



PATIENT PRESENTING CLINICAL SIGNS

Jesse Miles

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

11 Years

WEIGHT

3.34 kg

- Chronic kidney disease IRIS stage 3 diagnosed June 2025
- Heart murmur grade 3-4/6 - echo in July showed slight left atrial and ventricular enlargement likely physiologic murmur
- Chronic enteropathy with intermittent diarrhea and vomiting about once per week
- Non regenerative anemia secondary to chronic kidney disease
- Firm 1.5cm lower left jaw mass noted which decreased in size on antibiotics but has now returned
- bilateral otitis and chin dermatitis, has lost three teeth recently at home
- Has been on Fortekor 2.5mg SID Azodyl BID Phosbind supplement, fish oil, creatine, oral vitamin B12, iron, slippery elm and a probiotic. Gets 100ml SQ fluids every other day

Abnormal PE/Chem/CBC/UA Results: SDMA 33, Creatinine 525, BUN 31.9, Chloride 113

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Adequate 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 thickened and hyperechoic resulting in an altered cortex: medulla ratio. Enhanced to indistinct corticomedullary border demarcation was also present with reduced medullary volume. No evidence of pyelectasia. Minor subcapsular to retroperitoneal effusion associated with both kidneys was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.50 cm width. The right adrenal gland measured 0.40 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 & 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Vetwell Rockcliffe
 Animal Hospital

REFERRING VET

Dr. Guatto

INVOICE

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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 borderline to mild thickened segmental to generalized wall with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.33 cm wall width. The jejunum wall measured 0.30 cm wall width.

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Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

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The left pancreas presented mildly prominent in size with capsule asymmetry and nonhomogenous mildly hypoechoic remodeled parenchyma with prominent pancreatic duct.

Free Abdomen

WEIGHT

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No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Bilateral chronic nephropathy exhibiting minor subcapsular versus retroperitoneal effusion.
- Chronic enteropathy pattern.
- Probable chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Recheck urinalysis and suggested renal staging to include screening culture/sensitivity, UPC level and monitoring of systemic BP is recommended. Bilateral chronic nonspecific degenerative renal changes or nonspecific nephritis such as interstitial nephritis, less likely renal neoplasia are possible.

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A GI panel to include PLI, TLI, cobalamin and folate is recommended. CKD therapy with concurrent renal support and empirical therapy for probable chronic pancreatitis with clinical monitoring would be reasonable. Recheck sonogram if progressive gastrointestinal signs, azotemia or weight loss.

