



PATIENT

Silver Bonilla

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8 yrs

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kristin Evans

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Samantha Butrico,
DVM

INVOICE

12928

DATE

12/13/25

PRESENTING CLINICAL SIGNS

History: Presenting complaint/duration: 3 days ago, O noted that P seemed painful, crying a lot. Went to rDVM and they did a UA suspected FIC and noted some blood in the urine. Concerned of urinary stones, saw some shadowing US, no overt stones on the x-ray. Sent home with pain medications and antibiotics. Changed to urinary diet (Purina UR) but P has not been interested. He was licking penis a lot on Monday. Foaming at the mouth after antibiotics. He has started urinating small, bloody amounts all over the house. Eating/drinking normally?: has not eaten in 3 days; drinking water Urinating/defecating normally?: abnormal urination; no diarrhea Any vomiting/diarrhea?: vomiting with medications; Any coughing/sneezing?: none PMHX: 3 years ago had hepatopathy (surgery to remove a piece of liver but O is unsure, had to have a feeding tube, hosp for 3 days)

Abnormal PE/Chem/CBC/UA Results: BUN >140 CRE 7.5 IP >15.0 Cal 6.7 TP 8.7 GLOB 5.3 GLU 15.2 Na 144 K 3.3 Cl 100

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Mildly thickened ventral to ventral apical wall exhibiting maintained homogeneous mural echogenicity. Ventral apical urinary bladder wall measured 0.56 cm. The apical and dorsal wall extending into the trigone was sonographically normal. Anechoic urine with areas of mild, dependent lumen to focally adhered ventral surface lumen mineral. The visible proximal urethra to a depth of 3.0 cm exhibited normal thickness and tone. No evidence of pathology at the level of the trigone and cystourethral junction.

The area of the aortic trifurcation was free of pathology.

The kidneys exhibited adequate size with mild asymmetrical margination and 1:3 cortex / medulla ratio. Indistinct corticomedullary border demarcation with mild pyelectasia of both kidneys. The left kidney measured 4.2 cm. The right kidney exhibited minor medullary mineral. The right kidney measured 4.3 cm.

Adrenal Glands

The area of the left adrenal gland was free of pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured – cm width at the caudal pole and – cm width at the cranial pole.

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 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 area of the pancreas was sonographically normal.

Free Abdomen

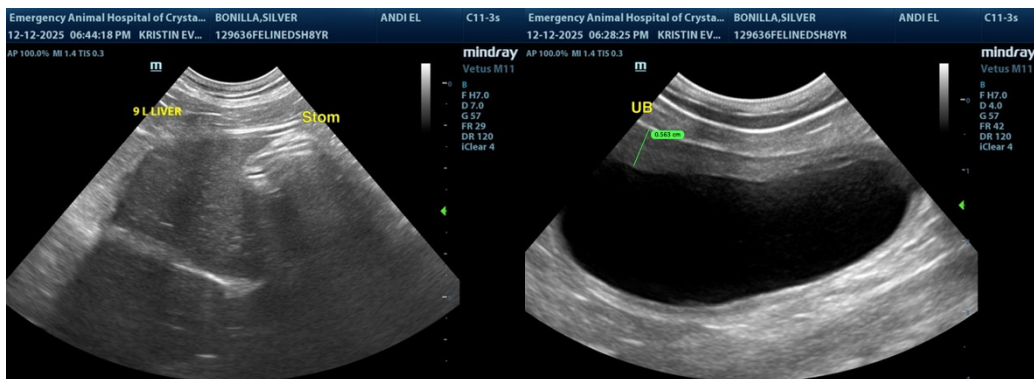
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Cystitis with mild, dependent to adhered lumen mineral
- Bilateral nephropathy exhibiting mild pyelectasia
- Sonographically normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No current evidence of obstruction to urine outflow. No evidence of upper or lower urinary tract neoplastic criteria. Sonographically the kidneys did not appear to be in stage indicating potential for acute nephropathy or renal failure. Correlation with urinary workup including urinalysis, C/S and +/- UPC level if non-inflammatory urine sediment is recommended. Renal and gastrointestinal support with clinical monitoring for further renal prognosis and as needed sonographic reassessment if persistent progressive azotemia or gastrointestinal signs is recommended.





