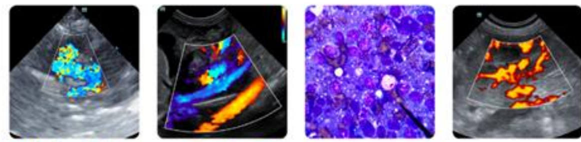


PATIENT

Howard Currens

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13

WEIGHT

4.75kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Harshberger

HOSPITAL NAME

Local Mobile Veterinary Service

REFERRING VET

Candice Lorandeau

INVOICE
23376

DATE
12/29/2025

PRESENTING CLINICAL SIGNS

P presented on 12/19 for unsteady gait and reduced appetite to TRUSS for urgent evaluation. Labwork revealed creat 2.0, BUN 37, SDMA 13 (historic, stable), a PCV of 35%, and mild inflammatory leukogram. Amylase was > 2500; a fPL was not evaluated. BP 140mmHg doppler. Pancreatitis was suggested. Cystitis was also present and treated with clavamox. Cystitis has been present for almost 18 months ago characterized by chronic house soiling. Urinalysis today reveals UPC > 0.2 but < 0.4; 3+ hematuria characterized by 6-20 RBC/hpf. USG: 1.022 P was empirically treated for reduced appetite with cerenia and SQ fluids and initially responded favorably. O notes that abnormal gait and strange wobbliness occurred acutely prior to presentation to TRUSS. O notes that this has not resolved. A few days ago P suddenly postured slightly to urinate and dribbled urine as O carried him off of their bed in the middle of the night - very unusual behavior for P. No blood was observed in urine. Current Medications: 2.5mg Oral prednisolone every 48 hours (currently tapering) - O unsure if that has been part of decreased appetite for dry food. Inhaled fluticasone - twice daily

Abnormal PE/Chem/CBC/UA Results: 12/19/25: creat 2.0, BUN 37, SDMA 13 (historic, stable), a PCV of 35%, and mild inflammatory leukogram. Amylase was > 2500; a fPL was not evaluated. BP 140mmHg doppler. 12/29/25: Urinalysis: UPC > 0.2 but < 0.4; 3+ hematuria characterized by 6-20 RBC/hpf. USG: 1.022 ProBNP: Normal

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 to moderate non-dependent accumulated 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 asymmetrical margination were present in the kidneys. Mild irregular thickened cortex with variable cortex echogenicity and moderate loss of corticomedullary definition was present. Bilateral areas of pinpoint medullary mineral were present. Minor pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.9 cm in length.

The area of the aortic trifurcation was free of pathology.

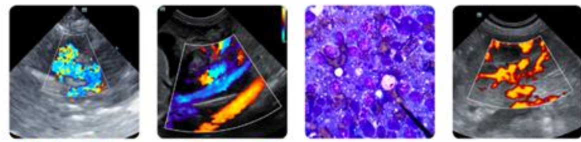
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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



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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 without signs of congestion. The gallbladder was non-distended in size with thin walls and mild, non-organized mildly congealed cranial lumen debris. 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.

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 ileocolic wall measured 0.3 cm in width. The small intestine wall measured 0.22-0.23 cm in 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Urinary bladder sediment
- Bilateral chronic renal changes
- Sonographically normal gastrointestinal tract
- Mild gallbladder debris
- Sonographically normal visible pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, aside from the bilateral kidneys consistent with chronic renal changes or renal disease in conjunction with patient age, no evidence of significant visceral pathology. Chronic pancreatitis at times may present sonographically normal and may be suspected if cranial abdomen /subxiphoid discomfort on palpation is present. Correlation with a spec FPL is suggested. Potential suppression of abdominal pathology, gastrointestinal mural changes or lymphadenopathy owing to steroid therapy cannot be excluded. Urine C/S on sterile urine sample is recommended if inflammatory sediment vs monitoring of UPC level if non-inflammatory proteinuria. Correlation with a thorough neurological exam is indicated.

