



PATIENT

Mr C Pinca

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4yr

WEIGHT

8.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

23351

DATE

12/29/2025

PRESENTING CLINICAL SIGNS

Abdominal palpation non-diagnostic due to obesity, non-painful on palpation, suspect firm area mid-abdomen but unable to localize EPOC: pH 7.125 L, BE -20.4 L, TCO2 8.6 L, Bicarb 8.8 L, pCO2 26.8 L, NA 137 L, K 7.2 H, BUN >120 H, Crea didn't read CBC: Lymph 0.51K L, Eos 0K L, Plts 110K L Chem15: BUN >130 H, Crea >13.6 H, Phos 15.7 H, Total protein 9.2 H, Glob 5.2 H

Abnormal PE/Chem/CBC/UA Results: Abd/thoracic rads: - Mod volume retroperitoneal effusion, predominantly left-sided - On lateral projections some of this fluid/soft tissue opacity has a slightly thin, ovoid peripheral margin with central fat opacity, however this is not corroborated on the VD projection- suspected to represent incidental summation artifact with the retroperitoneal effusion given that this is not corroborated on the VD projection; an intra-abdominal lipoma is considered less likely. -On the left lateral projection there are a few, small, round soft tissue to faintly mineral opacities summing with the kidneys, however this is not corroborated on the additional projections.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited mild subnormal to non-distended size. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Mild anechoic urine was present in the lumen with minor non-dependent particulate urine sediment, no evidence of mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Both kidneys were mildly enlarged in size, exhibiting mild asymmetrical contour. Thickened non-homogenous hyperechoic cortex with loss of corticomedullary border demarcation was present with adequate medullary volume. Both kidneys exhibited moderate pyelectasia to mild hydronephrosis with mild fluid extension into the lateral diverticuli and areas of mild medullary to pelvic mineral along with hyperechoic pelvic and renal hilus parenchyma. Proximal left kidney hydroureter measuring ~ 0.32 cm in diameter extending ~ 1 cm distal to the left kidney then non-visualized. Left /right retroperitoneal hyperechogenicity and mild volume retroperitoneal effusion was present most noted in the left retroperitoneal space. The proximal right ureter was not definitively visualized.

The left kidney measured 5.1 cm in length. The right kidney measured 5.5 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 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.

**PATIENT*****Liver/Gallbladder***

Mr C Pinca

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. Normal vascular volume. 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 common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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Gastrointestinal**BREED**

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.

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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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas**AGE**

The area of the pancreas was sonographically normal.

4yr

Free Abdomen

No obvious peritoneal effusion was present.

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Intermittent enlarged mid to lateral abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 0.89 cm in diameter.

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ULTRASONOGRAPHIC FINDINGS**Primary**

- Bilateral nonspecific nephritis exhibiting moderate pyelectasia to mild hydronephrosis and concurrent retroperitonitis.
- Mild proximal left hydroureter
- Normal non-distended urinary bladder with minor urine sediment
- Intermittent primarily mild mesenteric lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute on chronic nephritis with considerations including favored pyelonephritis with associated retroperitoneal inflammation is suspected. Unilateral /bilateral renal or retroperitoneal neoplastic criteria cannot be excluded yet thought less likely. The possibility of left or non-obvious right ureter obstruction cannot be definitively excluded.

Further assessment may include full urinary workup including urine C/S on a sterile urine sample. Consideration for ultrasound guided pyelocentesis with pelvic fluid C/S as well as retroperitoneal effusion analysis cytology or C/S is recommended. Effusion FIP titer /PCR could be considered if clinically indicated.

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Acute on chronic potentially emerging anuric renal failure is of concern given lack of significant urine within the urinary bladder. Renal and as needed gastrointestinal support pending diagnostics with monitoring of renal parameters, urine output and body weight is recommended.

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An extremely guarded prognosis is likely.

