



## PATIENT

Britta Dressler

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

13.5 Years

## WEIGHT

4.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

72808

## DATE

2/9/26

## PRESENTING CLINICAL SIGNS

Presented Sunday 2/8 for constipation and straining to defecate. Patient was seen last week for constipation and diagnosed with stage 4 kidney disease. PE:EENT/oral: pale pink hypersalivating mm, crt <2s, bilateral NS.H/L: No a, ss pulses, clear lung sounds, eupneic, gr II/VI right sided murmur. Abd: firm hard fecal balls palpable in colon. @6p EPOC: pO2 54.2 (H) TCO2 15.8 (L) pH 7.137 (L) BE,ECF -13.2 (L) iCal 1.66 (H) BUN 109 (H) Creat 6.74 (H)

Rads: distal colon sig distended w/ firm feces, mod amount noted in transverse colon as well w/ areas of gas distension, widest area of colon is ~1.4-1.5x L5 (suspicious for megacolon), sig lumbo-sacral spondylosis, decreased serosal detail mid-abd, prominent bronchial changes noted but thoracic series was not initially performed

Abnormal PE/Chem/CBC/UA Results: @9p BW: PCV/TS: 35%/10.8 clear EPOC: pO2 52.1 (H) Bicarb 13.7 (L) TCO2 13.4 (L) pH 7.217 (L) BE,ECF -14.1 (L) Cl 129 (H) iCal 1.56 (H) BUN 110 (H) Creat 7.46 (H) Glu 138 (H) HCT 22 (L) CBC: RBC 5.59 (L) HCT 29.8 (L) Hgb 9.4 (L) MCV 53.3 (H) Retic 60.4 (H) WBC 22.19 (H) Neut 19.31 (H) Eos 0.09 (L) Plt 100 (L) In-vue: RBC 5.59 (L) HCT 29.8 (L) Retic 60.4 (H) WBC 22.19 (H) Neut 21.01 (H) Lymph 0.80 (L) Eos 0.04 (L) Plt >150 (Adequate) Chem15: Creat 7.8 (H) BUN 118 (H) Phosphorus 9.8 (H) TP 9.2 (H) Glob 6.0 (H) UA: USG 1.014, pH 6.5, WBC <1/HPF, RBC <1/HPF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

The right kidney was subnormal in size compared to the left. 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. Mild to moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 3.2 cm in length. Mild pyelectasia noted in both kidneys.

### Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.46 cm. Right measured 0.38 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 mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

## 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. Subjective empty colorectum at the level of the cystourethral junction and proximal urethra. Colon size is difficult to estimate sonographically.

## 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

- Bilateral chronic nephropathy exhibiting mild pyelectasia.
- Overtly normal gastrointestinal tract and visible colon.
- Normal liver and spleen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplastic criteria with the kidneys, most consistent with chronic nephropathy or non-specific nephritis i.e., chronic interstitial nephritis or other. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. CKD/chronic renal failure therapy with monitoring of renal parameters, urinalysis and urine output with concurrent empirical therapy for constipation is recommended for further assessment and prognosis. Recheck sonogram indicated if progressive azotemia. Correlation with 3-view chest radiographs recommended.



