



PATIENT

Finny Blackwood

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12y

WEIGHT

7 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagelson VC

REFERRING VET

Babak Sehat

INVOICE

12972

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: Presented for chronic occasional vomiting. Overall stable with no other clinical symptoms. AUS recommended for investigation of urinary tract and GI abnormalities.

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM: NSF UA: Hematuria (>100p/HPF) and proteinuria (2+).

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. Primarily anechoic urine was present in the lumen. Minor, non-dependent, echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with symmetrical margination was present in both kidneys. Mildly thickened hyperechoic cortex with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mildly enhanced to indistinct loss of corticomedullary distinction was also present. The renal medullary volume was adequate. No evidence of pyelectasia. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape measuring 0.33 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.

Spleen

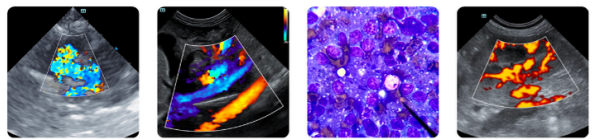
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid. Gastric body wall measured 0.23 cm. No evidence of obstruction to pyloric outflow or obstructive pyloric mural pathology. Pylorus wall measured 0.24 cm.



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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 ileus, obstruction or foreign material. Small intestine wall measured 0.22 - 0.24 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

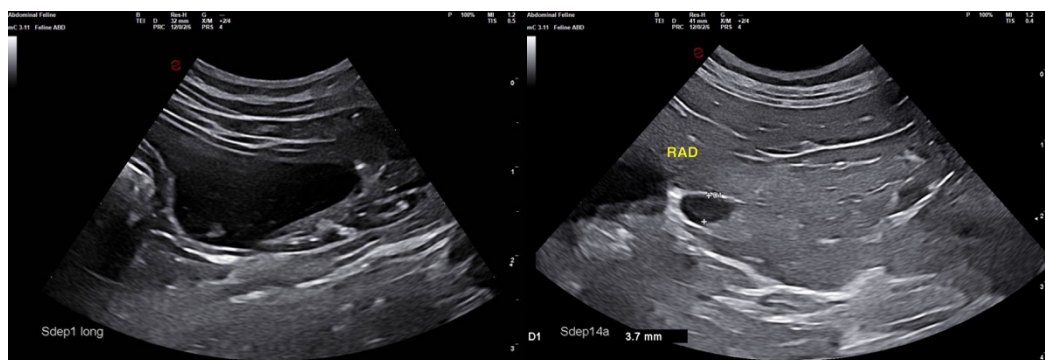
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Minor urine sediment
- Bilateral nonspecific chronic renal changes, potential interstitial nephritis
- Sonographically unremarkable gastrointestinal tract with mild hypomotile stomach
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Low-grade hypomotile gastritis is suspected without evidence of significant gastrointestinal mural pathology. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult intestinal disease or mild pancreatitis, both of which may present sonographically normal. Dietary trial, as needed gastro protectants and consideration for empirical deworming if patient is indoor/outdoor with monitoring of gastrointestinal signs and renal parameters is recommended.





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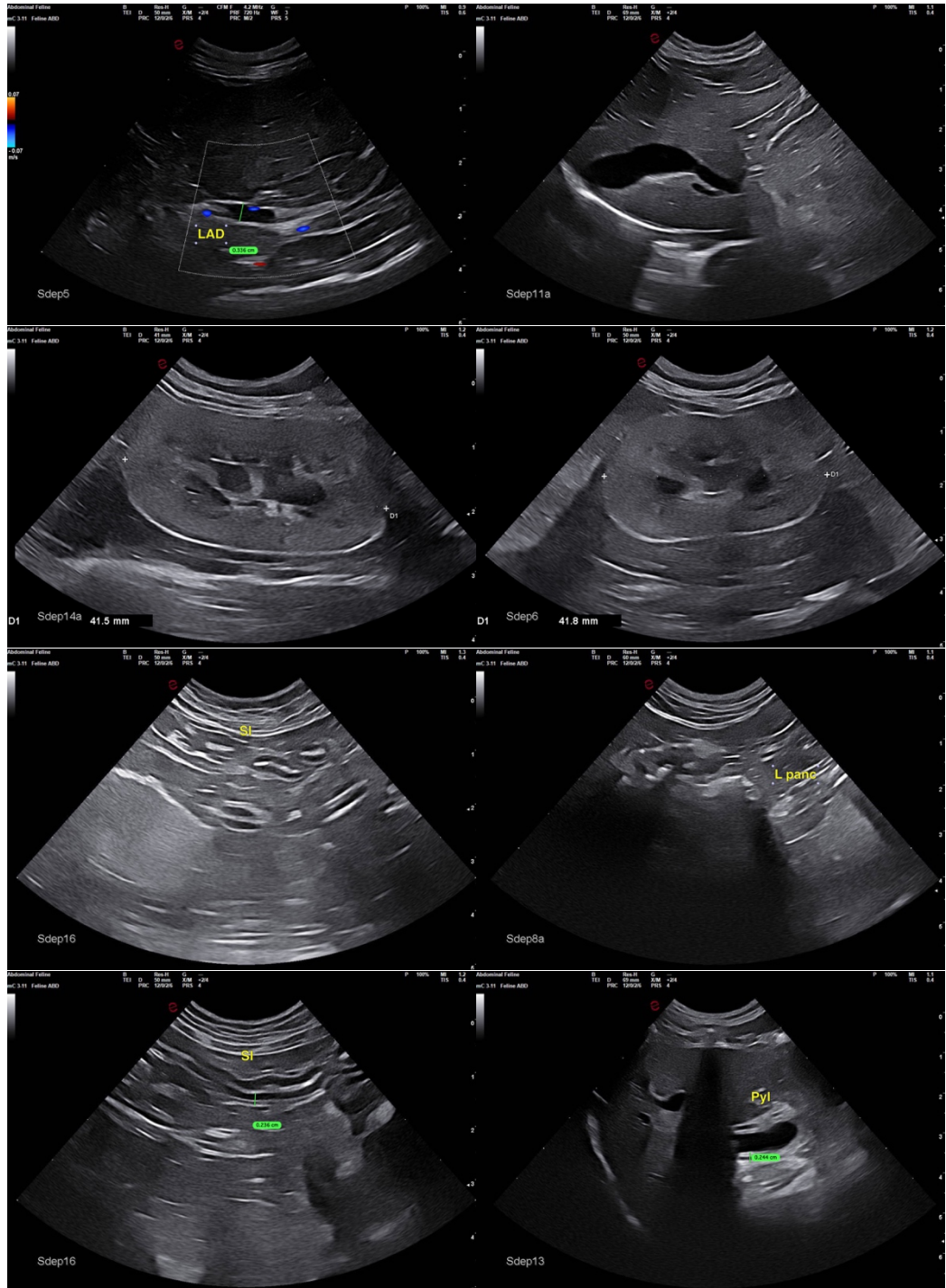
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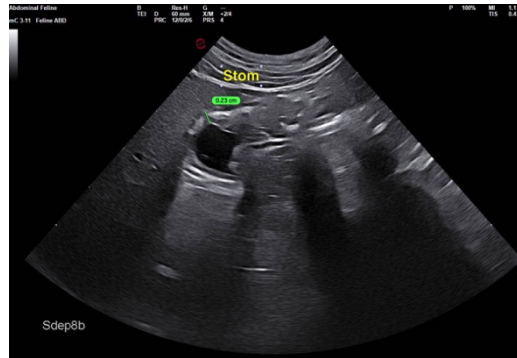
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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