



PATIENT

Vinny Marten

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

15yr

WEIGHT

9.66lb

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Chronic problems and exam findings: Ongoing weight loss with underweight condition, Mild CKD, Chronic mild/intermittent vomiting, Recurrent URI, Grade 2/6 heart murmur, Dental disease with suspected resorptive lesions. Possible FeLV infection.
- ABNORMAL Labwork Values 11-14-25: SDMA 18, Creat 2.4; 1-29-26: FeLV positive on SNAP test (not confirmed yet)
- Current Medications Mirataz
- Radiographic Findings None

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 mild 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 mild asymmetrical margination was present in both kidneys. The renal cortex presented mild non-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. Mid to central increased medullary echogenicity with mild dystrophic mineral which may indicate previous or chronic inflammation. No pyelectasia. Mild increase in left and right retroperitoneal echogenicity. The left kidney measured 3.1 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. No overt pathology in the area of the right adrenal gland.

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. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr Maki

INVOICE

23822

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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. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.24 cm width.

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

Pancreas

The left pancreas was normal in size with symmetrical contour and mild non-homogenous hypoechoic parenchyma compared to adjacent non-reactive omentum.

BREED

DMH

Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Mild urine sediment
- Bilateral chronic nephropathy with mild increased left/ right retroperitoneal echogenicity
- Normal gastrointestinal tract
- Possible mild left limb chronic pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. No overt evidence of renal neoplastic criteria. CKD therapy with monitoring of renal parameters and systemic BP would be appropriate.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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Concurrent gastrointestinal support is indicated.