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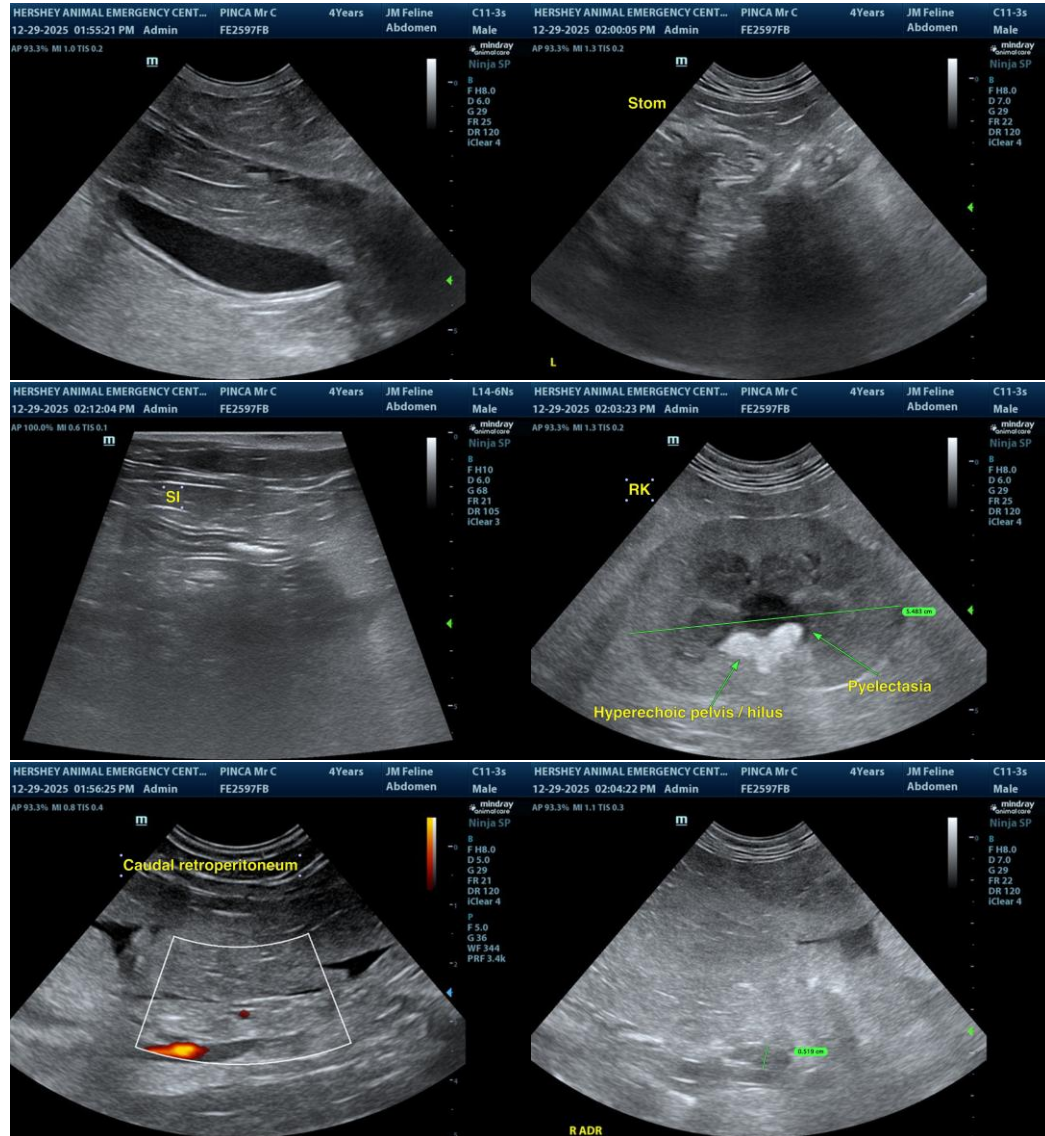
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