



**PATIENT PRESENTING CLINICAL SIGNS**

Buddy Lair Kidney Failure  
Subnormal Temp, Obtunded

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Crea 4.8 Glu 272 BUN 130 Phos 14.0 TP 10.2 Alb 4.3 Glob 5.9 Alt 142 Na 132 (L) Cl 87 (L) HCT 58.7% HgB 19.2  
Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH 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.

**SEX** Adequate size and normal margination were present in the kidneys. Mild thickened cortex with mild reduced medullary volume and indistinct corticomedullary border demarcation. No evidence of pelvic dilation. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

MN The area of the aortic trifurcation was free of pathology.

**WEIGHT** *Adrenal Glands*

11.1lb The left adrenal gland was mildly prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland was mildly prominent in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

**INTERPRETED BY**

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

*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.

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

*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.

**HOSPITAL NAME**

Flanders Vet Clinic

**REFERRING VET**

Dr. Aleda Cheng

*Gastrointestinal*

**INVOICE**  
23969

**DATE**  
02/24/2026



**PATIENT**

Buddy Lair

The stomach presented normal intact visible wall layering with a normal wall layer ratio. The stomach exhibited moderate distention with retained fluid /gas and no obvious visualized obstruction to pyloric or upper duodenal outflow.

**SPECIES**

Feline

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental mild jejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

**BREED**

DSH

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

**SEX**

MN

**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.

**AGE**

13yr

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**WEIGHT**

11.1lb

- Bilateral nephropathy exhibiting mild chronic changes
- Moderate hypomotile stomach with concurrent segmental mild small intestinal ileus
- Normal pancreas
- Sonographically normal liver/ gallbladder- consistent with low grade benign hepatopathy

**INTERPRETED BY**

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

**Secondary**

- Bilateral prominent adrenal glands-suspect patient variant or incidental benign reactive or stress hyperplasia

**IMAGING PERFORMED BY**

Vincent Ravancho,  
CVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral kidneys did not overtly suggest end stage nephropathy criteria indicating potential for acute or acute on chronic renal insult. Consideration for infectious disease or renal toxic insult may be indicated. Correlation with a full urinary workup including UA, C/S and UPC level +/- leptospirosis titer/ PCR if clinically indicated is recommended. Moderate gastric and segmental mild intestinal metabolic ileus owing to azotemia is suspected without overt gastrointestinal obstructive criteria or evidence of pancreatitis.

**HOSPITAL NAME**

Flanders Vet Clinic

**REFERRING VET**

Dr. Aleda Cheng

Hospitalization with renal support including monitoring of renal parameters, UA, urinary output, and body weight is recommended for further assessment and prognosis with concurrent as needed gastrointestinal support. Sonographic reassessment is indicated if evidence of progressive gastrointestinal ileus or azotemia.

