



## PATIENT

Kioko Vuxta

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

18yr

## WEIGHT

4.5kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Cara Sinopoli

## INVOICE

23335

## DATE

12/24/2025

## PRESENTING CLINICAL SIGNS

Kioko presented for 2 week history of hyporexia, weight loss, polyuria/polydipsia and decreased defecation. Seen early december for azotemia and constipation - treated. Seen 12/23 with worsening azotemia. NOTE: Kioko had a generalized seizure shortly following admission (novel, generalized) that resolved with midazolam. 5-6% dehydrated, bilateral quadriceps muscle wasting with hindlimb weakness

Abnormal PE/Chem/CBC/UA Results: rDVM 12/4: TT4 - 1.9 (WNL) FIV/FeLV/HW triple SNAP - negative CBC - unremarkable Chem - SDMA 17, Creat 2.5, BUN 48, Calcium 12.2 rDVM 12/23: CBC - unremarkable Chem - SDMA 23, Creat 4.7, BUN 57, Calcium 11.5, K 3.1 Pancreatic lipase - >50 (THTR) 12/23 HAEC: UA (cysto) - USG 1.012, trace protein, 32/hpf RBCs, suspect cocci Urine culture - pending EPOC (post-seizure) - pH 7.241, K 2.2, Cl 133, Lac 3.5, BUN 58, creat 4.13, BG 246 PCV/TS - 36% / 8.0 clear

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment and mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Subnormal right renal size compared to the left with normal margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral mild pyelectasia was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.1 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.44 width, and the right adrenal gland measured 0.42 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance



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without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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 contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material. The pylorus wall measured 0.28 cm in width.

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The small intestine presented intact borderline prominent wall with overall maintained muscularis/mucosa ratio. Primarily empty small intestinal lumen was present with mild segmental non-shadowing intestinal ingesta. No evidence of intestinal mechanical obstruction pattern.

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

## Pancreas

The area of the pancreas was sonographically normal.

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## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

4.5kg

## Primary

- Urinary bladder sediment and mild dependent lumen mineral
- Chronic renal changes exhibiting mild pyelectasia
- Mild gallbladder debris
- Intact borderline prominent small intestinal wall with gastric and mild segmental intestinal ingesta-gastrointestinal ingesta consistent with food /chyme echogenicity
- Sonographically normal area of pancreas

