

## PATIENT

Buster Martin

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

12yr

## WEIGHT

6kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Kuzimski

## HOSPITAL NAME

Animal Emergency  
Deland

## REFERRING VET

Dr Kuzimski

## INVOICE 23146

## DATE

12/08/2025

## PRESENTING CLINICAL SIGNS

Patient is indoor only and has been recently vomiting. ate an umbrella plant

Abnormal PE/Chem/CBC/UA Results: CBC. NSF Chemistry. BUN 40.6, calcium 7.6, total protein 5.4 EPOC. BUN 33, iCa 1.17, potassium 3.1, sodium 146 Radiograph report attached

## 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 no evidence of urine/lumen sediment, 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 with asymmetrical contour and mild indistinct corticomedullary architecture with loss of corticomedullary border demarcation. Both kidneys contain multiple variably sized cysts. Some cysts contained areas of mineralization along with non-obstructive renolithiasis. The left kidney measured 4.8 cm in length. The right kidney measured 5.1 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.

### 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

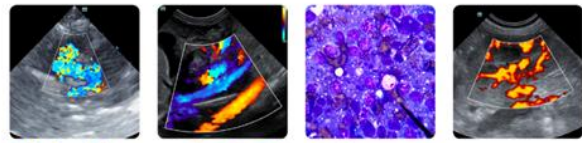
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary thinly walled mid-liver intraparenchymal cyst containing anechoic fluid was present measuring 1.8 cm in diameter. 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 with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.27 cm width. The jejunum wall measured up to 0.38 cm width. The ileocolic wall measured 0.40 cm width.

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



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## Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## Free Abdomen

No evidence of peritoneal effusion was present.

No visualized overt omental lymphadenopathy.

Areas of mild peri-intestinal hyperechoic omentum were present.

## ULTRASONOGRAPHIC FINDINGS

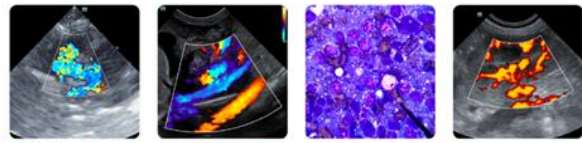
### Primary

- Polycystic kidneys with medullary renolithiasis.
- Benign hepatic cyst
- Enteropathy
- Non-obstructive mild hypomotile stomach

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern or foreign material. Considerations for the enteropathy may include IBD or other inflammatory enteropathy, emerging to low grade intestinal round cell neoplasia, such as lymphoma or mast cell neoplasia, less likely dry form FIP. Definitive diagnosis would require intestinal biopsies for histopathology.

Gastrointestinal support and consideration for empirical IBD protocol is recommended. A full urinary workup including recheck UA, C/S and UPC level for renal staging is recommended.



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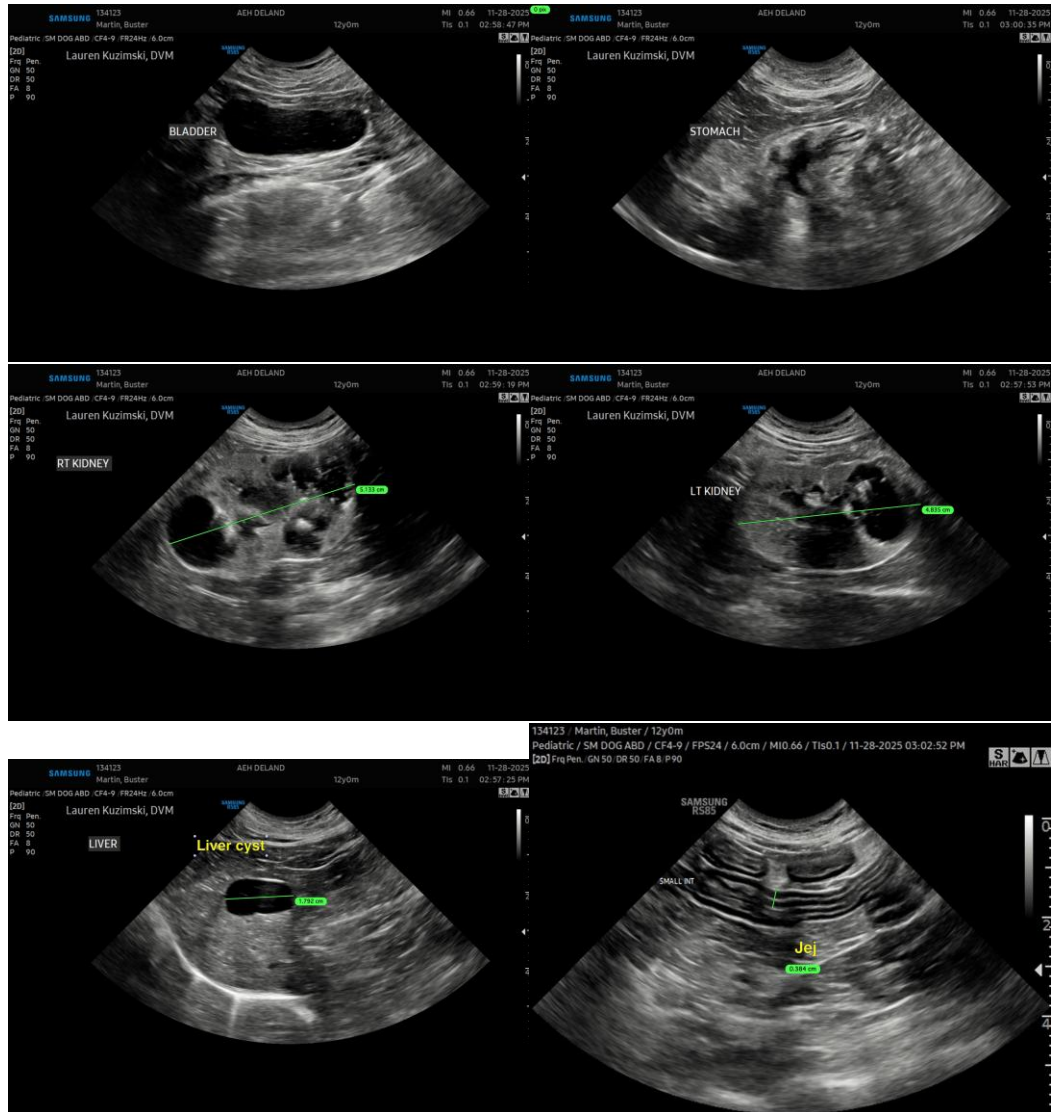
Dr Kuzimski

