



## PATIENT

Snoop Warren

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

6yr

## WEIGHT

7.3kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE 23895

DATE  
02/16/2026

## PRESENTING CLINICAL SIGNS

- Presents for 1-2 weeks of stranguria, pollakiuria and urinate outside of box. Recent environmental stress: attempted introduction of another cat approximately 3 weeks ago (cat no longer in home).
- Unremarkable PE; fractious with handling
- Abnormal PE/Chem/CBC/UA Results: NSAID panel: Creat 2.0, BUN 40 H Single lateral rad: various (~7) ureteral stones, no bladder stones, renal stones with potential asymmetry UA w/ sedivue: pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen hyperechoic sand /mineral. Pinpoint to focal areas of non-obstructive cystourethral junction and proximal urethral lumen mineral were present. 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Bilateral medullary to pelvic renoliths with concurrent mild pyelectasia. Mild fluid extension into the lateral diverticuli of the left kidney. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length. An example of left kidney pelvic renolith measured 1.0 cm in diameter. An example of right kidney medullary renolith measured 0.60 cm in diameter. No definitive visualized left/ right hydroureter or visualized ureteral calculi.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 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. The spleen measured 1.0 cm in width at the level of the mid spleen.

### 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. The gallbladder was



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non-distended in size with thin walls and primarily anechoic luminal content. The proximal to mid common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

## Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild primarily non-shadowing ingesta and a small non-obstructive possible hairball density in the pylorus measuring 1.0 cm in diameter.

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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 mechanical/metabolic ileus, obstruction or foreign material.

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

## Pancreas

## SEX

MN

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.

## AGE

6yr

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

7.3kg

## Primary

- Non-obstructive urinary bladder, cystourethral junction, and proximal urethral lumen sand / mineral
- Bilateral renolithiasis and pyelectasia, early extension of fluid into left kidney lateral diverticuli

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## Secondary

- Gastric ingesta with possible small non-obstructive pyloric hairball density
- Mild non-obstructive proximal common bile duct dilation- patient variant, possible low-grade cholangitis

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Correlation with pending urinary workup including C/S on sterile urine sample is recommended. No current evidence of left /right obstructive ureterolithiasis criteria, although this patient likely passing small amounts of mineral / calculi from the kidneys into the urinary bladder, indicating serial sonographic monitoring advised as the potential for ureteral obstruction going forward is elevated. Likewise, serial monitoring of UA and renal parameters indicated as chronic nephropathy is of concern.