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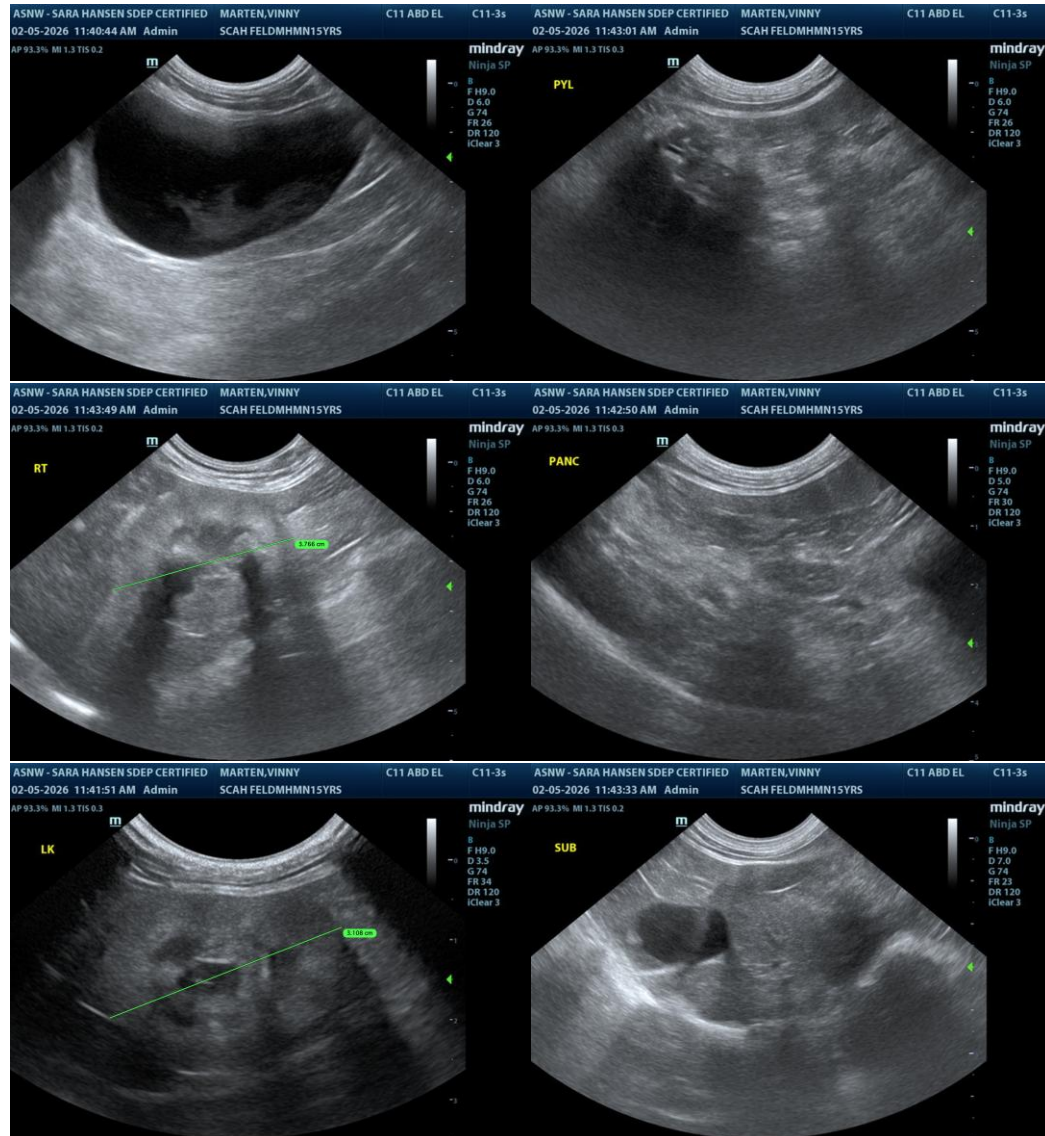
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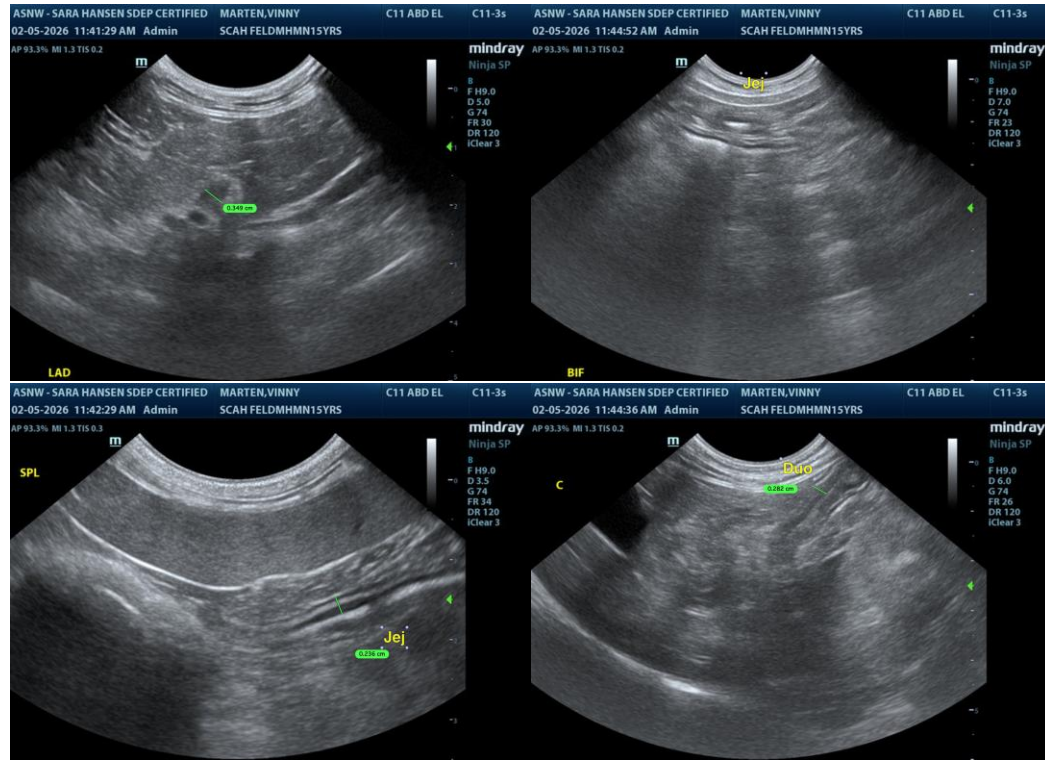
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Sara Hansen

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