**INVOICE**

23969

**DATE**

02/24/2026



**PATIENT**

Buddy Lair

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13yr

**WEIGHT**

11.1lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho,  
 CVT

**HOSPITAL NAME**

Flanders Vet Clinic

**REFERRING VET**

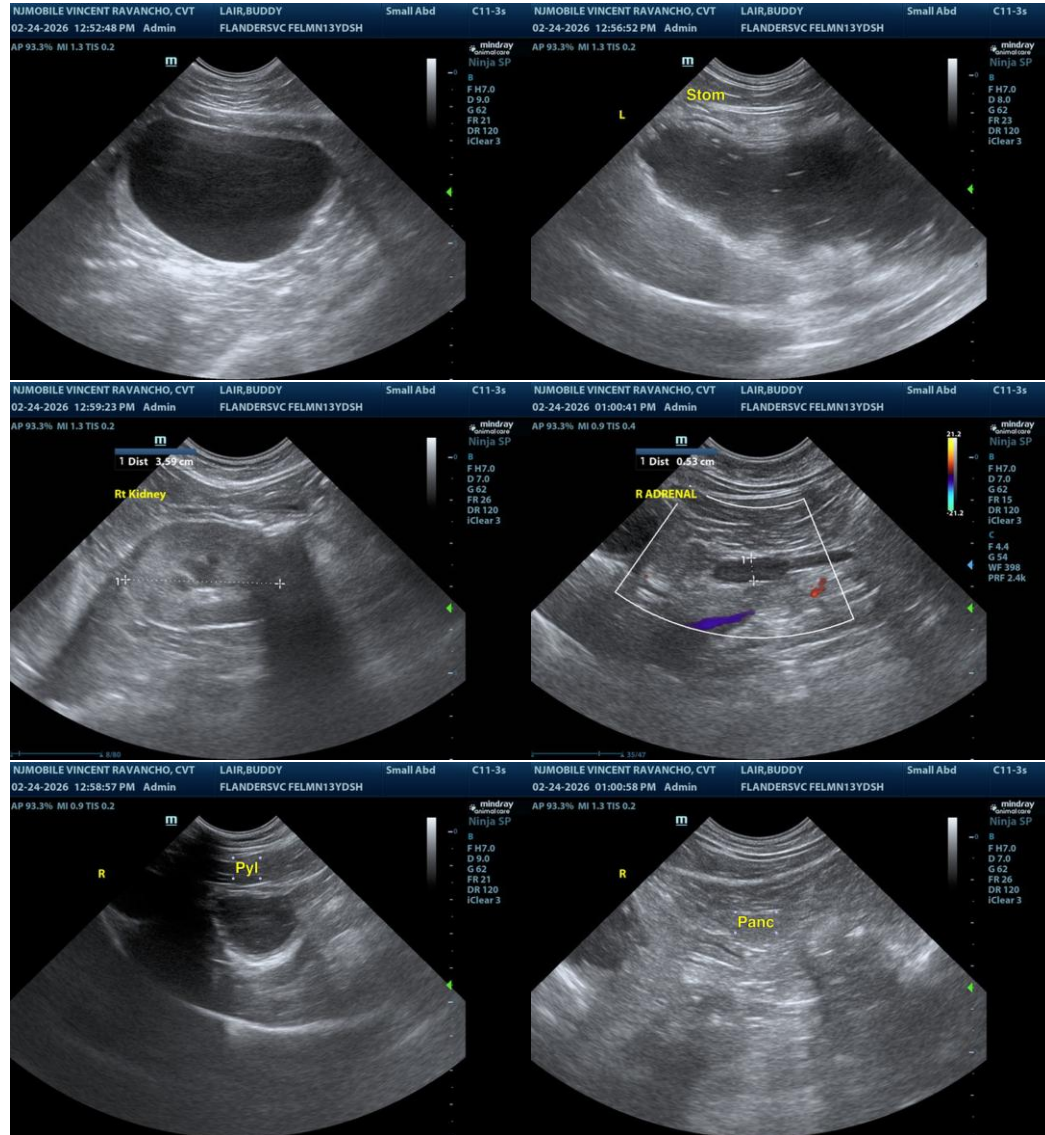
Dr. Aleda Cheng

**INVOICE**

23969

**DATE**

02/24/2026





**PATIENT**

Buddy Lair

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13yr

**WEIGHT**

11.1lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho,  
 CVT

