



PATIENT

Me BoJangles
 Schmidgall

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

9yr

WEIGHT

8.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany Animal
 Hospital

REFERRING VET

Dr Hunt

INVOICE
 23158

DATE
 12/8/2025

PRESENTING CLINICAL SIGNS

clinical Exam Findings: ADR, not eating BW showed normal CBC, normal CHEM UA showed marked hematuria with few epithelial cells spec fpl elevated at 11.3 Prescribed Prednisolone, not improving, switched to Budesonide Still adr, not eating on Mirataz as well, severe dehydrated, abnormal colon/bladder thickening in caudal abdomen on palpation ABNORMAL Labwork Values spec fpl elevated at 11.3 UA >50 rbc's, Squamous Epithelial Cells <1 HPF, Non-Squamous Epithelial Cells 1 - 2 hpf Current Medications Budesonide last dose last night, Mirtazapine transdermal last dose last night

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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia with early fluid extension into lateral diverticuli, hyperechoic pelvis and renal sinus tissue echogenicity. No evidence of left hydroureter or left retroperitoneal effusion. No evidence of right kidney pyelectasia. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No obvious pathology in the area of the left /right adrenal glands with probable mild adrenal suppression secondary to previous steroid therapy.

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. Subjective mild homogenous increased hepatic parenchymal echogenicity comparable to the spleen. 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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact visible wall layering with a normal wall layer ratio. The lumen of the stomach was empty and non-distended with mild lumen gas and no signs of ileus, obstruction or foreign material.

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The discernible visualized segments of small intestine exhibited intact, non-thickened wall with subjective mild altered wall layer ratio and propensity for prominent muscularis layer. Example of non-thickened small intestine measured 0.20 cm in width. Possible thickened mid to distal small intestinal segments adjacent to the colon exhibited intact indistinct mural detail and mild decreased mural echogenicity with a potential example of thickened small intestine measuring 0.30 cm in width.

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The colon exhibited subjective generalized distention with strongly shadowing fecal matter. Subjective areas of thickened colon wall were present with colon wall potentially measuring 0.50 cm in width.

Pancreas

SEX

The area of the pancreas was sonographically normal.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

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- Subjective generalized distended colon containing strongly shadowing formed fecal matter
- Possible thickened segmental small intestine
- Non-distended stomach containing mild lumen gas
- Sonographically normal area of pancreas
- Mild hyperechoic liver
- Mild gallbladder debris
- Suspect left kidney pyelonephritis
- Sonographically normal urinary bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with abdominal radiographs is recommended to assess for degree of colon or possible segmental intestinal distention with ingesta vs fecal matter difficult to differentiate on ultrasound given degree of intestinal distention and shadowing content. Indistinct to non-visualized enterocolic mural pathology is of concern with considerations including inflammatory, infectious, neoplastic or granulomatous etiologies. Concurrent mild pancreatitis may present sonographically unremarkable. Monitoring of liver parameters for evidence of emerging lipidosis given inappetence is indicated. Urine C/S on a sterile urine sample recommended if not done. Abdominal CT would be ideal for further assessment of the gastrointestinal tract and colon.

