



## PATIENT

Mittens Zabian

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

11

## WEIGHT

4.01

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Morgan RVT

## HOSPITAL NAME

Oxford County  
Veterinary Clinic

## REFERRING VET

Amy Lynes

## INVOICE

23378

## DATE

12/30/2025

## PRESENTING CLINICAL SIGNS

Patient presented 12/18/25 for vomiting bile, drinking/eating less, losing weight. BW and UA done (see results) diagnosed with rod based UTI. Given SQ fluids, emavert, and clavamox 62.5mg PO BID x 7d. Patient did well with treatment, but 2 days after stopping meds (~12/27/25) declined again - vomiting, lethargic, not eating. Patient had lost weight. Recheck UA performed, urine amber and cloudy, proteinuric, 1+ glucosuria, hematuria, rods present again. Urine sent for culture and clavamox restarted. SQ fluids and emavert given again. 12/30/25: - came in for stat abdominal ultrasound - patient is 7-10% dehydrated, very dull, temp of 36.3\* rectally, and being hospitalized on IVF and supportive care pending results.

Abnormal PE/Chem/CBC/UA Results: 12/18/25: - CBC/chem17/lytes/sdma/t4 showed mild neutropenia, eosinopenia, and thrombocytopenia (slow blood draw with clumping).

Hypophosphatemia of 0.97 and mild hyperglobulinemia of 52. - Cysto UA showed 1+ proteinuria, 4+ blood, urine looked yellow and clear grossly. Rods present, rod based UTI. 12/29/25: - Cysto UA showed 3+ proteinuria, 1+ glucosuria, 4+ hematuria, wbc 13/hpf, rods present. Urine looked much worse (red/brown/amber colour) than previously. - Culture pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral areas of mild medullary mineral were present. The left kidney measured 3.3 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### 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



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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 primarily anechoic luminal content. The cystic and proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

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### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The small intestinal wall measured 0.24 cm in width.

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

### *Pancreas*

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The left/ right pancreas was mildly prominent in size exhibiting non-homogenous to mild variably echogenic parenchyma.

### *Free Abdomen*

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

Subjective mild increased mid to cranial abdomen omental echogenicity.

## ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

### Primary

- Urinary bladder sediment.
- Bilateral chronic renal changes exhibiting mild medullary mineral
- Mild gallbladder debris with non-obstructive cystic and proximal common bile duct dilation.
- Suspect chronic / chronic active pancreatitis with remodeling.
- Non-specific gastroenteropathy exhibiting non-shadowing gastric ingesta and mild segmental intestinal ileus

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### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with the pending urinary workup is recommended. A spec FPL or full GI panel is warranted for further assessment of the gastrointestinal tract and pancreas and given weight loss. Monitoring for emerging hepatobiliary inflammation which may suggest potential triaditis given short half-life of hepatic enzymes in cats is suggested. Mild potential for emergent to occult renal or gastrointestinal neoplasia thought less likely. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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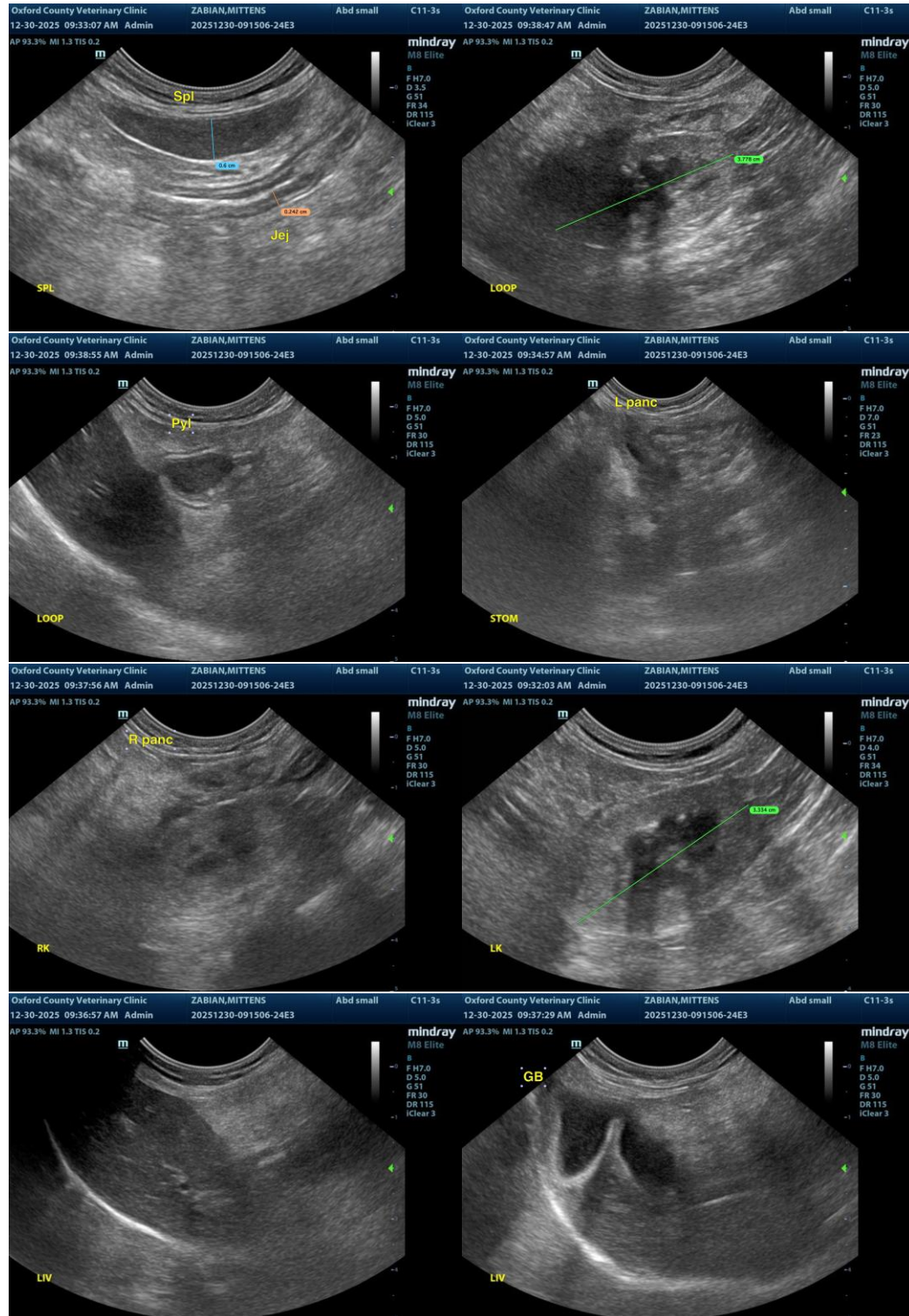
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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