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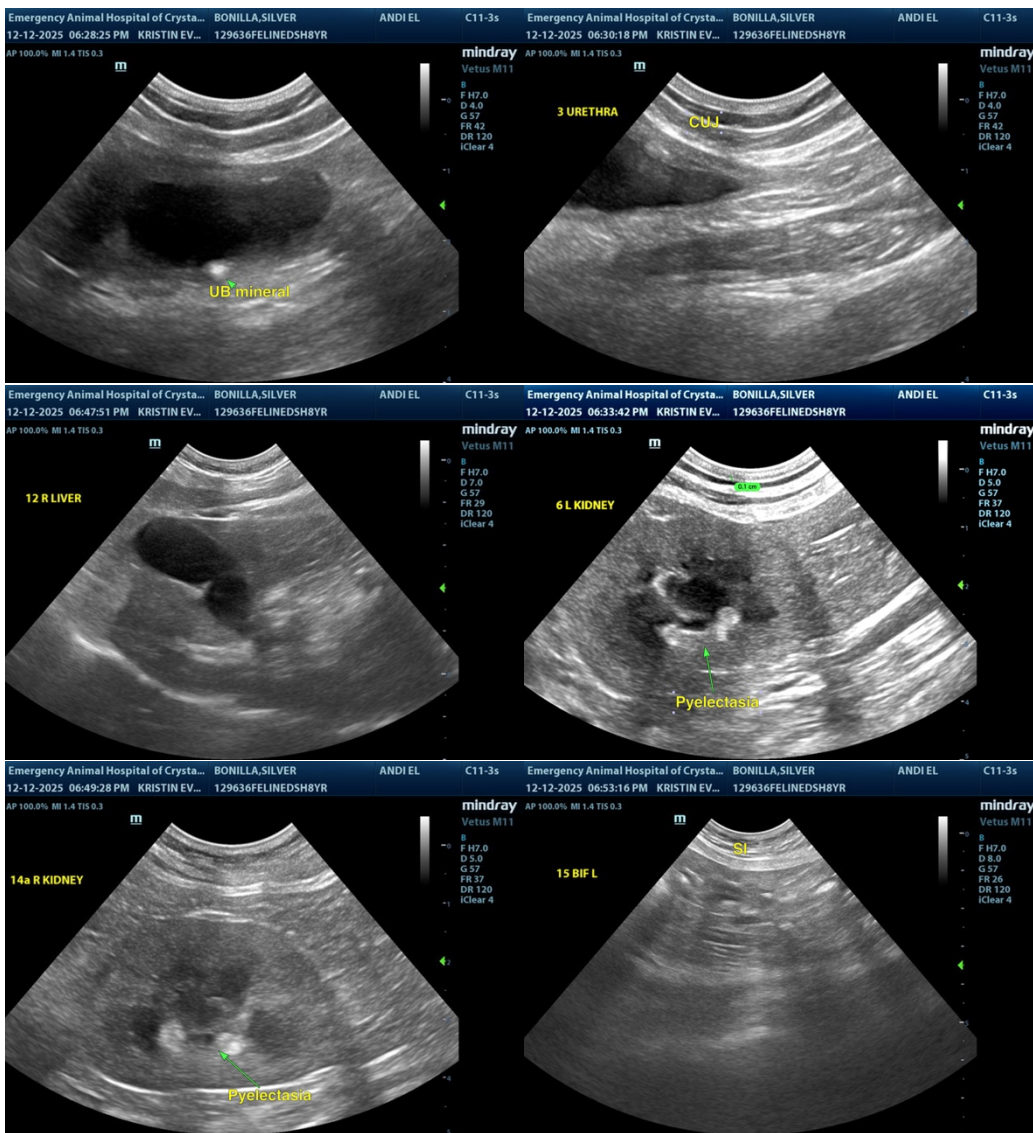
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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