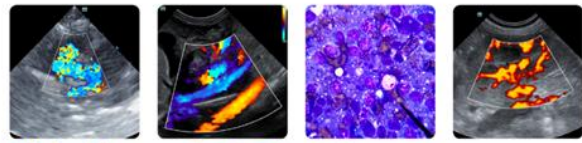
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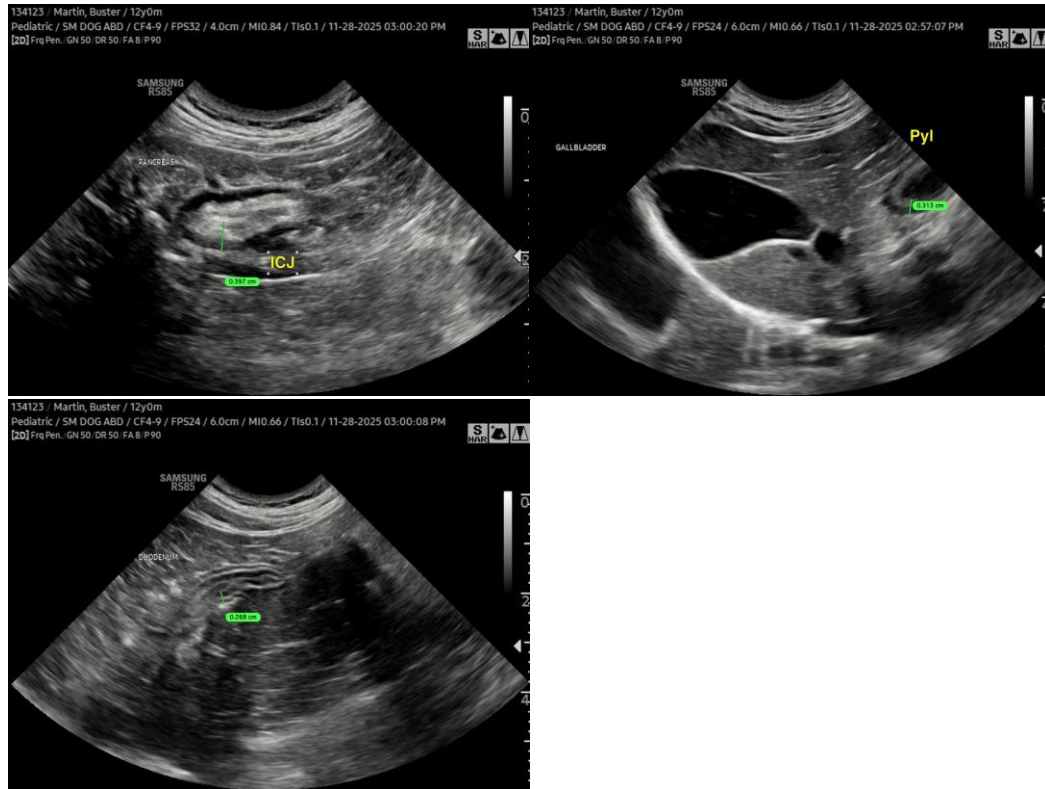
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)