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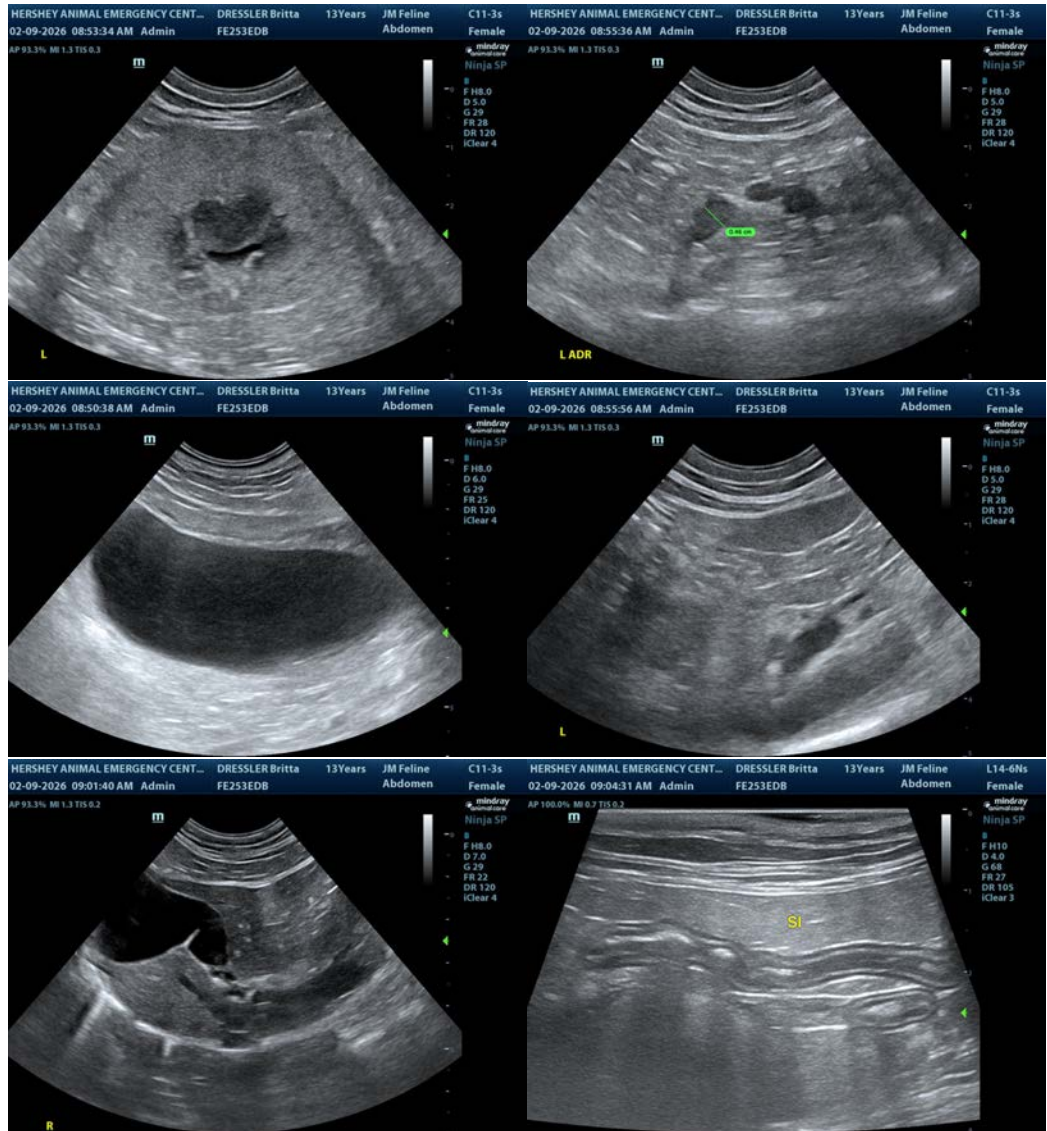
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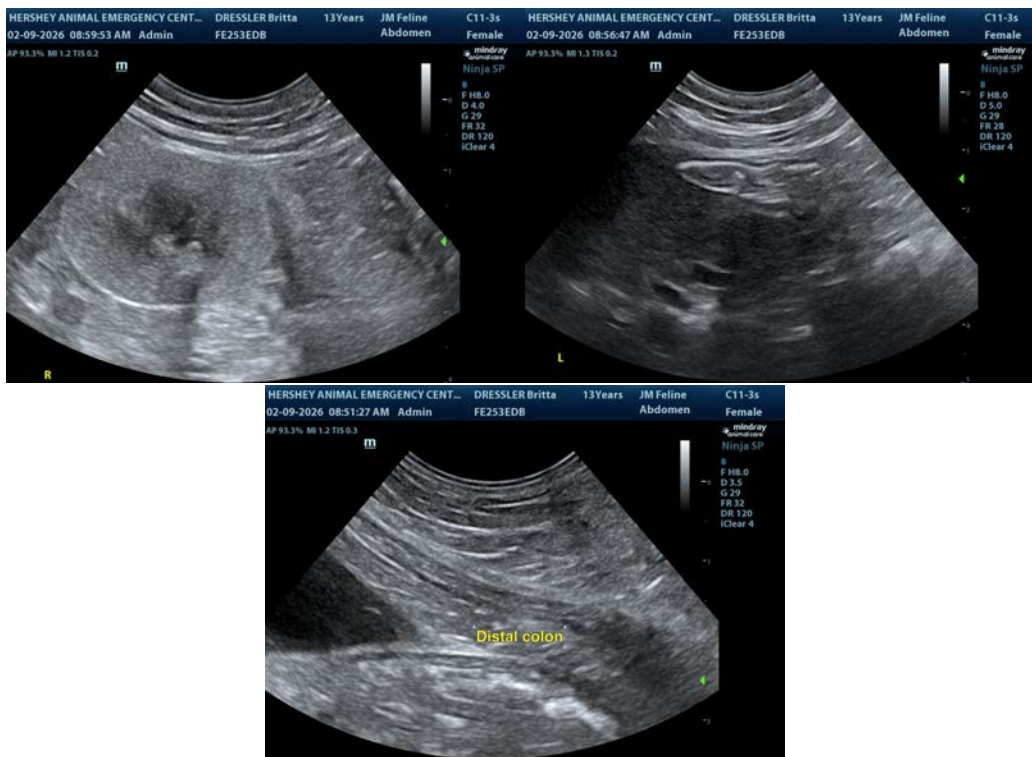
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

info@SonoPath.com