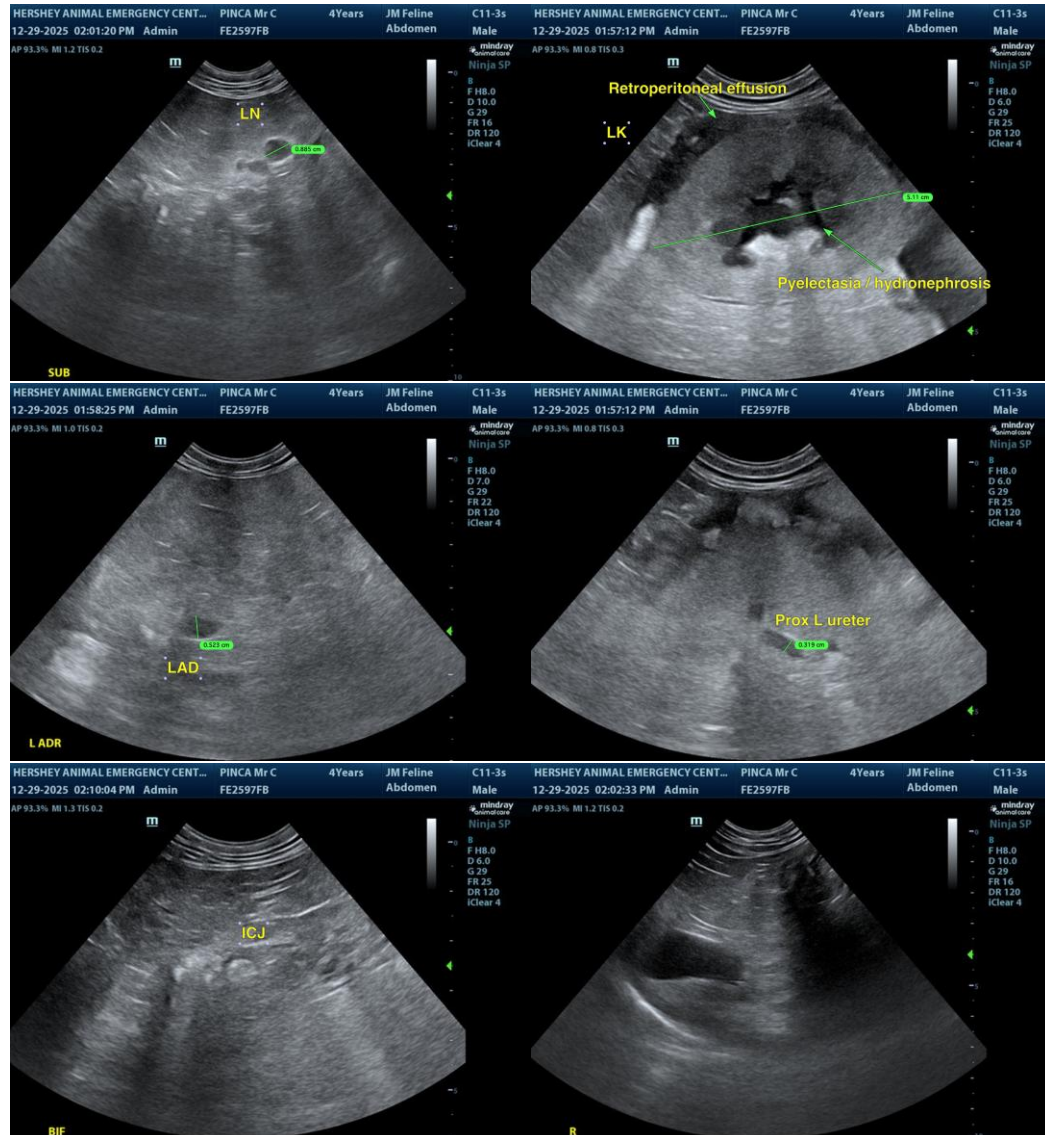
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com