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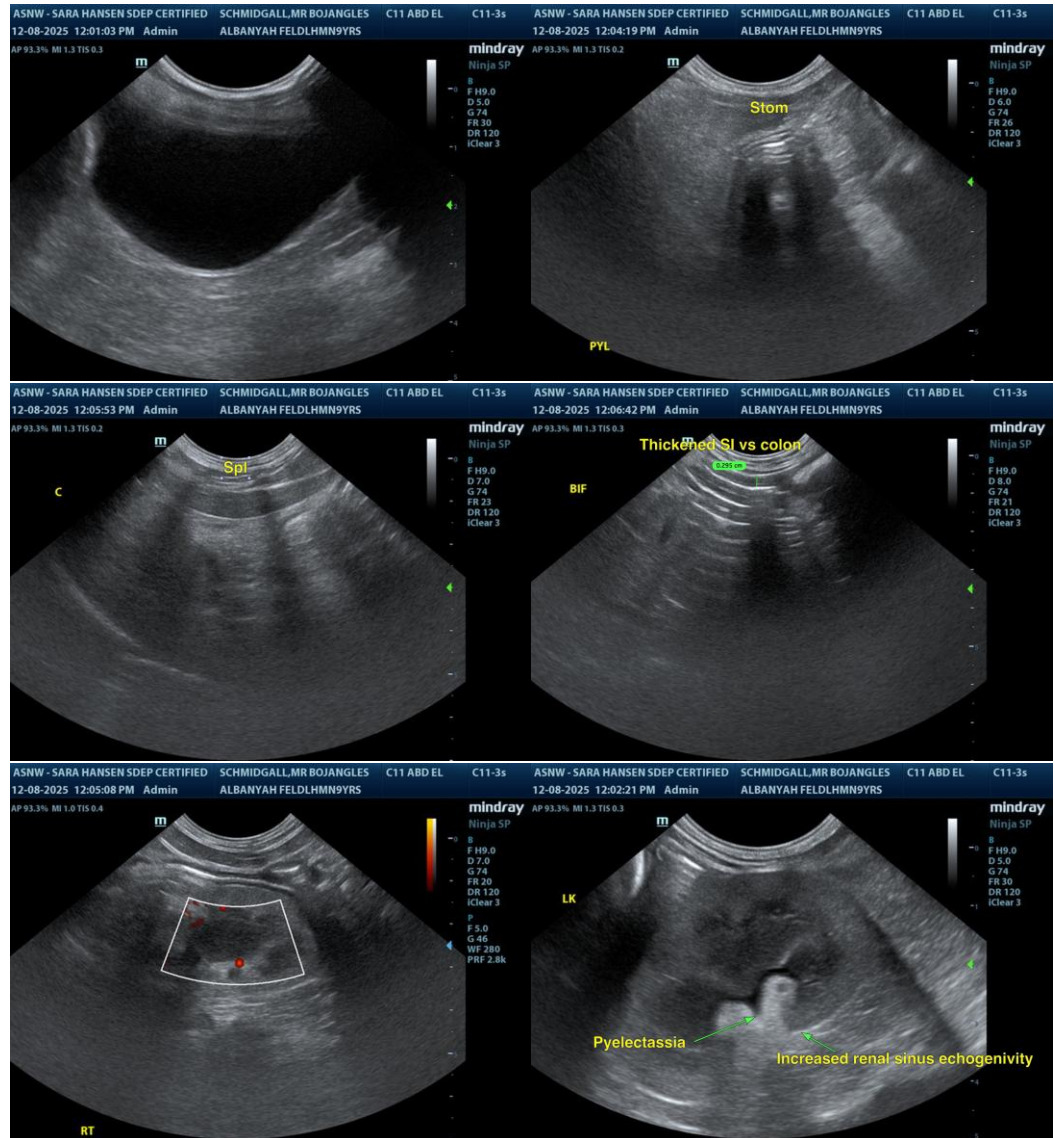
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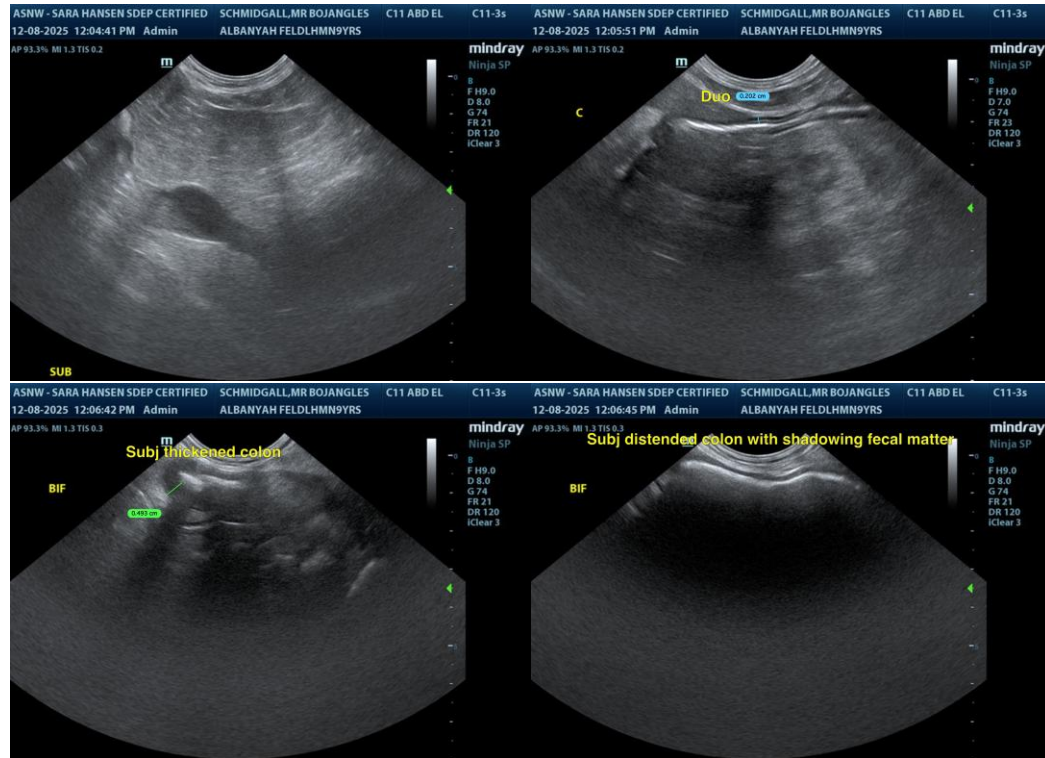
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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