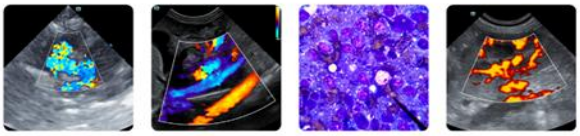




SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

**PATIENT**
Kyler Love

**SPECIES**
Feline

**BREED**
DLH

**SEX**
MN

**AGE**
8yr

**WEIGHT**
10.9lb

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

**IMAGING PERFORMED BY**
Sara Hansen

**HOSPITAL NAME**
Countryside AC

**REFERRING VET**
Dr Cox

**INVOICE**
23960

**DATE**
02/23/2026

## PRESENTING CLINICAL SIGNS

- Weight loss, dental disease
- ABNORMAL Labwork Values
- CBC Eos 1.7 (0.2-1.2)
- Plt 9K (100-440) *Plt estimated to be <10K on blood film
- Chem CK 1121 (64-440)
- UA USG 1.044
- pH 7.0
- Prot 1+
- inactive sediment
- Anemia PCR Panel: Negative

## 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 moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal 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 hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Intermittent cortical infarcts were present. The left kidney measured 4.6 cm in length. The right kidney measured 4.1 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 0.30 cm width. The right adrenal gland measured 0.31 cm width.

### *Spleen*

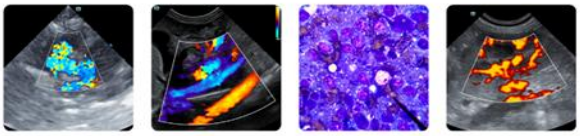
The spleen was mildly enlarged measuring 1.2 cm width at the level of the mid spleen with symmetrical contour and maintained homogenous parenchyma.

### *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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *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 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. No obvious visualized pathology in the area of the ileocolic junction.

The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.21 cm width.

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

### *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*

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

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Urinary bladder sediment
- Chronic renal changes with cortical infarcts
- Mild splenomegaly
- Sonographically unremarkable gastrointestinal tract /pancreas

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on sterile urine sample recommended if inflammatory sediment or UPC level if non-inflammatory proteinuria for renal staging suggested. The mild splenomegaly may be secondary to sedation, incidental hyperplasia, hematopoiesis, or mild splenic inflammation. No overt splenic neoplastic criteria, although not definitively excluded. If persistent splenomegaly in the patient non-sedated with normal clotting status and using 25ga needle, splenic FNA cytology could be considered for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs are recommended if not done to assess for occult thoracic pathology given weight loss.

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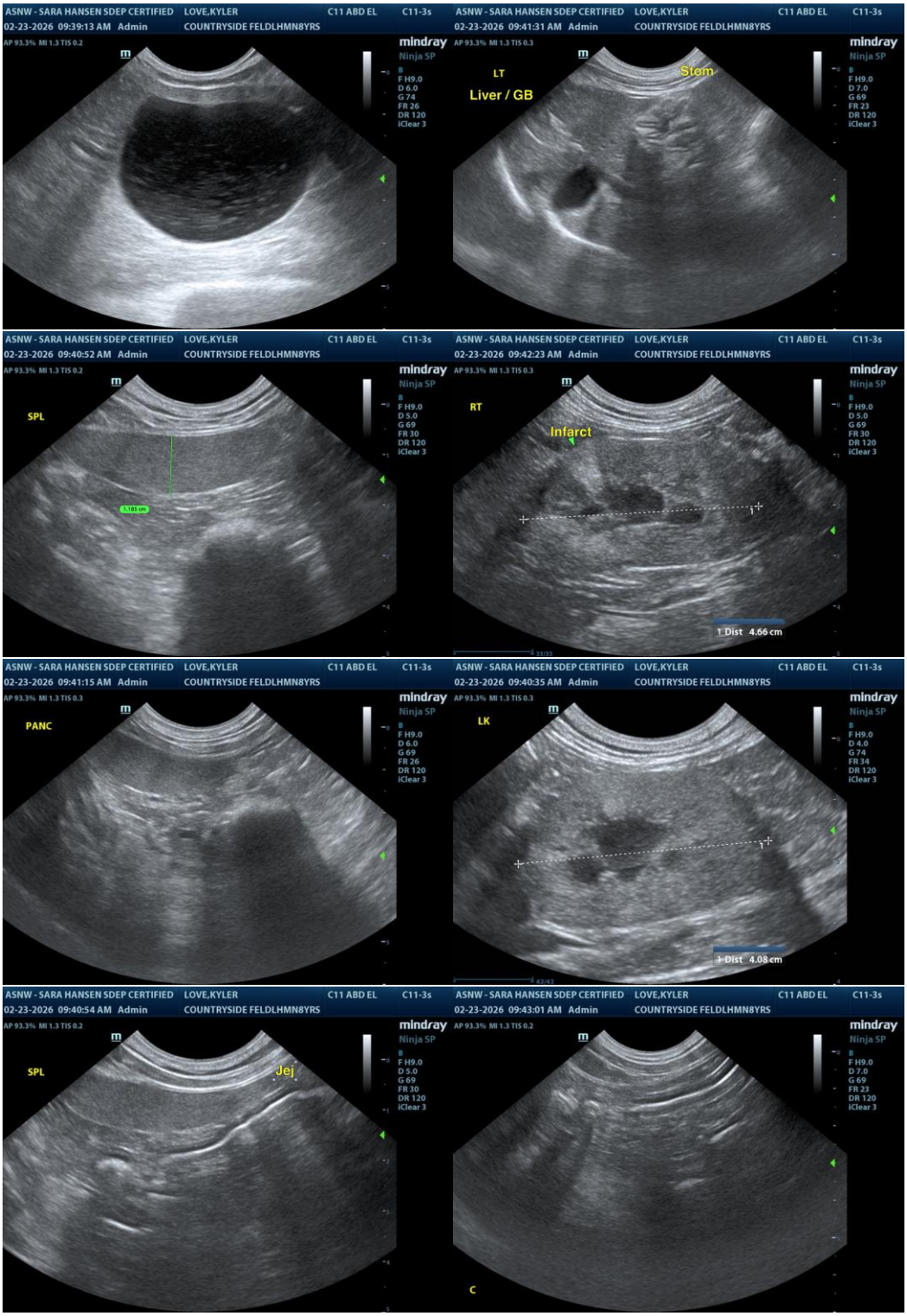
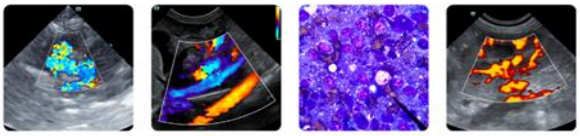



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not**





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**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