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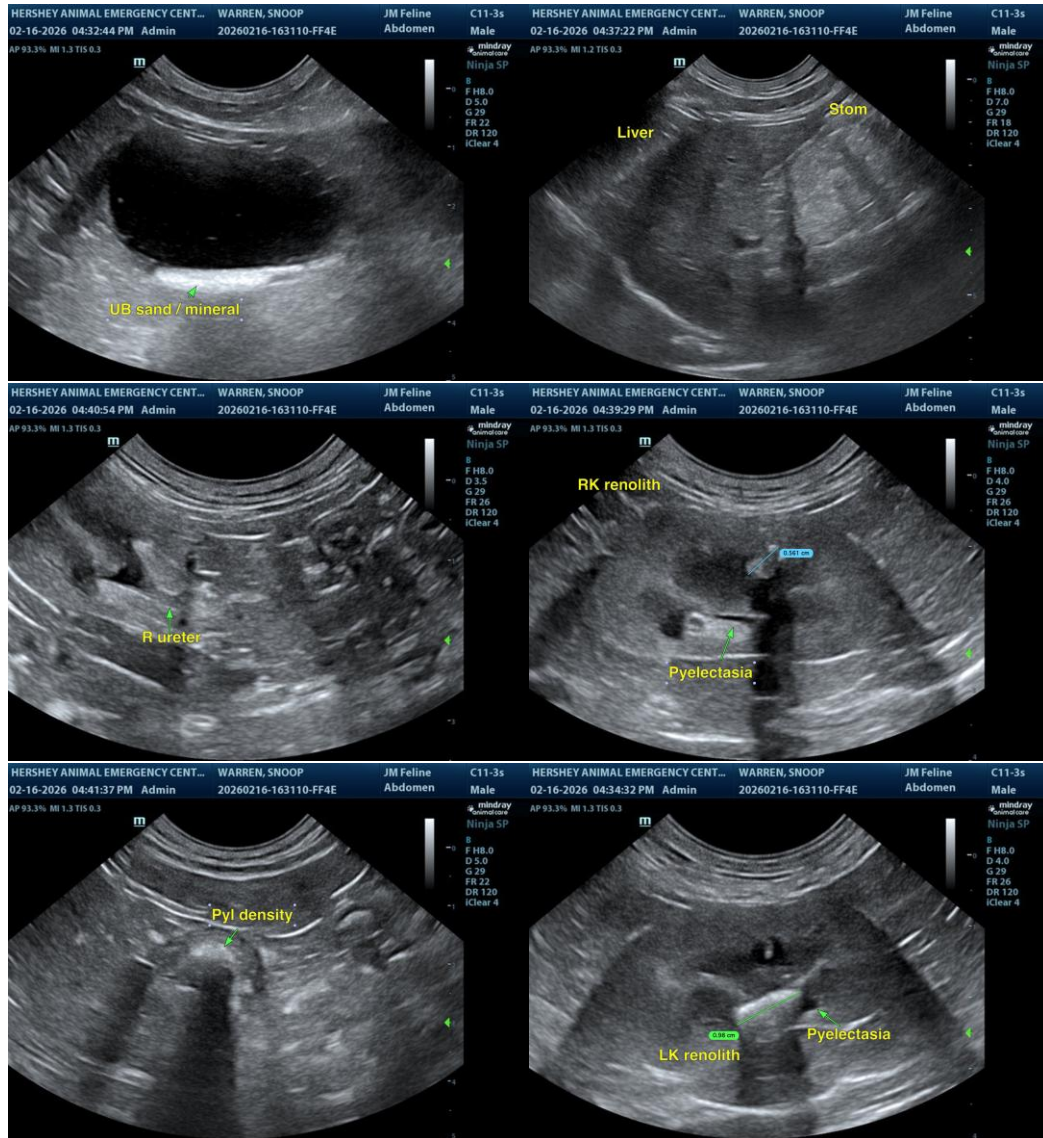
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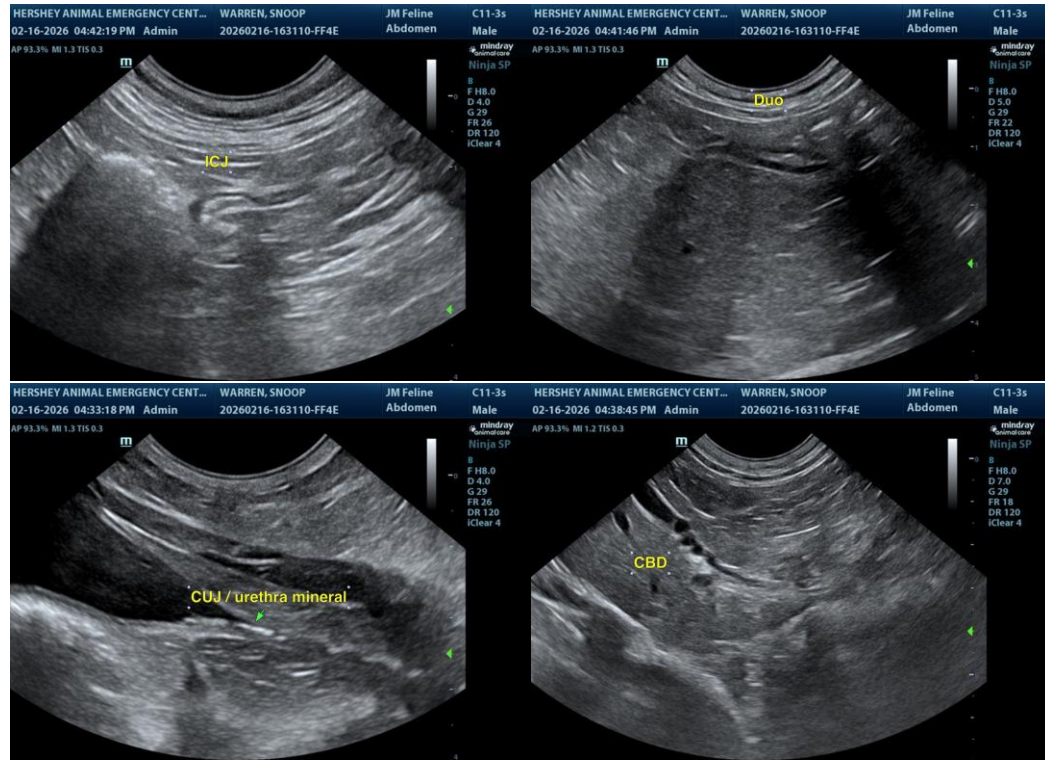
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**IMAGING PERFORMED BY**

Dr. Meghan Myers

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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