**HOSPITAL NAME**

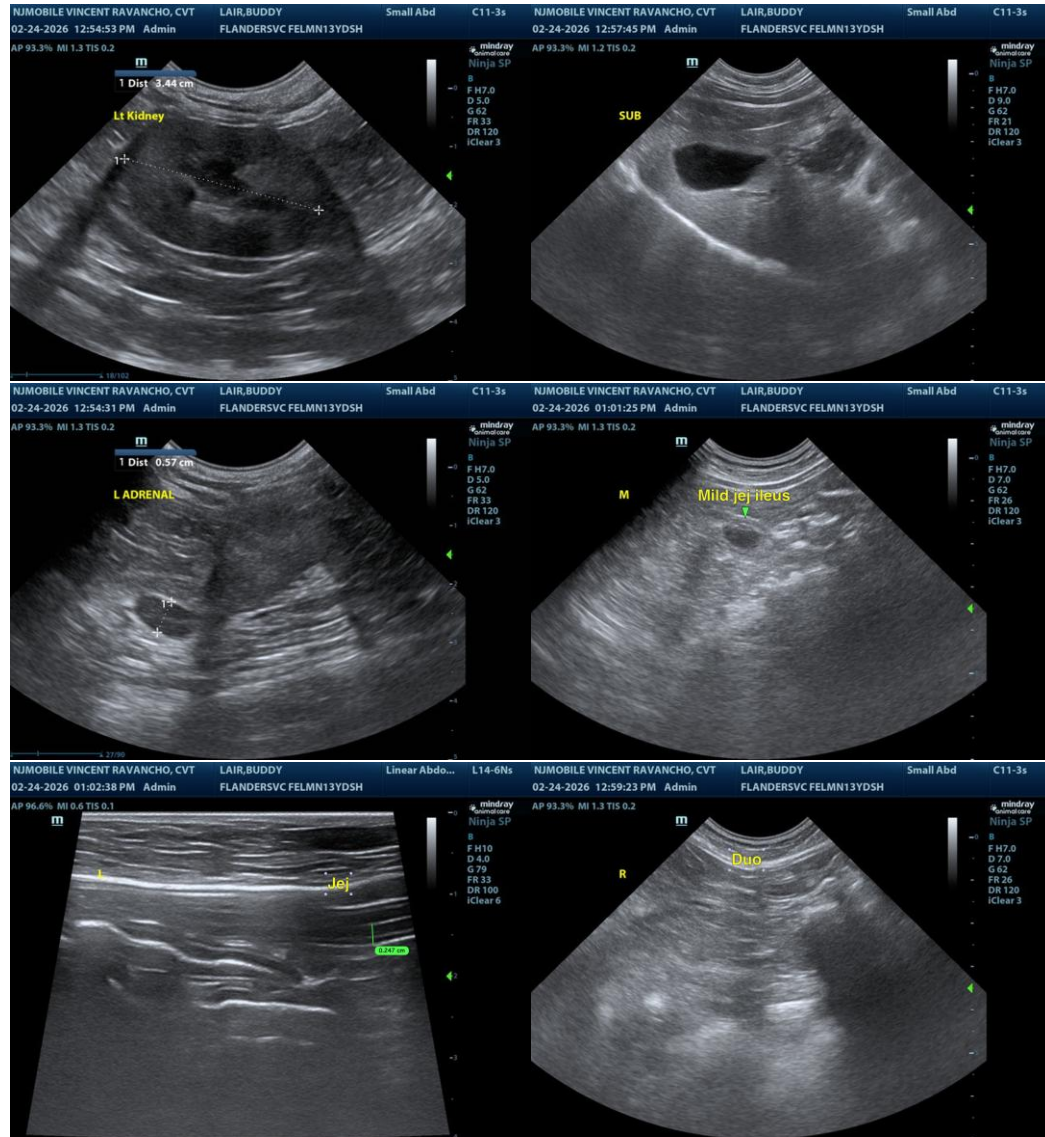
Flanders Vet Clinic

**REFERRING VET**

Dr. Aleda Cheng

**INVOICE**  
 23969

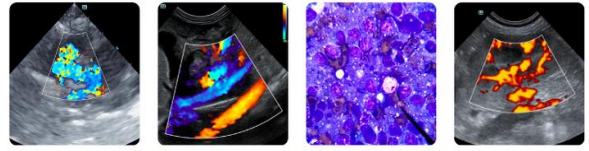
**DATE**  
 02/24/2026



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](mailto:info@sonopath.com)



**PATIENT**

Buddy Lair

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13yr

**WEIGHT**

11.1lb

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Vincent Ravancho,  
CVT

**HOSPITAL NAME**

Flanders Vet Clinic

**REFERRING VET**

Dr. Aleda Cheng

**INVOICE**

23969

**DATE**

02/24/2026