



PATIENT

May Taylor

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14

WEIGHT

13.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

All Creatures Great &
Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

13914

DATE

02/21/26

PRESENTING CLINICAL SIGNS

- Anorexia for 3 days.
- Abdominal pain
- Xray showed Left kidney it was smaller than usual.

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.

The left kidney was subnormal in size compared to the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present in the left kidney. The left kidney measured 3.2 cm in length. Mild increased left and right retroperitoneal echogenicity with no evidence of retroperitoneal effusion.

Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Moderate pyelectasia within the right kidney with hyperechoic peri pelvic to renal sinus echogenicity. No obvious visualized right hydroureter. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology in the areas of the left and right adrenal glands.

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. Mild lobar biliary tree mineralization.

The gallbladder was non distended in size with mild nonhomogenous to focally hyperechoic dependent lumen biliary sludge. The common bile duct was not visualized.

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 wall layering 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 0.24 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 normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

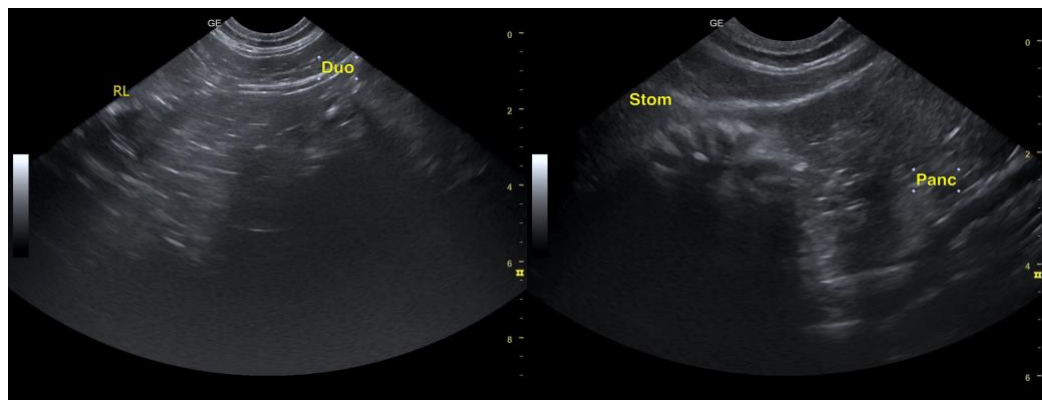
No visualized significant omental lymphadenopathy or peritoneal effusion was present.

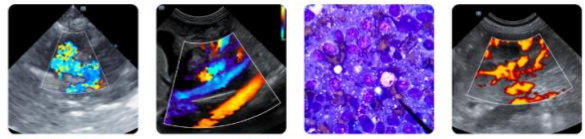
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic nephropathy pattern exhibiting pyelectasia more prominent in the right kidney.
- Mild lobar hepatic biliary tree mineralization.
- Mild nonorganized to possible emerging mineralized gallbladder debris.
- Sonographically normal gastrointestinal tract.
- Mild heterogeneous pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral pyelectasia is most notable in the right kidney and may be secondary to IV fluid therapy if clinically applicable, pelvic scarring, chronic renal changes with potential for unilateral/bilateral pyelonephritis. The hepatic lobar biliary tree mineralization is nonspecific and potentially incidental yet at times may be associated with chronic hepatobiliary inflammation in conjunction with gallbladder debris. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. No evidence of mechanical gastrointestinal obstruction or foreign material or overt neoplastic criteria. Correlation with pending lab work including urine culture/sensitivity +/- UPC level and spec fPL is recommended. Gastrointestinal and renal support is recommended pending diagnostics.





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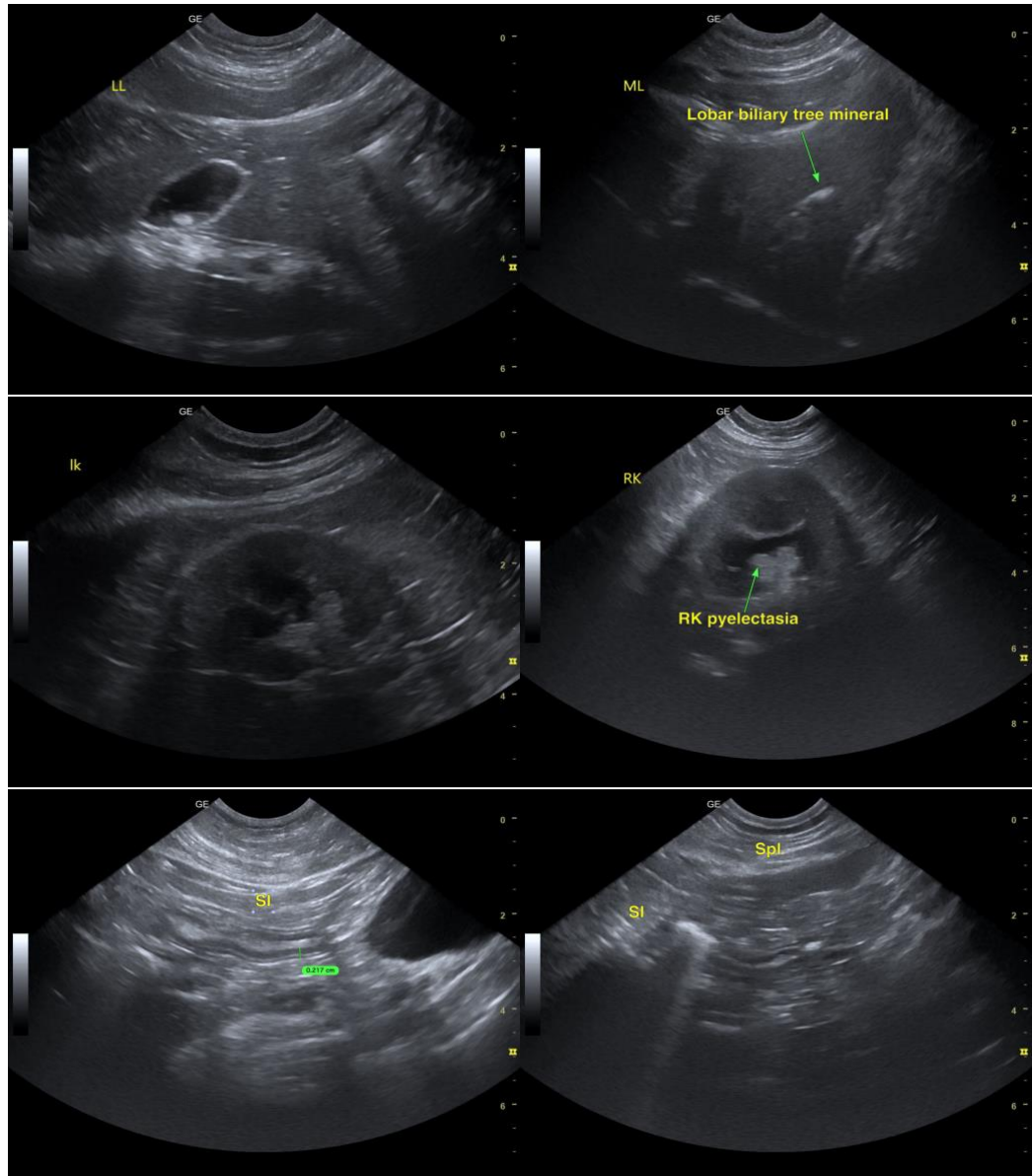
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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