



PATIENT

Oreo Young

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3yr

WEIGHT

7.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram Animal Hospital

REFERRING VET

Dr. Carlos Abdul-Chani

INVOICE 23742

DATE
02/02/2026

PRESENTING CLINICAL SIGNS

- Irregular Mass palpated mid abdomen.

Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem: 2.8 mg/ml, SDMA 25.1 vg/dl, Ca++ 12.7 mg/dl, rest is normal

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.

The left kidney was normal in size with asymmetrical margination. Indistinct corticomedullary architecture and 1:3 cortex medulla ratio was present with variably echogenic to hyperechoic medullary parenchyma. Moderate to significant left kidney pyelectasia without overt visualized left hydroureter. Mild left retroperitoneal inflammation and subjective mild retroperitoneal effusion was present.

The right kidney was normal in size with asymmetrical margination and suspect cortical infarcts. Discernible corticomedullary architecture with indistinct corticomedullary border demarcation was present. Mild right kidney pyelectasia with no overt right retroperitoneal effusion.

The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.52 cm width The right adrenal gland measured 0.47 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. 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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact borderline thickened wall with overall maintained wall layer ratio to the level of the colon. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.3 cm width.

Mild to variably thickened distal descending colon at the level of the urinary bladder. The remaining visualized colon wall was overtly normal. The colon contained subjective semi formed fecal matter. The thickened descending colon wall measured 0.54 cm wall width.

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

Mild primarily peri-intestinal hyperechoic omentum.

No visualized significant /swollen mesenteric lymphadenopathy or significant peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral non-enlarged asymmetrical kidneys exhibiting moderate to significant variably echogenic corticomedullary changes and mild to significant pyelectasia- more prominent left kidney.
- Mild left retroperitoneal diffusion.
- Intact mildly thickened small intestinal wall and segmental thickened distal colon
- Mild primarily peri-intestinal hyperechoic omentum.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys are non-specific, and may indicate dysplasia in conjunction with patient age, non-specific bilateral to variable nephritis, FIP, or potential neoplasia. No overt evidence of left or right ureter obstruction. Aside from the kidneys, a definitive intra-abdominal mass was not visualized.

Given no reported gastrointestinal signs, the borderline thickened stomach and thickened descending to distal colon wall are of unclear clinical significance. Correlation with current clinical signs or if evidence of weight loss is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status and using a 25ga needle, FNA cytology into the left renal cortex could be considered for further clarification. A UA if not recently done with consideration for screening C/S or UPC level for renal staging if clinically indicated is recommended.



