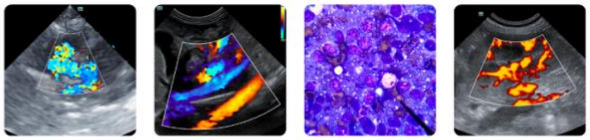

PATIENT

Nova Tankersley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years

WEIGHT

4 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

12897

DATE

12/31/25

PRESENTING CLINICAL SIGNS

Presenting for acute decreased activity, hiding, and reduced litter box use noted today, with inappetence

Abnormal PE/Chem/CBC/UA Results: Mucous membranes pale pink/tacky tachypnea, normal effort Severe abdominal pain with contractions and vocalization, too tense to palpate deeply red tinged liquid dribbling Chem: Creat 10.2 (H), BUN 89 (H) CBC: WBC 25.81K (H), Neut 18.68K (H), immature 3.61K, Lymph 0.59K (L), Mono 2.41K (H), Plt 100-150K EPOC: BE -6.6, Na 147 (L), BUN 78 (H), Creat 10.57 (H) Radiographs: Kidneys appear enlarged and rounded, urinary bladder is small with no signs of urinary stones. Otherwise unremarkable abdomen POCUS: No free fluid, no signs of urinary stones, urinary bladder small in size with no intraluminal material or shadowing.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine which prohibited full evaluation of the urinary bladder wall. Subjective mildly thickened ventral to ventroapical urinary bladder wall measuring 0.36 cm wall width. Mild anechoic urine was present with mild nondependent particulate urine sediment. No mineral or calculi or overt tumors were evident. The trigone and cystourethral junction were free of pathology. The urethra was normal in structure and tone to a depth of 3.0 cm.

The bilateral kidneys were normal in size with primarily symmetrical contour with a 1:3 cortex to medulla ratio and adequate corticomedullary border demarcation. No evidence of pyelectasia. Subjective mild reduced corticomedullary echogenicity. Scant perinephric to retroperitoneal effusion and mild increased left/right retroperitoneal echogenicity. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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

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. The stomach was mildly distended with retained fluid.

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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 0.23 cm wall width.

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

Pancreas

The pancreas presented mildly prominent in size with symmetrical contour and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

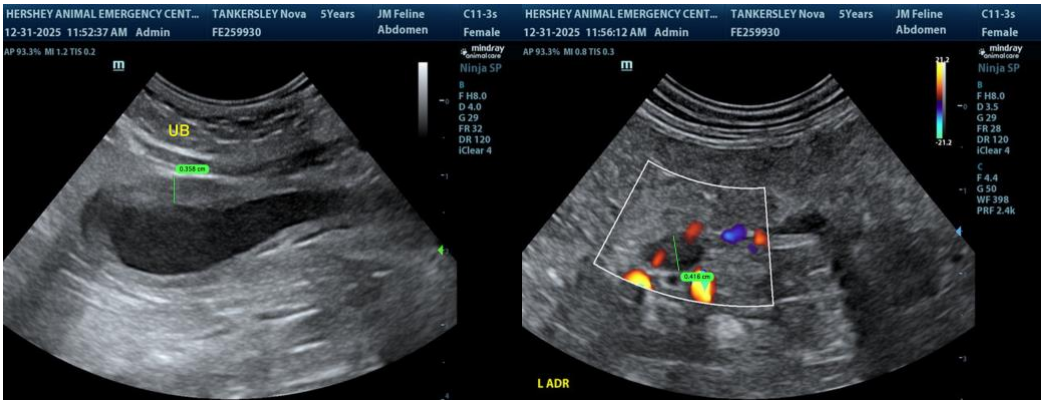
No evidence of overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Acute nephropathy with mild bilateral retroperitoneal inflammation.
- Nondistended urinary bladder with subjective mild ventral cystitis pattern.
- Normal gastrointestinal tract with nonobstructive gastric ileus.
- Possible mild inflamed pancreas versus edema.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending urine culture and sensitivity is recommended. Acute nephritis, potentially secondary to toxic indult, infectious disease, less likely potential for occult renal neoplasia or FIP are all possible. Hospitalization with renal gastrointestinal support with clinical monitoring for further prognosis is recommended. A spec fPL to correlate with possible concurrent mild pancreatitis is warranted. Potential for acute renal failure is of concern in this patient given subnormal urinary bladder size.



