



## PATIENT

Penny Krochak

## SPECIES

Feline

## BREED

Somali

## SEX

FS

## AGE

12yr

## WEIGHT

5kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Jill Rankin

## HOSPITAL NAME

Cat Vet at Home

## REFERRING VET

Dr Stephan

## INVOICE 23086

**DATE**  
12/01/2025

## PRESENTING CLINICAL SIGNS

The patient is a cat with suspected possible kidney disease, proteinuria, hematuria, and low urine specific gravity. The primary clinical concerns are related to the urinary system, with a history of inappropriate urination and frequent urination. Diagnostic findings include suspected proteinuria and hematuria, with no crystals observed. An X-ray revealed a very small suspected stone in one kidney, which is a possible source for the hematuria and proteinuria. The patient was administered 1 cc of gabapentin a few hours prior to the current consultation for sedation.

## 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 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was present. Mild enhanced cortex echogenicity and corticomedullary border demarcation was present. No evidence of pelvic dilation. Bilateral areas of mild medullary mineral were present. A small to discreet lateral left kidney cortical cyst was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.44 cm width. The right adrenal gland measured 0.35 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 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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.25 cm in width. The ileocolic wall measured 0.28 cm width.

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

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### *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.

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### *Free Abdomen*

No evidence of peritoneal effusion was present.

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Intermittent minor prominent to enlarged colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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## ULTRASONOGRAPHIC FINDINGS

### Primary

- Normal urinary bladder with mild urine sediment
- Chronic renal changes exhibiting mild medullary mineral and small left kidney cortical cyst

## WEIGHT

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of unilateral /bilateral renal macrocalculi. Correlation with USG as well as C/S on sterile urine sample if inflammatory sediment or UPC level if non-inflammatory proteinuria for renal staging is recommended. Monitoring of renal parameters/ UA and CKD therapy if clinically indicated would be appropriate.

