



PATIENT

Carter Joe Buleza

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

6.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Victoria Lang

INVOICE

13915

DATE

02/21/26

PRESENTING CLINICAL SIGNS

- Not eating for two days with URI signs
- Hx of urinary blockage
- Nasal: Green thick purulent discharge from left nostril with crusting over right nostril
- Oral Cavity: light pink, tacky mm,
- Cardiovascular: No murmurs/arrhythmias, weak pulses
- Respiratory: referred Upper respiratory sounds.
- Abdominal: painful to abdominal palpation, bladder palpates small but patient lifts tail as though to urinate on palpation
- 8-10% dehydration
- Musculoskeletal: muscle atrophy of the epaxials, hindlimbs.

CBC: RDQ (28) Reticulocytes (54.8) Retic HGB (10.9) WBC (29.54) Neu (15.03) Lympho (11.96) Mono (2.33) Eos (0.16) Invue CBC:Reticulocytes (54.8)WBC (29.54) Neutro (24.1) Lympho (0.31) Immature neutrophils (3.2) mono (1.15) plt (>150) CHEM: Glucose (261) BUN (>130) phos (>161) Ca (7.2) TP (11.4) Globulin (7.7) Tbili (3.8) ALT (-) Creat (-) EPOC: pH (7.165) iCa (0.78) BUN (>120) Creat (>15) Glucose (262) U/A: ph (6) USG (1.030) Glucose (100) Protein (100) hgb (250) Total T4: 0.8 (normal) BP: 60

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. No evidence of obstruction to urine outflow.

The area of the aortic trifurcation was free of pathology.

The kidneys were borderline to mildly enlarged in size. A normal 1:3 cortex / medulla ratio was maintained. Mild hyperechoic cortex with mild enhanced to indistinct corticomedullary border demarcation expected for the age of the patient. Bilateral mild pyelectasia was present. The left kidney measured 5.0 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 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



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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.

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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was mild gas distended in appearance.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental nonobstructive ileus pattern is present without obstruction or foreign material. The duodenum wall measured 0.28 cm wall width. The jejunum wall measured 0.22 cm wall width.

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

Pancreas

The pancreas was prominent in size with capsule asymmetry and heterogeneous mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild peripancreatic hyperechoic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild chronic renal changes.
- Sonographically unremarkable gastrointestinal tract with mild gastric gas distention and nonobstructive segmental intestinal ileus.
- Chronic/chronic active pancreatitis.
- Normal liver/gallbladder with mild nonobstructive proximal common bile duct dilation- most consistent with benign hepatopathy with possible mild cholangitis.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the kidneys did not appear to be end stage indicating potential for acute or acute on chronic nephropathy. Consideration for renal toxic insult or infectious disease is indicated. Correlation with renal staging to include screening culture/sensitivity and UPC level is recommended.

Leptospirosis titers/PCR may be considered given azotemia and concurrent hepatopathy if clinically applicable. A GI panel to include PLI, TLI, cobalamin and folate to correlate with pancreas and assess for non-structural intestinal disease given loss of muscle mass may be considered.

Renal/gastrointestinal support and empirical therapy for pancreatitis with clinical monitoring would be reasonable.



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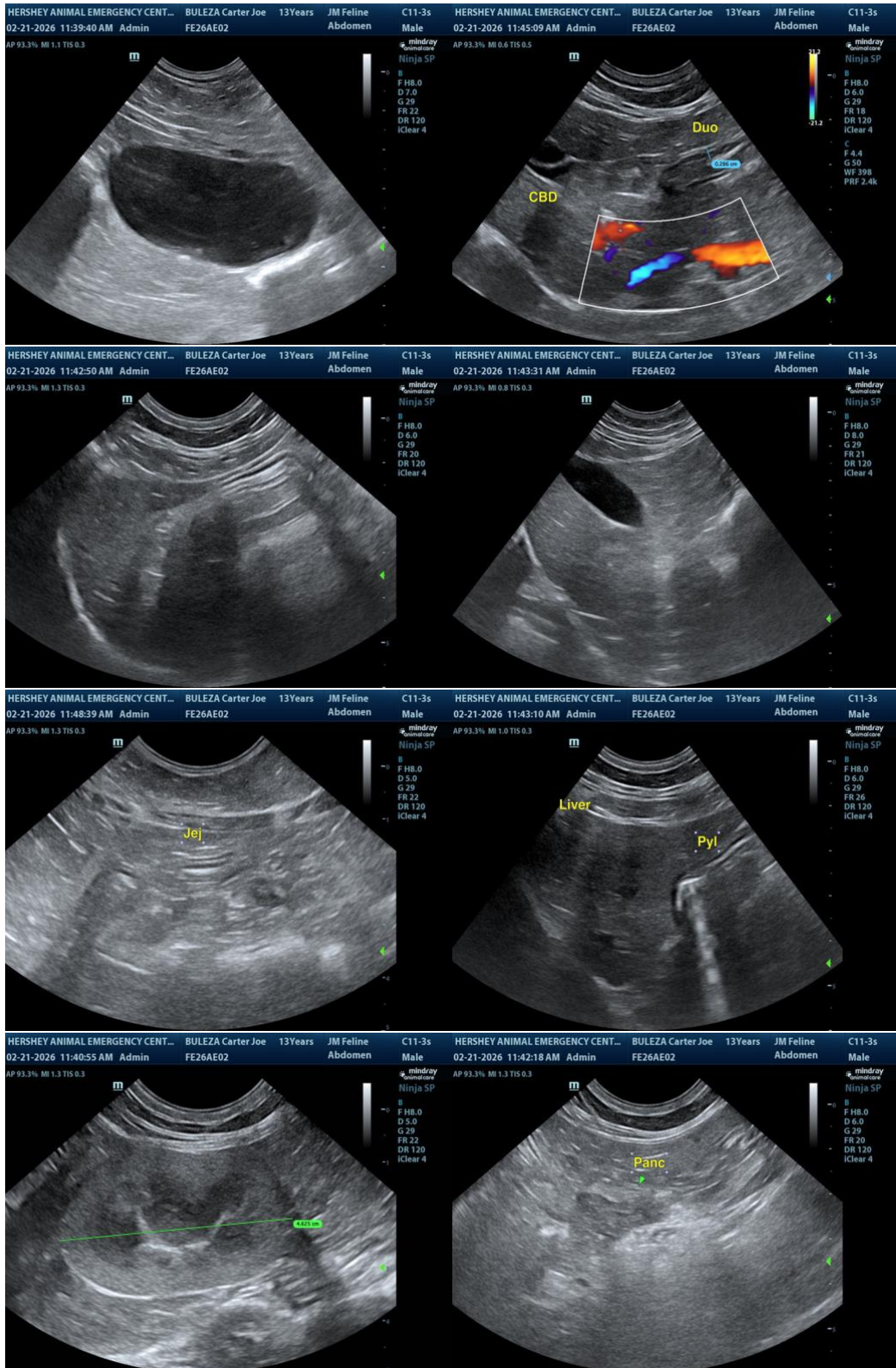
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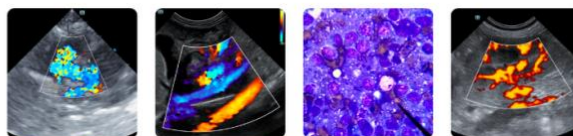
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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