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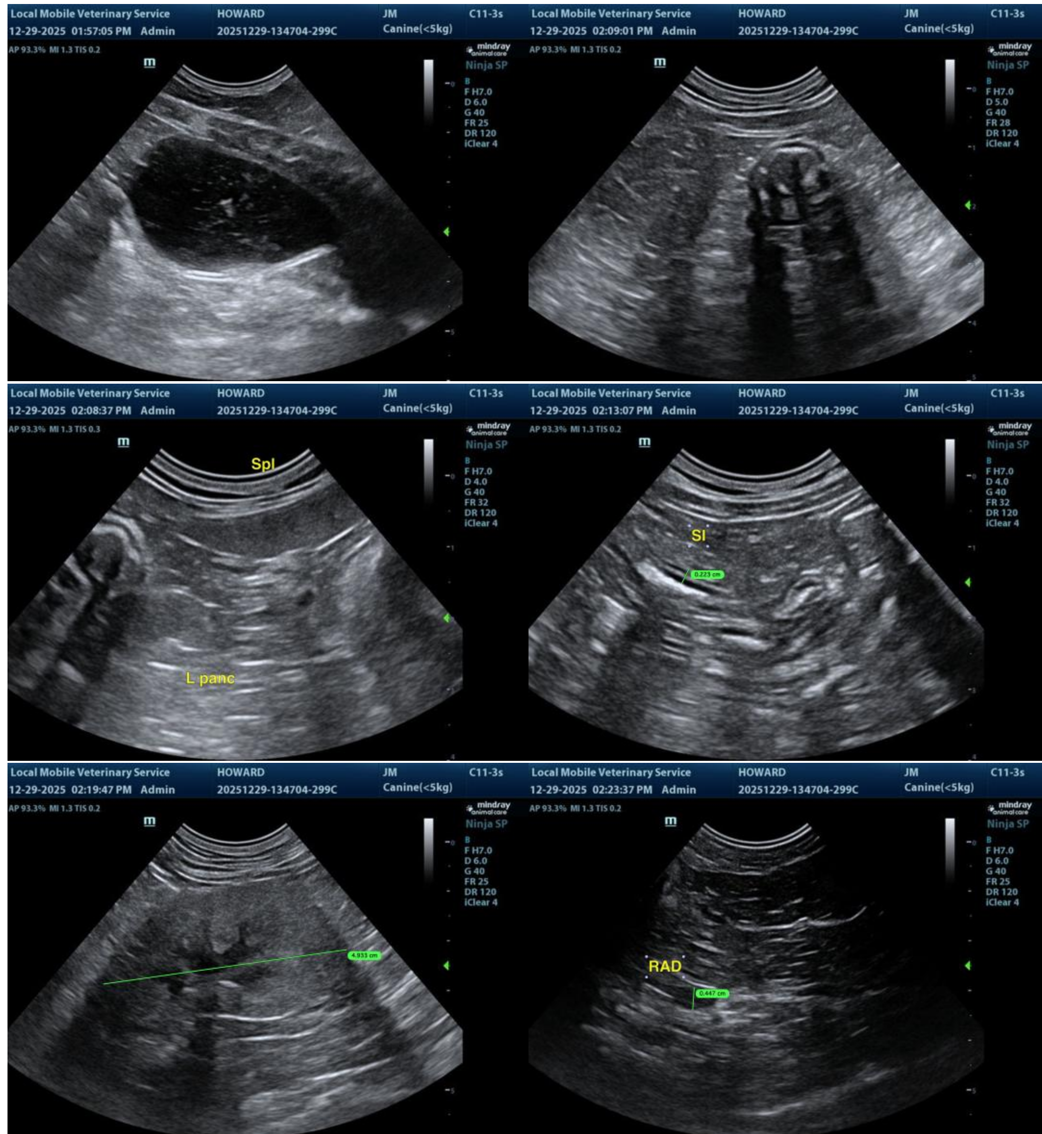

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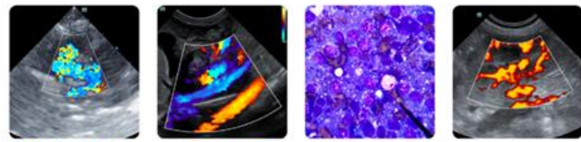

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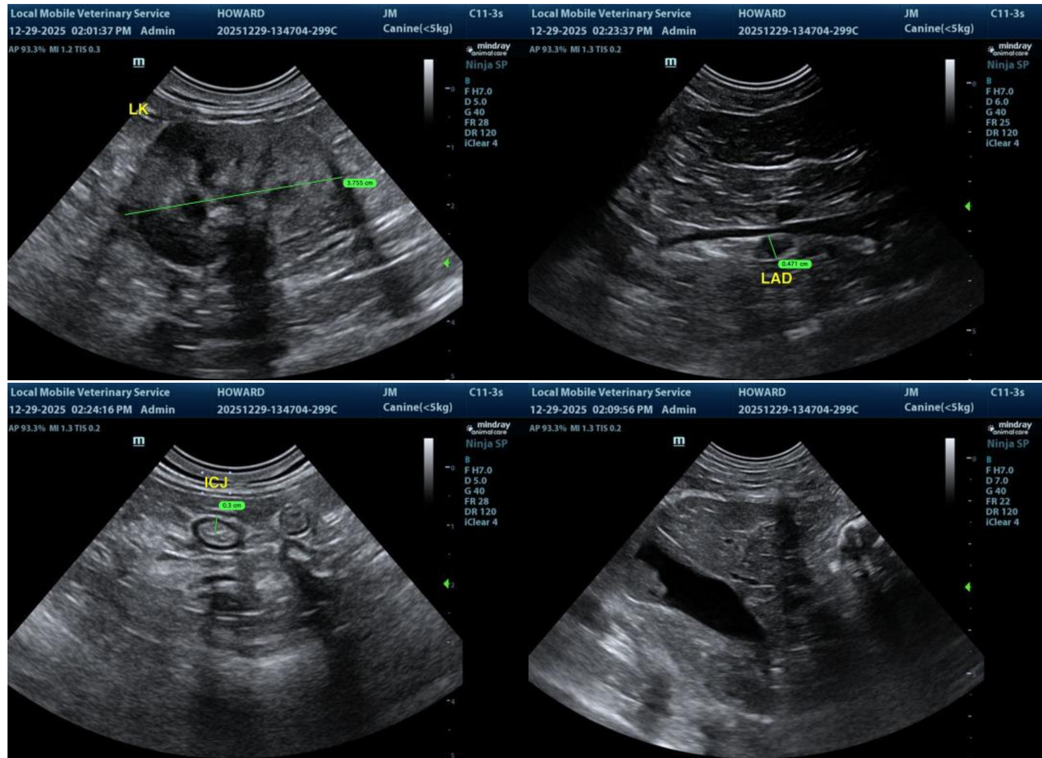

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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