REFERRING VET

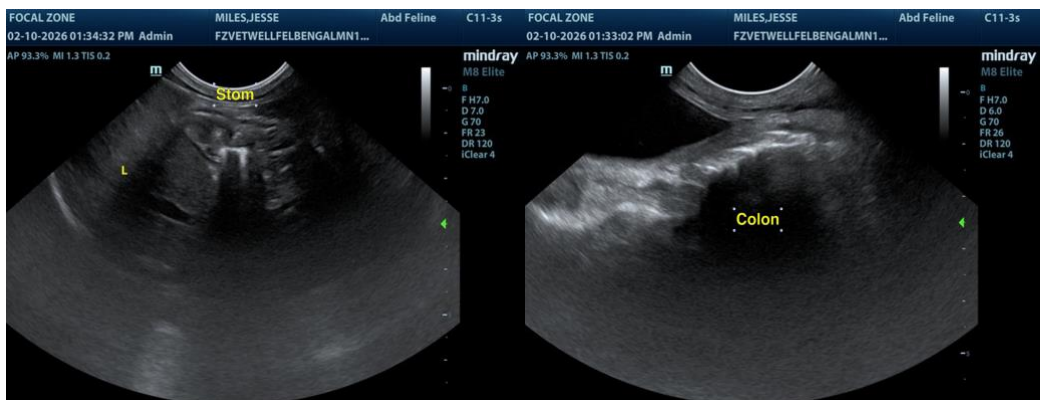
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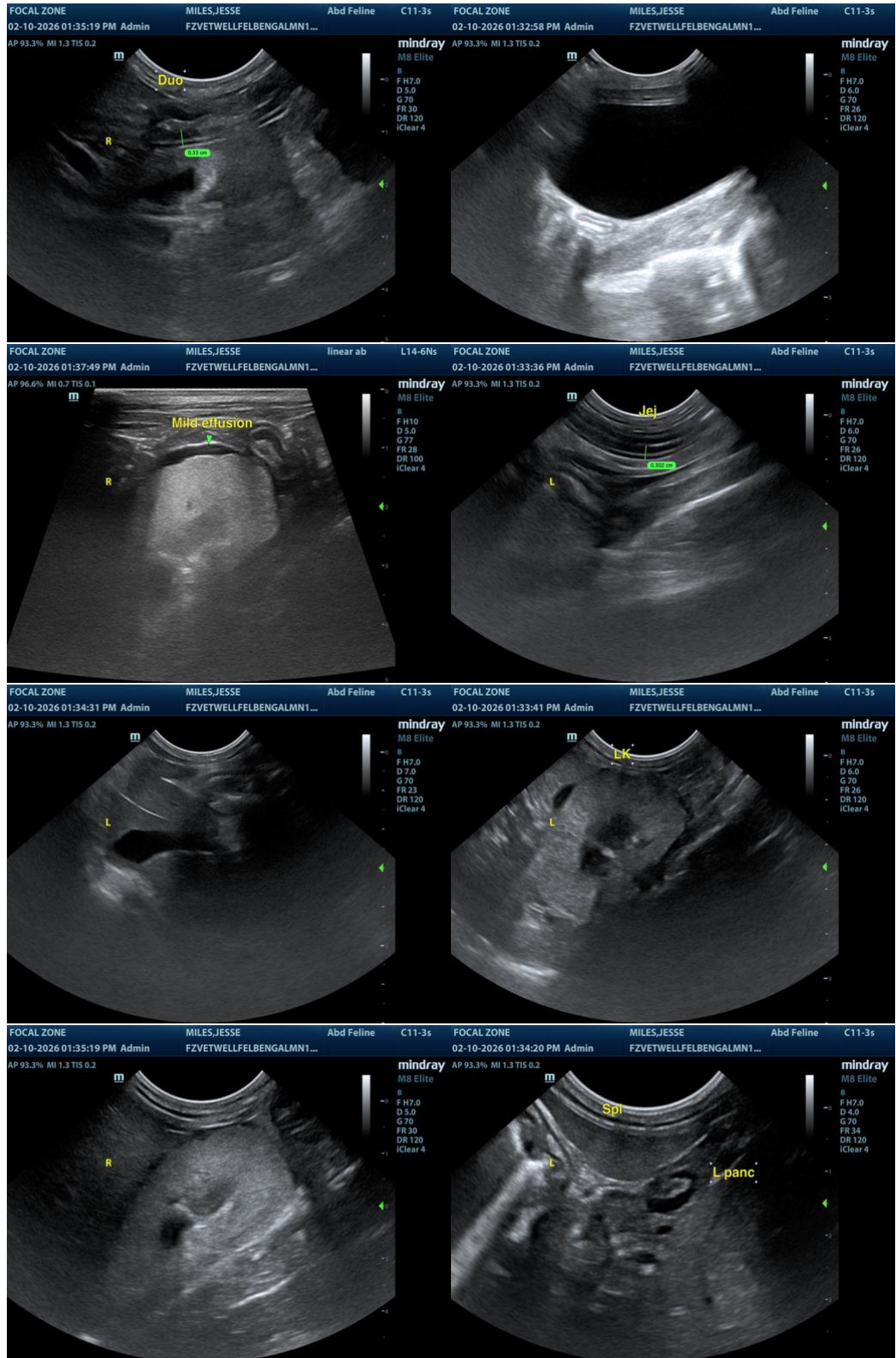
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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