



PATIENT

Daisy Dense

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10y

WEIGHT

6.3 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Seyler

INVOICE

13175

DATE

2/7/26

PRESENTING CLINICAL SIGNS

Submitted study contained 21 videos in mp4 format precluding pictures. Please submit in DICOM format.

History:

- 10yr FS DSH presented to RDVM for vomiting, decreased appetite, hard stool per O.
- RDVM did bloodwork and rec the O come here for IVF and hospitalization

Abnormal PE/Chem/CBC/UA Results: RDVM Labs: Chem - SDMA 73, CRE >13.6, BUN >130, Phos >16.1, K+ 8.4 (H) CBC - moderate thrombocytopenia otherwise unremarkable Wilvet South dx: EPOC - pO2 231 (H), pCO2 30 (L), pH 7.152 (L), Na 139 (L), K+ 7.9 (H), Ca++ 1.13 (L), BUN >120, CRE >15 UA - Sediment shows high numbers of cocci and rods. ABd US - performed 3am Tx plan: cerenia 1mg/kg IV SID LRS 2x maint - 26mL/hr send out urine culture MIC add unasyn 30mg/kg IV TID

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. 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.

No obvious visualized medial iliac or sublumbar lymphadenopathy or masses.

The left and right kidneys were subjective mildly enlarged in size exhibiting asymmetrical renal margination and variable cortical hypertrophy. Normal to reduced medullary volume with mild hydronephrosis and mild renolithiasis. Increased left and right retroperitoneal echogenicity with potential scant retroperitoneal effusion.

Adrenal Glands

The left and right adrenal glands were not 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. 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 appearing divided into two compartments containing anechoic bile. The common bile duct was not visualized.



PATIENT

Daisy Dense

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10y

WEIGHT

6.3 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Seyler

INVOICE

13175

DATE

2/7/26

Gastrointestinal

The stomach presented mildly distended in size with intact wall layering with a normal wall layer ratio. The lumen of the stomach contained retained fluid and mild gas.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. Segment, mild, non-obstructive intestinal ileus and lumen gas to the level of the colon.

The colon appeared overtly normal in appearance.

Pancreas

The pancreas was normal in size with capsule asymmetry and mild non-homogeneous parenchyma. Subjective mildly prominent pancreatic duct.

Free Abdomen

No obvious peritoneal effusion or visualized significant omental lymphadenopathy present.

PRIMARY FINDINGS

- Bilateral nephropathy exhibiting mild renomegaly, mild hydronephrosis and renal lithiasis
- Associated bilateral mild retroperitoneal inflammation
- Non-obstructive gastrointestinal ileus
- Possible concurrent mild chronic pancreatitis

SECONDARY FINDINGS

- Bilobed gallbladder – normal variant in cat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilateral chronic, potentially end-stage nephropathy or nonspecific nephritis probable with acute on chronic renal insult thought less likely. Concern for bilateral pyelonephritis warranted. Correlation with full urinary workup including urine C/S is recommended. No overt renal neoplastic criteria or mechanical gastrointestinal obstruction. Spec fPL warranted to correlated with the pancreas.

Continued hospitalization with renal/gastrointestinal support with monitoring of azotemia, urinalysis, urine output, body weight and systemic BP for further prognosis is recommended. Extremely guarded prognosis given degree of azotemia and renal presentation.

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