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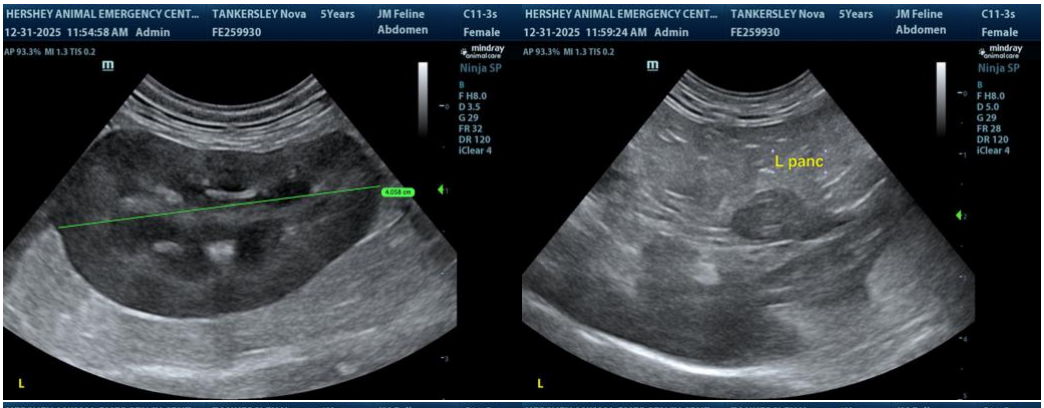

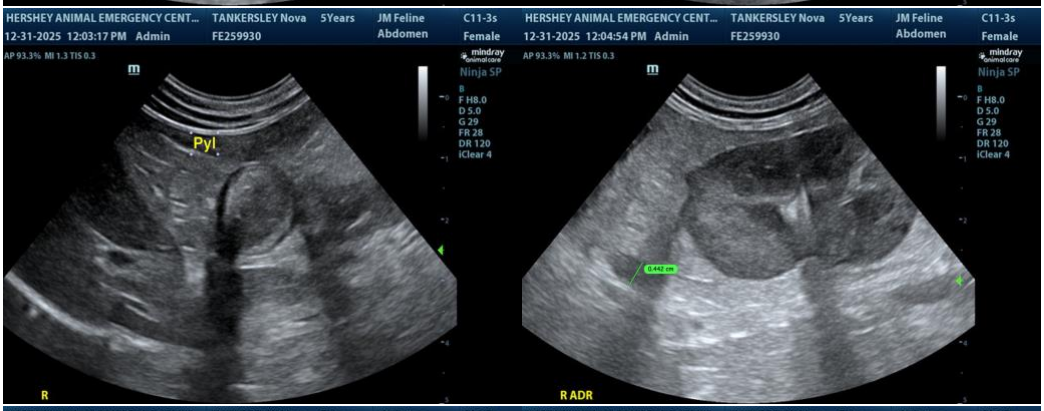

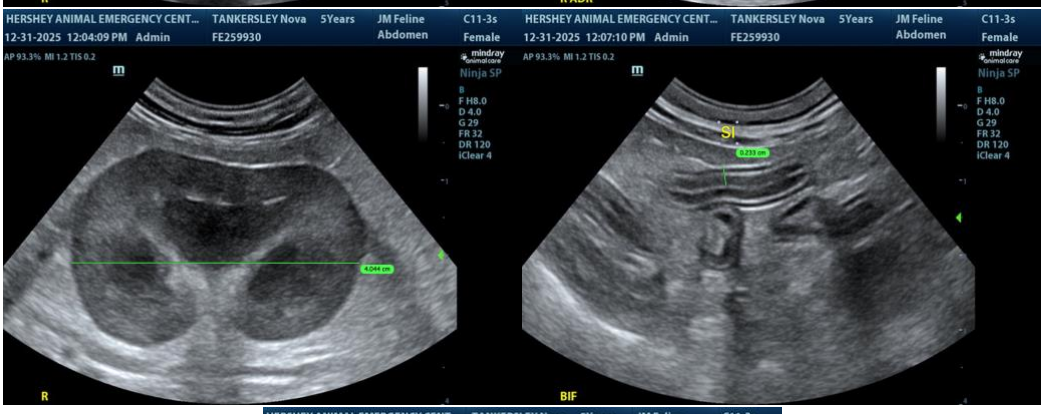

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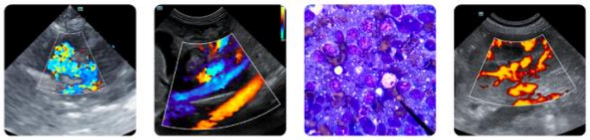

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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