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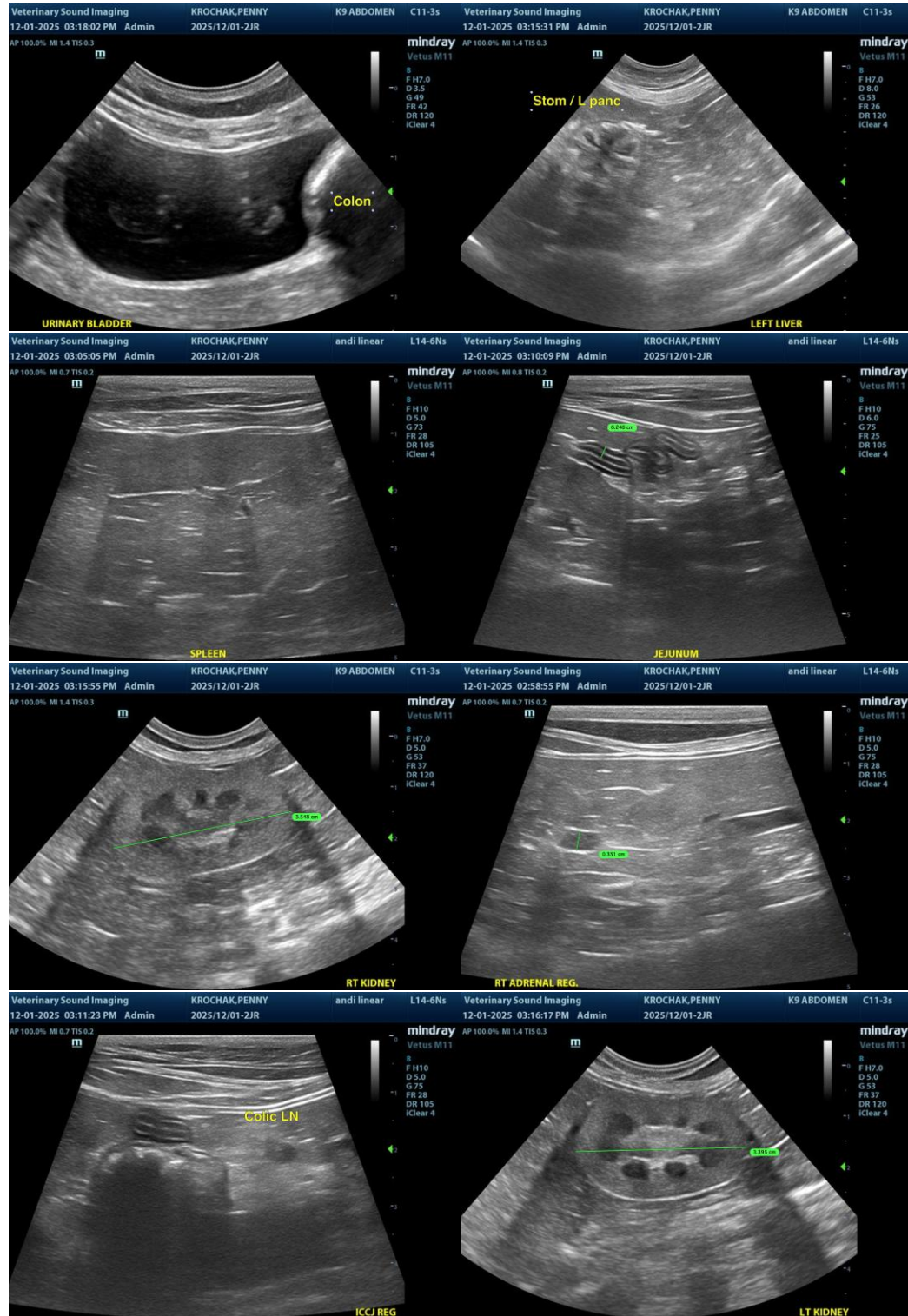
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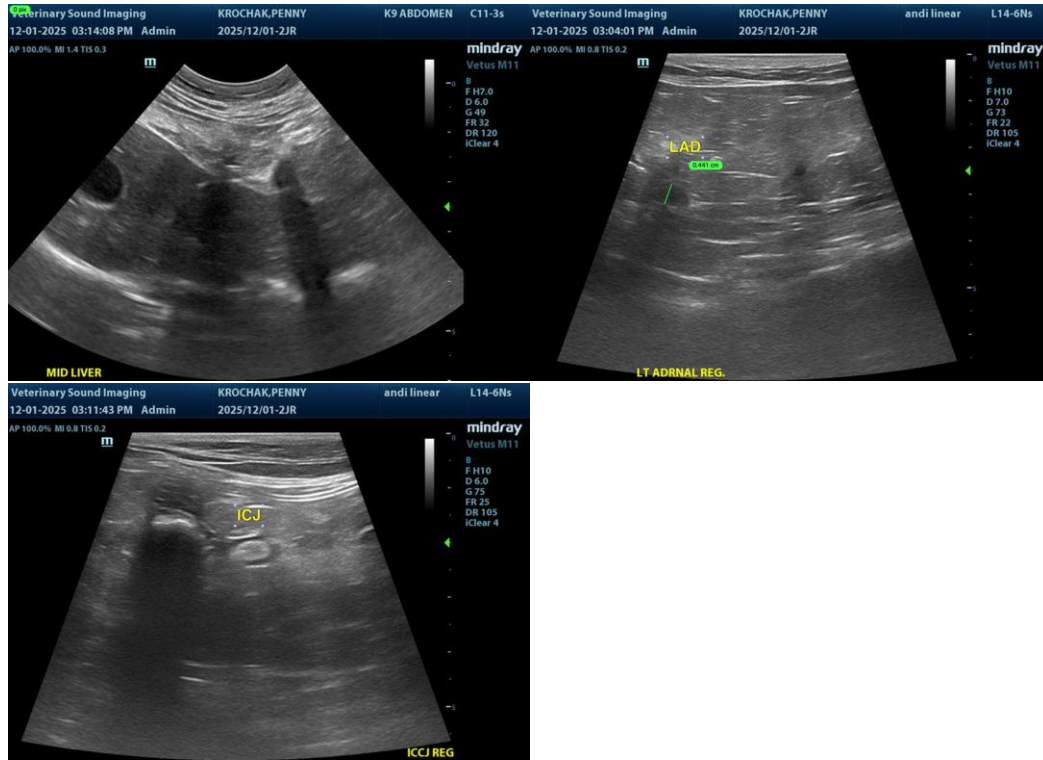
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[info@sonopath.com](mailto:info@sonopath.com)