



## PATIENT

Choubao Peng

## SPECIES

Feline

## BREED

American Short Hair

## SEX

Male Neutered

## AGE

10

## WEIGHT

9.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shen Li

## HOSPITAL NAME

Dr. Shen Li VS

## REFERRING VET

Shen Li

## INVOICE

13188

## DATE

2/6/26

## PRESENTING CLINICAL SIGNS

History:

- Decreased appetite and lethargy for about a week
- 1 pound weight during past 2 month, looking back, O felt about 25% decrease of food intake daily
- Diagnosed polycystic kidney disease 5 years ago incidentally with US

Abnormal PE/Chem/CBC/UA Results: Newly noticed heart murmur 2/6 today BW 2 days ago in ER has no significant change compared to BW 3 months ago Crea 1.7 BUN 40 stable HCT ~35% Additional Nov 2025 data: FGF 23 <300 UPC 0.2 USG 1.041 Normal pro BNP.

## 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. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Both kidneys mildly enlarged in size exhibiting polycystic changes with indistinct to loss of corticomedullary border demarcation. The left kidney measured 5.5 cm. The right kidney measured 5.7 cm.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### 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

The liver was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was mild, nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Large cyst occupying majority of the mid to right liver was present. The cyst was thinly walled containing anechoic content and measuring ~5.0 cm in diameter. Intermittent separate small cyst to cystic appearing liver nodules. The gallbladder was indistinctly visualized owing to hepatic cyst.



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## Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild, progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The small intestine presented borderline to mildly thickened 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. Duodenum wall measured 0.3 cm width and jejunum wall measured 0.3 cm width.

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

## Pancreas

The left pancreas was mildly prominent in size with non-homogeneous to remodeled parenchyma. Prominent left limb pancreatic duct.

## Free Abdomen

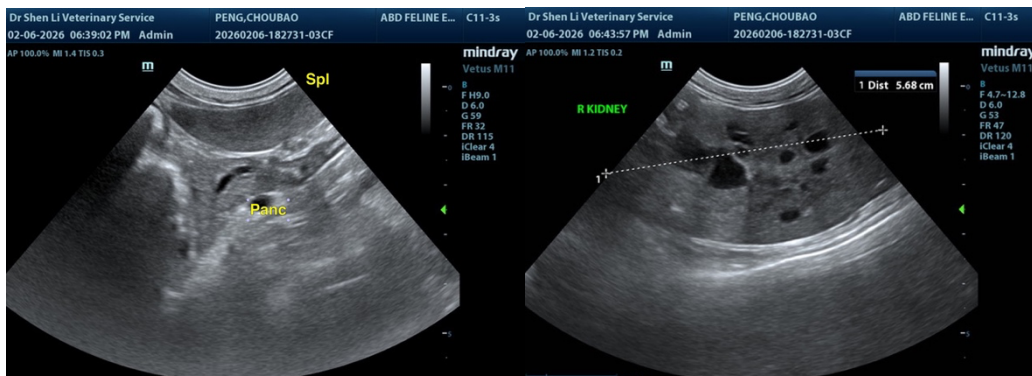
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral polycystic kidneys
- Moderately sized hepatic cyst with concurrent separate smaller cyst/cystic nodules
- Gastric ingesta – likely food echogenicity
- Intact borderline to mild thickened small intestine – nonspecific
- Urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The borderline to mild thickened small intestine is nonspecific with potential for patient variant. Mild enteropathy such as IBD or similar may present in a similar manner. No overt intraabdominal neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation with most recent meal ingestion is recommended. Screening 3-view chest radiographs suggested if not recently done. Continued renal support and monitoring of degree of azotemia and urinalysis would be appropriate. Sonographic reassessment indicated if evidence of progressive azotemia or weight loss.





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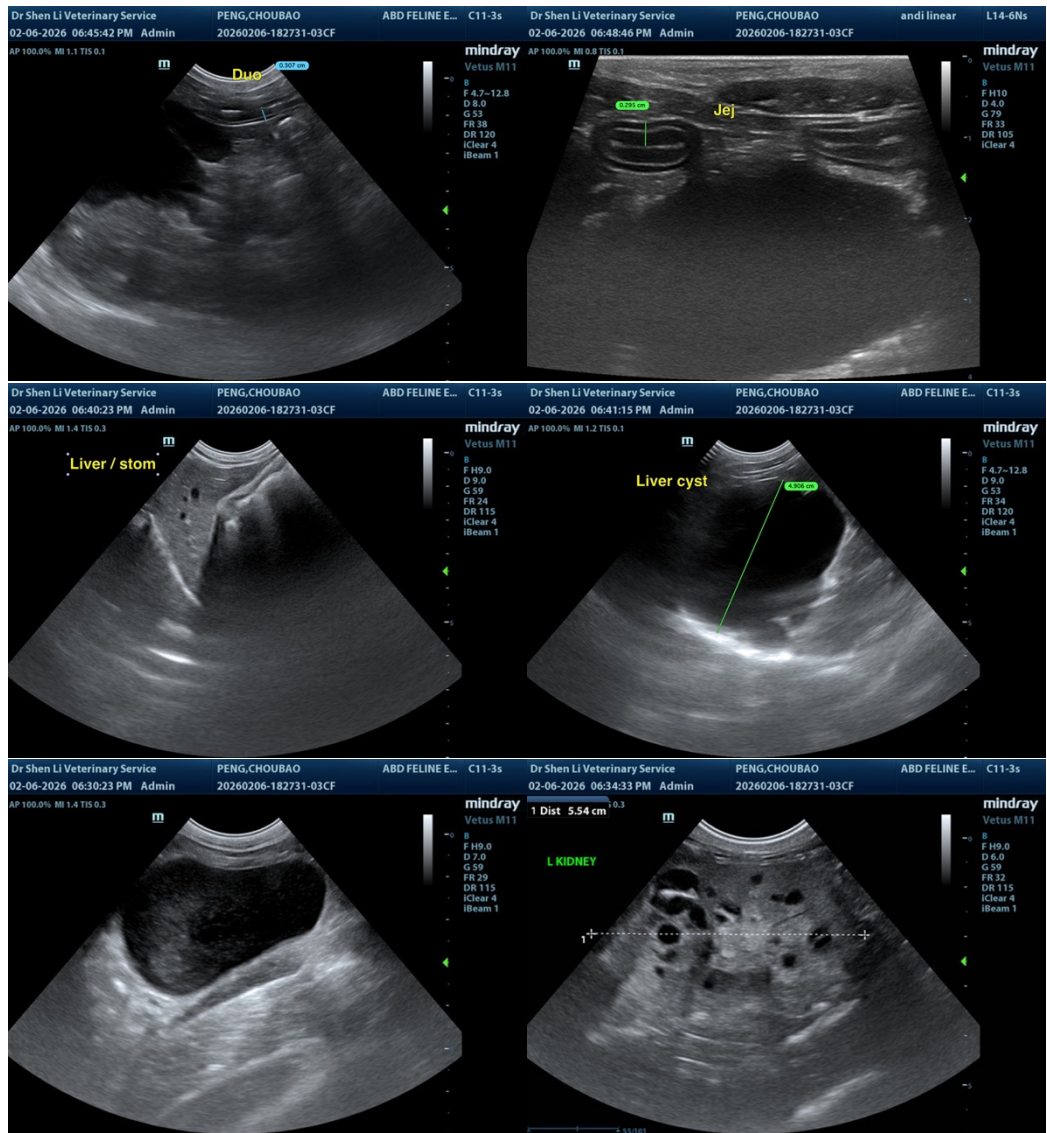
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)