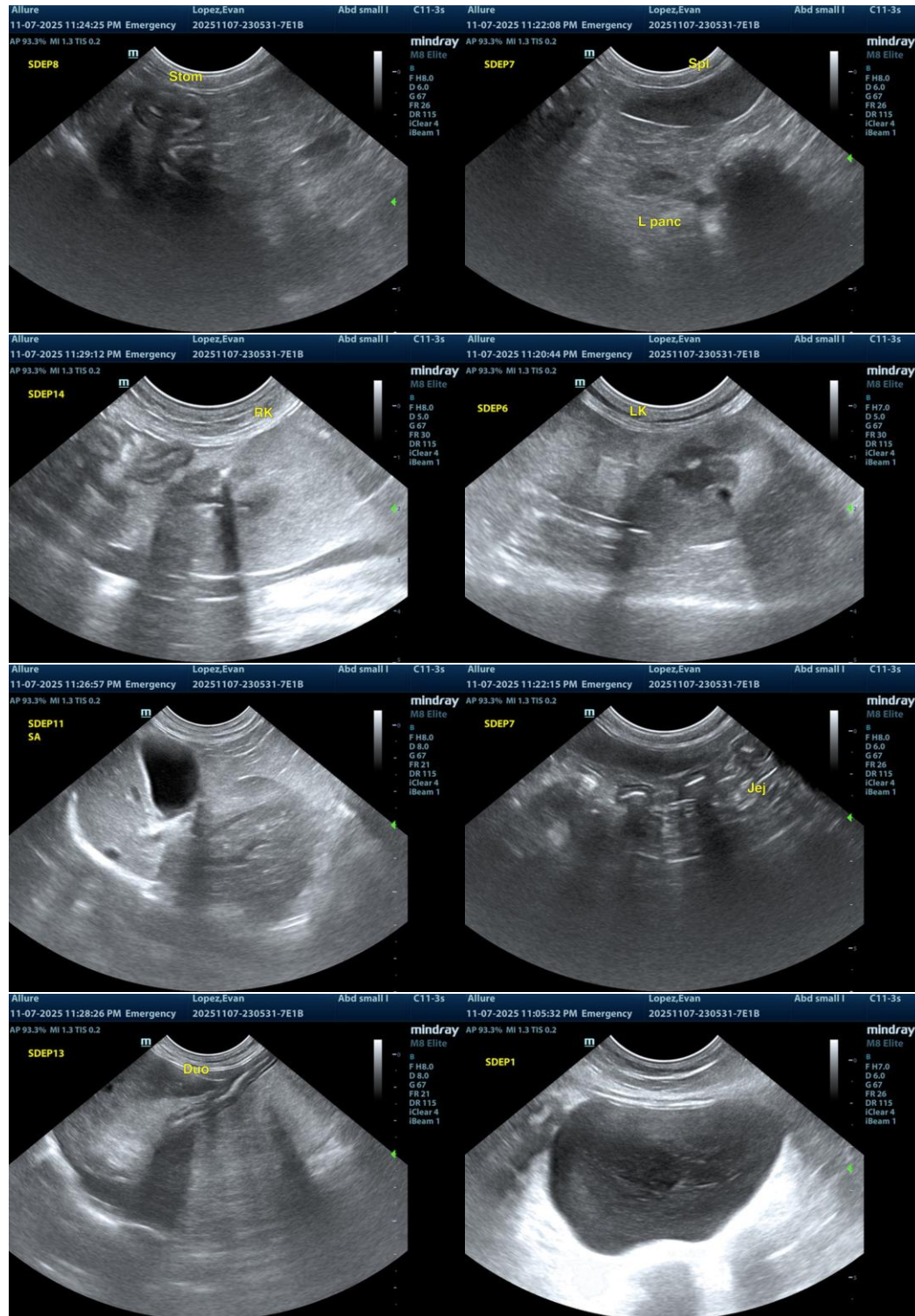
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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