



PATIENT

Gracie Atkins

SPECIES

Feline

BREED

Himalayan

SEX

Female Spayed

AGE

16 yrs

WEIGHT

3.6 lkg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr. Nicklassen

INVOICE

12945

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Presented yesterday for profuse diarrhea on Tuesday, followed by no BM x 48 hours, lethargy, hiding, hyporexia. Breath now smells uremic. Found to be profoundly dehydrated. Started on SQ fluids, mirtazapine, maropitant. Re-presented today for continued hyporexia and lethargy. BW and rads performed prior to ultrasound. Primary concern for acute on chronic AKI/CKD. Hx of heart and renal disease, echo performed last month, HCM deemed to be stable.

Meds: On amlodipine for hypertension.

Abnormal PE/Chem/CBC/UA Results: From today: tFAST today showed no B lines or pleural effusion. HCT 33% USG 1.030 Glc H 27.88 (4-8) SDMA H 18 Creat H 219 (71-212) BUN H 21.5 (5.7-12.9) Na L 149 Cl L 106 TBili H 16 (0-15) T4 N 15 (10-60) Fructosamine normal @ 336 (191-349)

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 changes were noted.

Asymmetrical margination and bilateral subnormal renal size. Marked loss corticomedullary border demarcation and suspect cortical infarcts. Reduced medullary volume with mild pyelectasia. The left kidney measured 2.3 cm. The right kidney measured 2.6 cm.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape measuring 0.48 cm. No overt pathology in the area of the right adrenal gland.

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 0.9 cm width level of the mid spleen.

Liver

The liver presented possible borderline to mild hepatomegaly. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was subjective mildly gas distended.

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. Ileocolic wall measured 0.37 cm and jejunum wall measured 0.24 cm.

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

Pancreas

The visualized pancreas was normal in size with capsule asymmetry exhibiting remodeled isoechoic parenchyma compared to adjacent omentum. Mildly prominent left limb pancreatic duct.

Free Abdomen

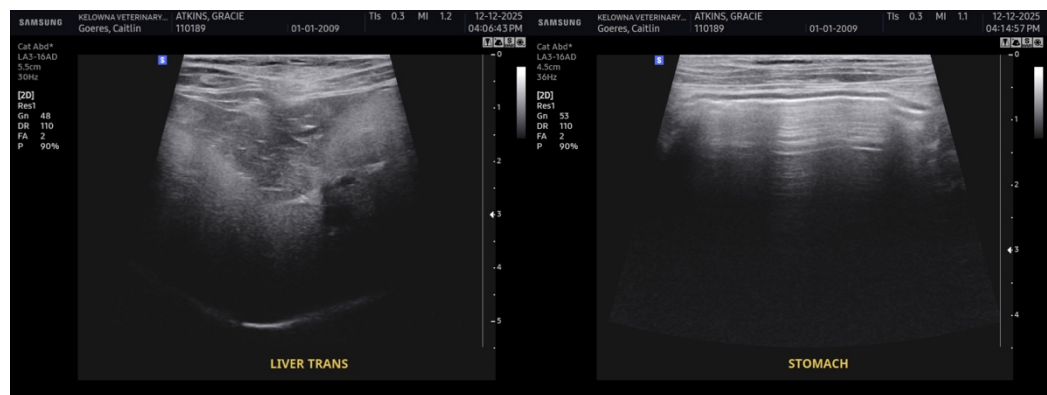
No overt lymphadenopathy or peritoneal effusion was present.

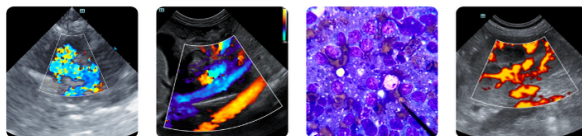
ULTRASONOGRAPHIC FINDINGS

- Bilateral marked chronic degenerative renal changes
- Sonographically normal gastrointestinal tract with mild gastric distention
- Current formed fecal matter in colon
- Suspect chronic pancreatitis
- Mildly hypoechoic liver with mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal presentation consistent with chronic renal failure with acute on chronic renal insult thought less likely. Renal and gastrointestinal support with empirical therapy for chronic pancreatitis for further prognosis is recommended. Monitoring of hepatic parameters for evidence of hepatic lipidosis in conjunction with hyperexia is recommended.