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## IMAGING PERFORMED BY

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Correlation with most recent meal ingestion recommended as some degree of possible non-obstructive metabolic gastrointestinal ileus or inefficient peristalsis is possible given reported hyporexia. Small intestinal patient variant, emerging to mild enteropathy and chronic pancreatitis which may present sonographically normal are all potentials. No definitive evidence of neoplastic criteria.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Gastrointestinal and renal support is indicated with clinical monitoring. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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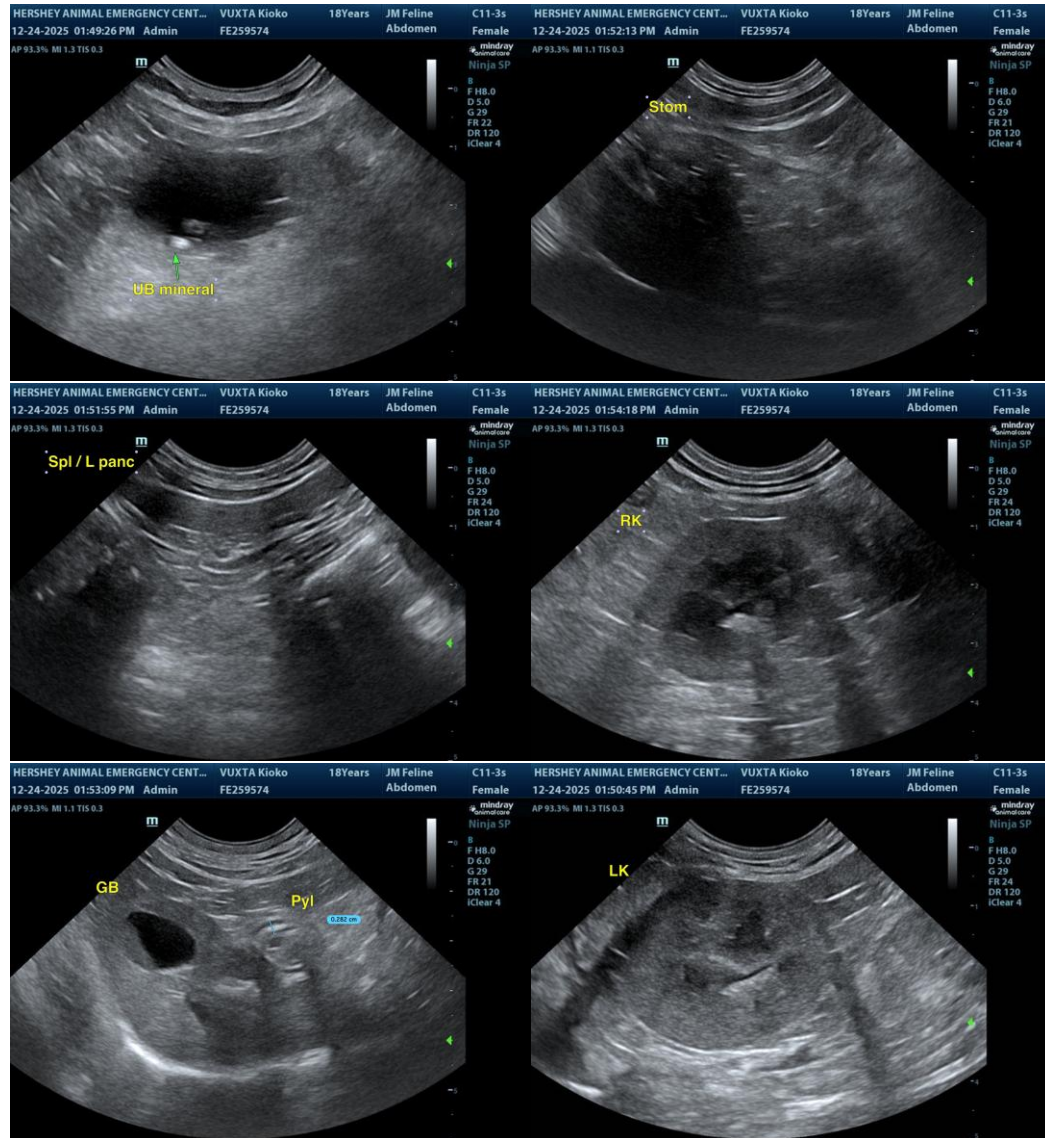
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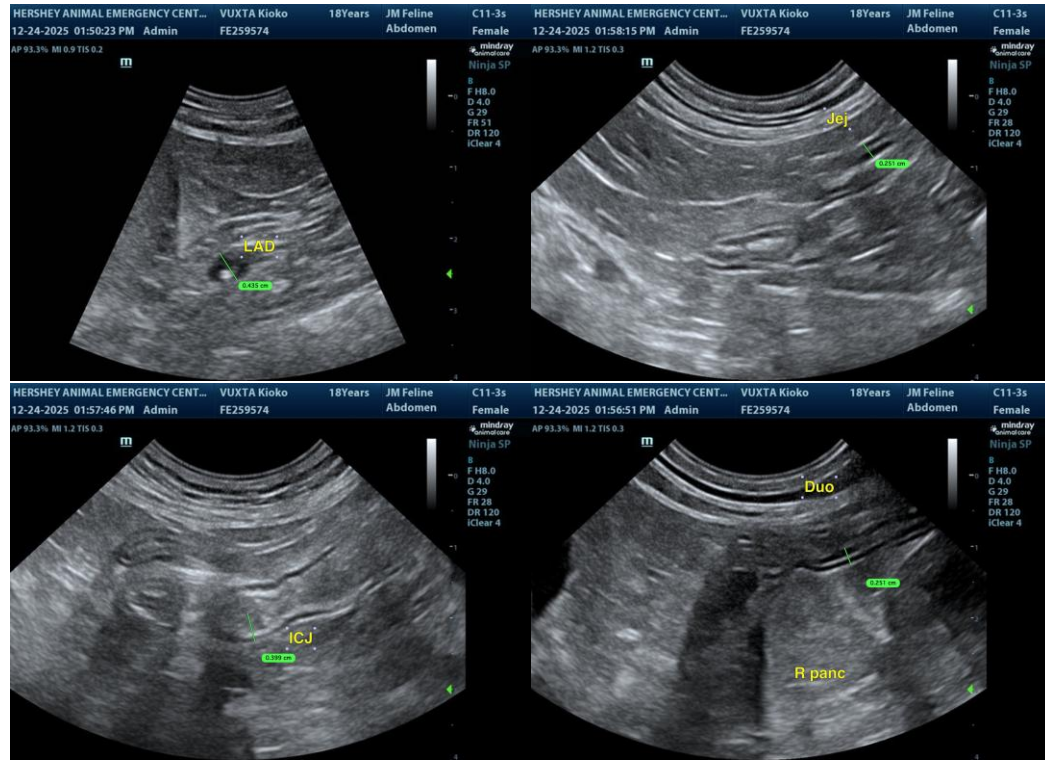
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**IMAGING PERFORMED BY**

Dr. Meghan Myers

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
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