



**PATIENT**

Corvo Ballard

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Male

**AGE**

8y

**WEIGHT**

17.30 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Hello Vets for Pets  
 Wellness Center

**REFERRING VET**

Dr. Stern

**INVOICE**

13223

**DATE**

2/24/26

**PRESENTING CLINICAL SIGNS**

History:

- Clinical exam WNL except severe dental disease
- ABNORMAL Lab work Values
- CBC Abnormal Findings. See diagnostic results for full report.
- Creatinine 2.3 mg/dL HIGH 0.6 - 2.2
- CHEM: WNL
- Urinalysis Abnormal Findings
- Crystals Moderate Struvite /hpf HIGH
- Specific Gravity 1.021
- SDMA: WNL
- Ddx and R/O for Problem list: persistent azotemia, normal SDMA - creatinine level consistent with IRIS stage 2, persistent crystalluria - r/o FIC vs urolith vs artefact vs open
- Wanting abd u/s to assess for urolith or nephrolith and general renal/urinary tract assessment maybe due to persistent elevation in creatinine.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 changes were noted.

The area of the aortic trifurcation was free of pathology.

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. Indistinct loss of corticomedullary distinction was also present. The left kidney measured 4.4 cm in length. The right kidney measured 4.8 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 0.30 cm. The right adrenal gland was overtly normal in size, position and shape measuring 0.41 cm.

**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.



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**Liver**

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 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.

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.

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

**Pancreas**

The area of the pancreas was sonographically normal.

**Free Abdomen**

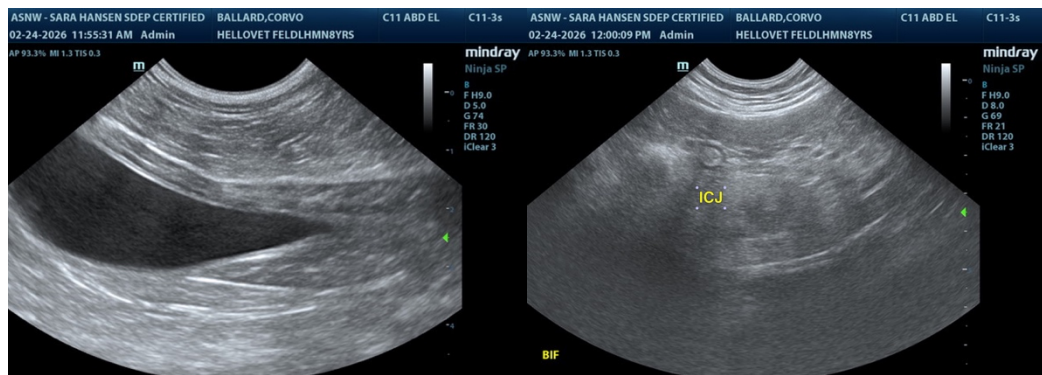
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal urinary bladder
- Nonspecific chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The kidneys are consistent with chronic nephropathy with considerations including early chronic kidney disease or potential nonspecific nephritis, i.e. interstitial nephritis or other. CKD therapy which may include dietary therapy with monitoring of urinalysis and periodic assessment of systemic BP or evidence of hypertension is recommended. Based on renal staging, including screening C/S or UPC level if clinically indicated on urinalysis assessment may be considered. If anesthesia is required owing to severe dental disease, appropriate peri-operative renal support and hydration with clinical monitoring of systemic BP under anesthesia is recommended.





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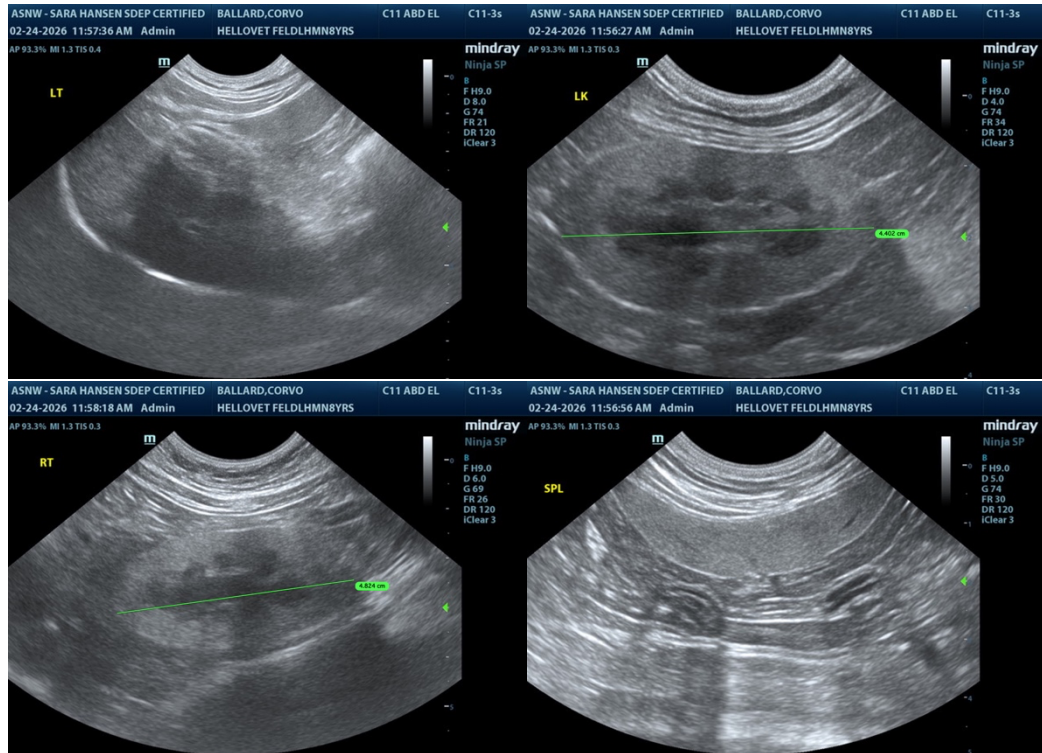
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)