

**PATIENT**

Otto Mentier

SPECIES

Feline

BREED

Domesetic Shorthair

SEX

Neutered Male

AGE

4 Years

WEIGHT

10 lbs

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Claudia Hernandez

HOSPITAL NAMEAll Creatures Great &
Small (Denville)**REFERRING VET**

Dr. Silas Ashmore

INVOICE

72800

DATE

2/8/26

PRESENTING CLINICAL SIGNS

Calcium oxalate stones Had surgery 10 days ago. At the Xray left kidney enlarged.

Abnormal PE/Chem/CBC/UA Results: Normal. UTI Calcium Oxalate stones.

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. Non-dependent particulate sediment was present without evidence of mineral or 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.

Normal size and margination were present in the right kidney. Mildly thickened cortex noted, with normal corticomedullary definition. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is likely an idiopathic finding. The right kidney measured 4.5 cm.

The left kidney was enlarged in size secondary to severe hydronephrosis. The fluid within the left kidney was mildly echogenic. No discernable corticomedullary parenchyma, with remaining interdiverticular septa measuring 7.0 cm in length. No evidence of left retroperitoneal effusion. A definitive visualized left hydroureter was not obvious.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

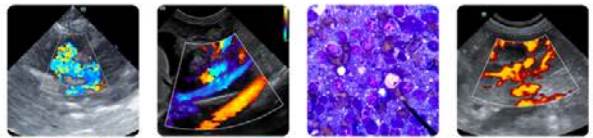
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. 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 contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild non-shadowing intestinal ingesta present.

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

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.

Free Abdomen

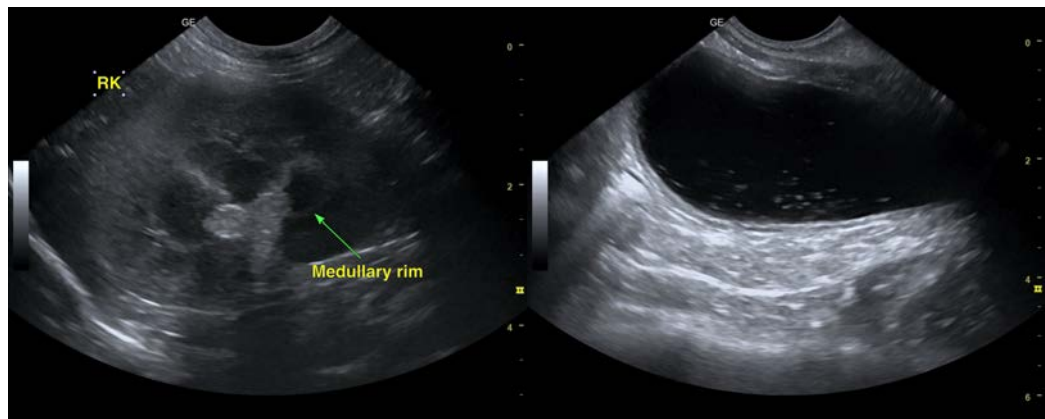
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment – no evidence of mineral/calculi.
- Severe end stage left kidney hydronephrosis.
- Right kidney non-specific medullary rim sign.
- Sonographically unremarkable normal volume liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left nephrectomy should be considered, as the left kidney is not functional. Serial monitoring of urinalysis +/- recheck urine culture and sensitivity, if persistent inflammatory sediment, is recommended.





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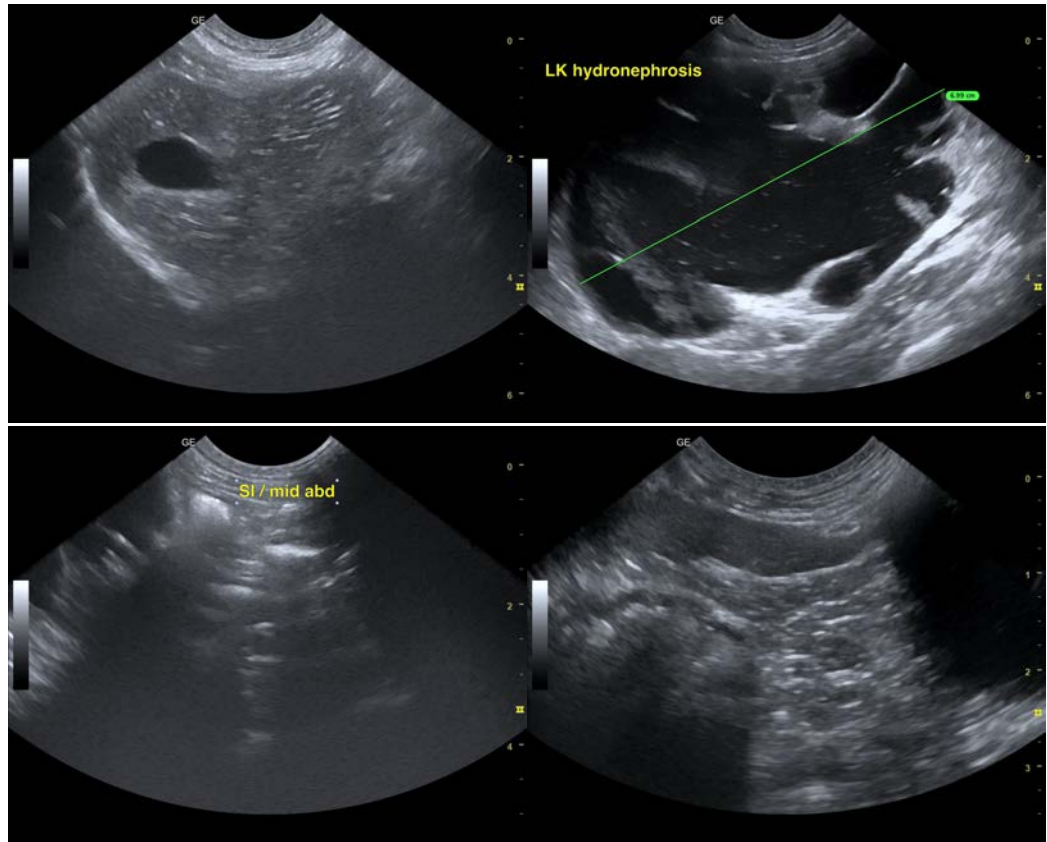
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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