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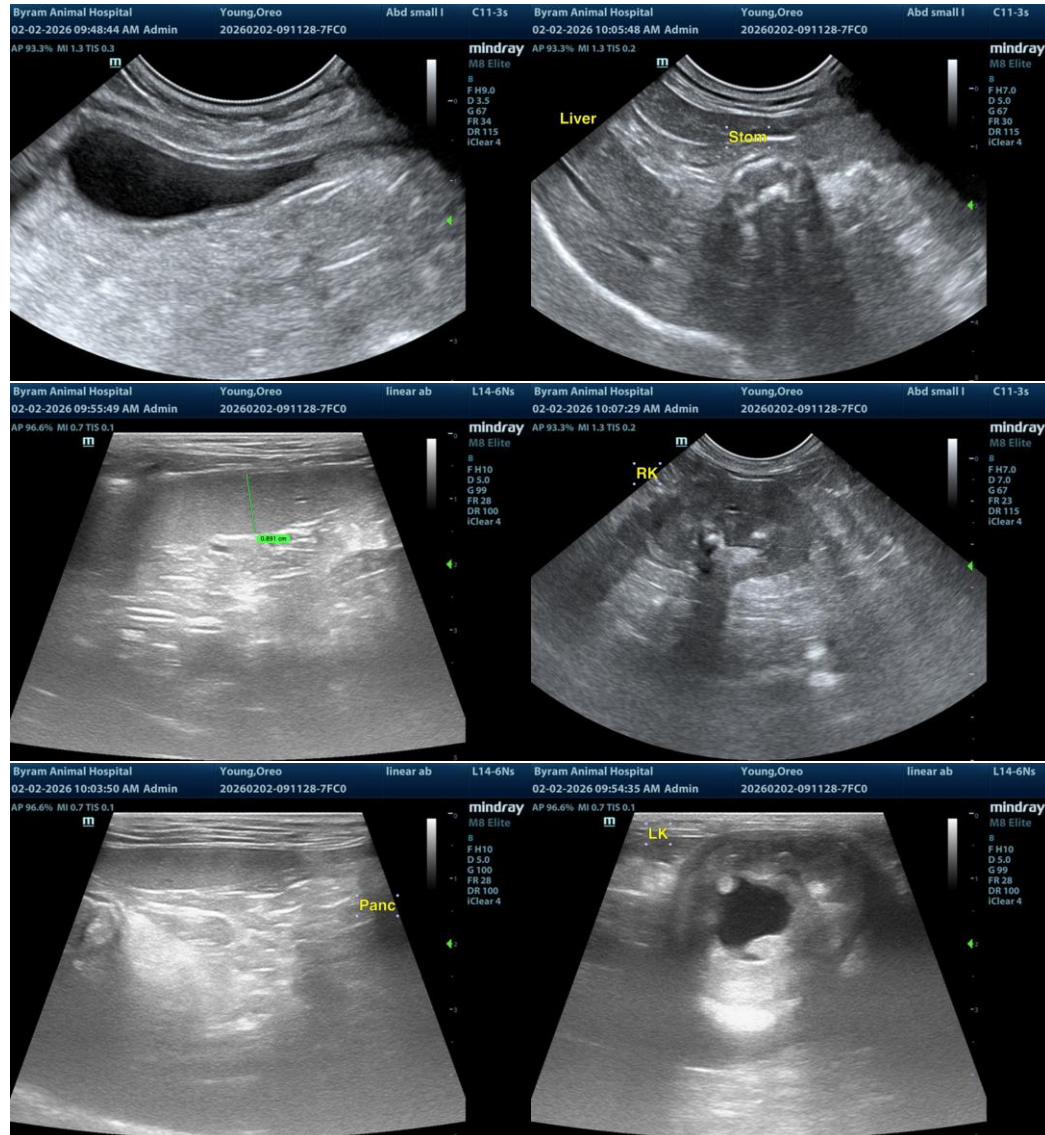
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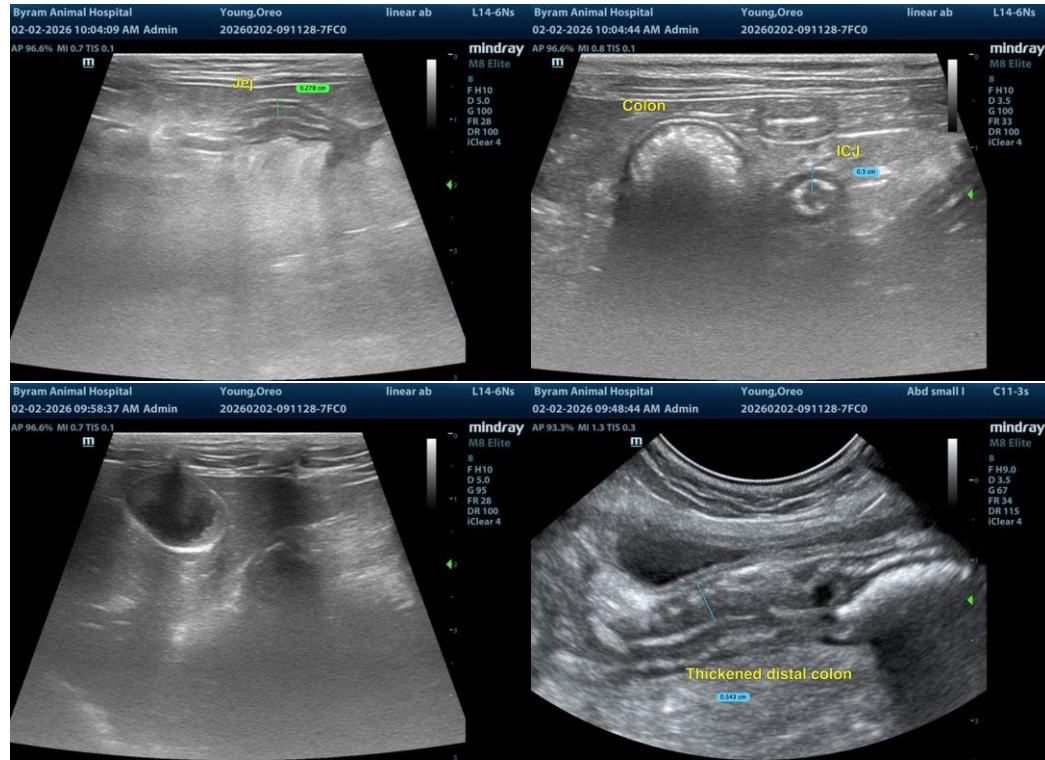
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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