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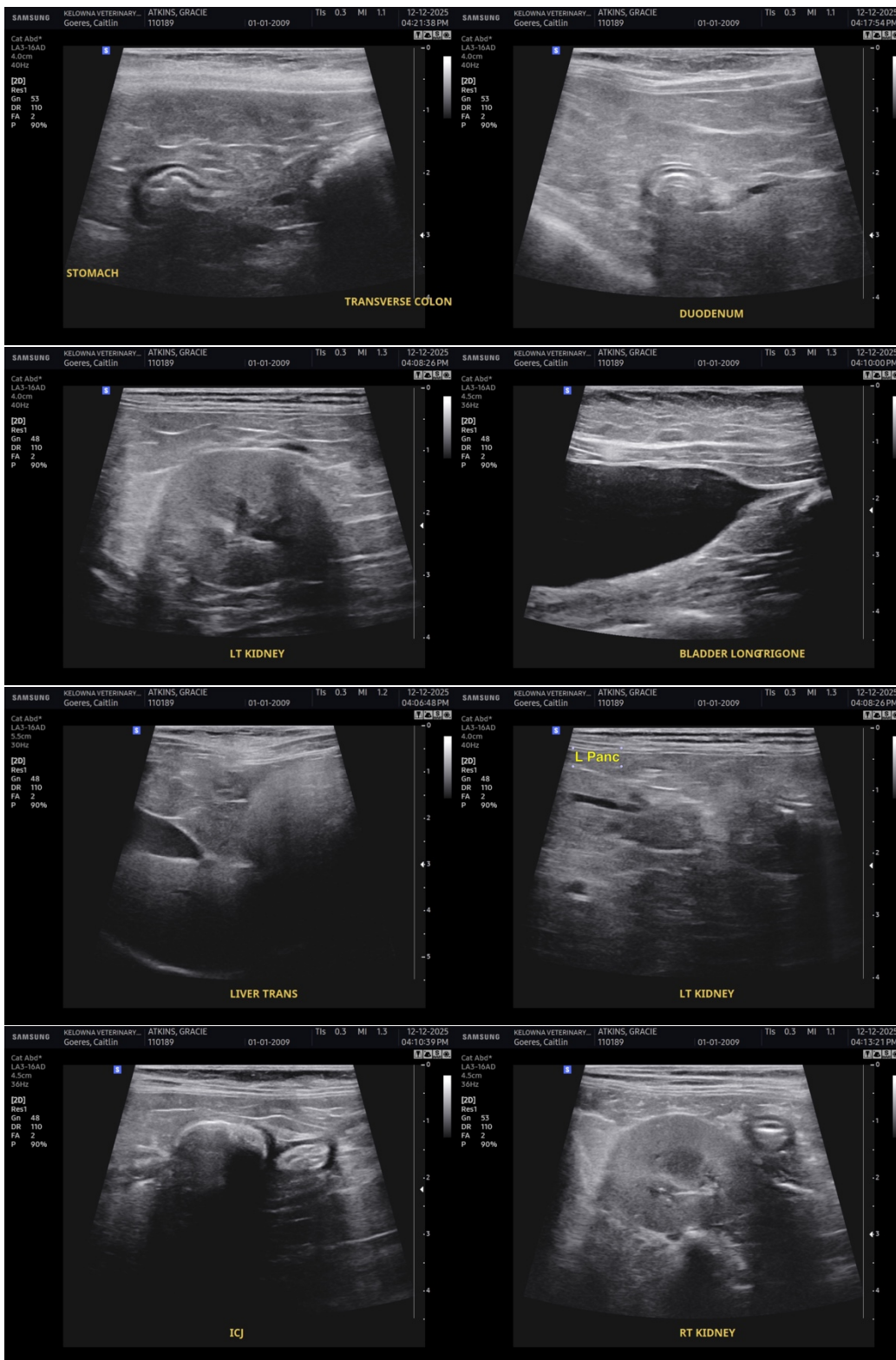
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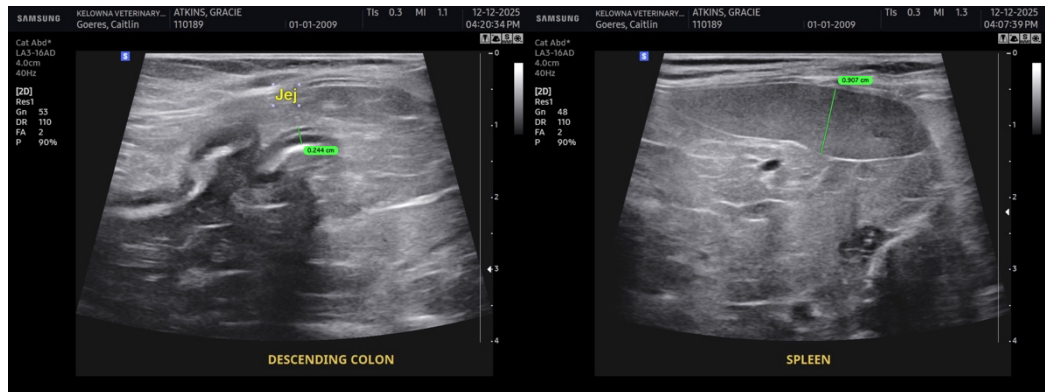
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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