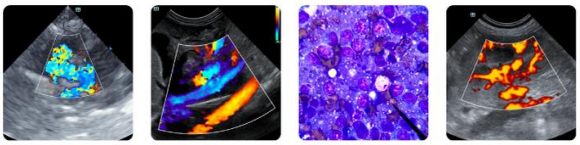




SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

**PATIENT**
Morticia Bujas

**SPECIES**
Feline

**BREED**
DSH

**SEX**
FS

**AGE**
9yr

**WEIGHT**
4.17kg

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

**IMAGING PERFORMED BY**
Crystal Hill

**HOSPITAL NAME**
Hamilton Region Emergency Clinic

**REFERRING VET**
Dr Husseini

**INVOICE**
23836

**DATE**
02/09/2026

## PRESENTING CLINICAL SIGNS

- Presented for recurrent urinary issues, vocalization, frequent trips to litter box with minimal urine produced
- Hx of urinary issues that resolved with antibiotics Jan 22
- Vomited once, genital licking, hiding. Known stage 3 kidney disease
- Abd US in May 2025 showed left kidney dilation in pelvis and ureter due to sand/stone, right kidney moderately smaller
- Hypertension, pancreatitis
- HR 208, T 38.2C, MM pink
- Amlodipine SID, Gabapentin, Probiotics, Phosphorus binders, Buprenorphine, Cisapride

Abnormal PE/Chem/CBC/UA Results: Rads suggestive of distended large intestine with ++Fecal matter within Mild anemia 24% hematocrit Moderate neutrophilia Mildly elevated Creatinine and BUN Moderately elevated pancreatic Lipase rest WNL FELV/FIV negative, 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 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild, primarily dependent lumen 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 left kidney size and asymmetrical margination was present. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Moderate pyelectasia without overt visualized concurrent left hydroureter. The left kidney measured 3.2 cm in length.

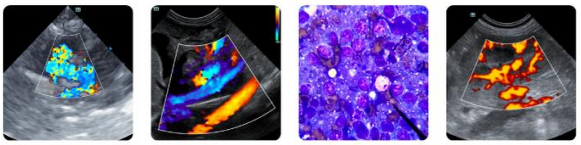
The right kidney was subnormal in size with asymmetrical margination. Indistinct corticomedullary architecture and border demarcation with hyperechoic parenchyma and pinpoint dystrophic mineralization was present. No evidence of right kidney pyelectasia. The right kidney measured 2.1 cm in length.

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 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

### *Spleen*





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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 common bile duct was dilated and mildly tortuous without overt post hepatic obstruction to the level of the duodenal papilla. No overt visualized duodenum papilla obstructive pathology.

### *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 borderline thickened wall. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.30 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen. The colon was subjectively distended in appearance.

### *Pancreas*

A moderately sized, primarily spherical non-homogenous, non-mineralized mass was present in the area of the left pancreas caudal to the stomach measuring ~ 3.3 by 2.7 cm with surrounding mild hyperechoic omentum.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Non-homogenous mass area of left pancreas- most consistent with pancreatic mass, pancreatic granuloma, consolidated abscess, non-pancreatic mass such as significant impinging lymphadenopathy, omental mass or granuloma thought less likely
- Variable chronic renal changes more prominent in the right kidney with subnormal right kidney size and left kidney pyelectasia
- Normal empty stomach, intact borderline thickened small intestine wall
- Non-obstructive common bile duct dilation- non-specific, possible low-grade cholangitis
- Subjective distended colon with formed fecal matter
- Sonographically normal non-distended urinary bladder with mild urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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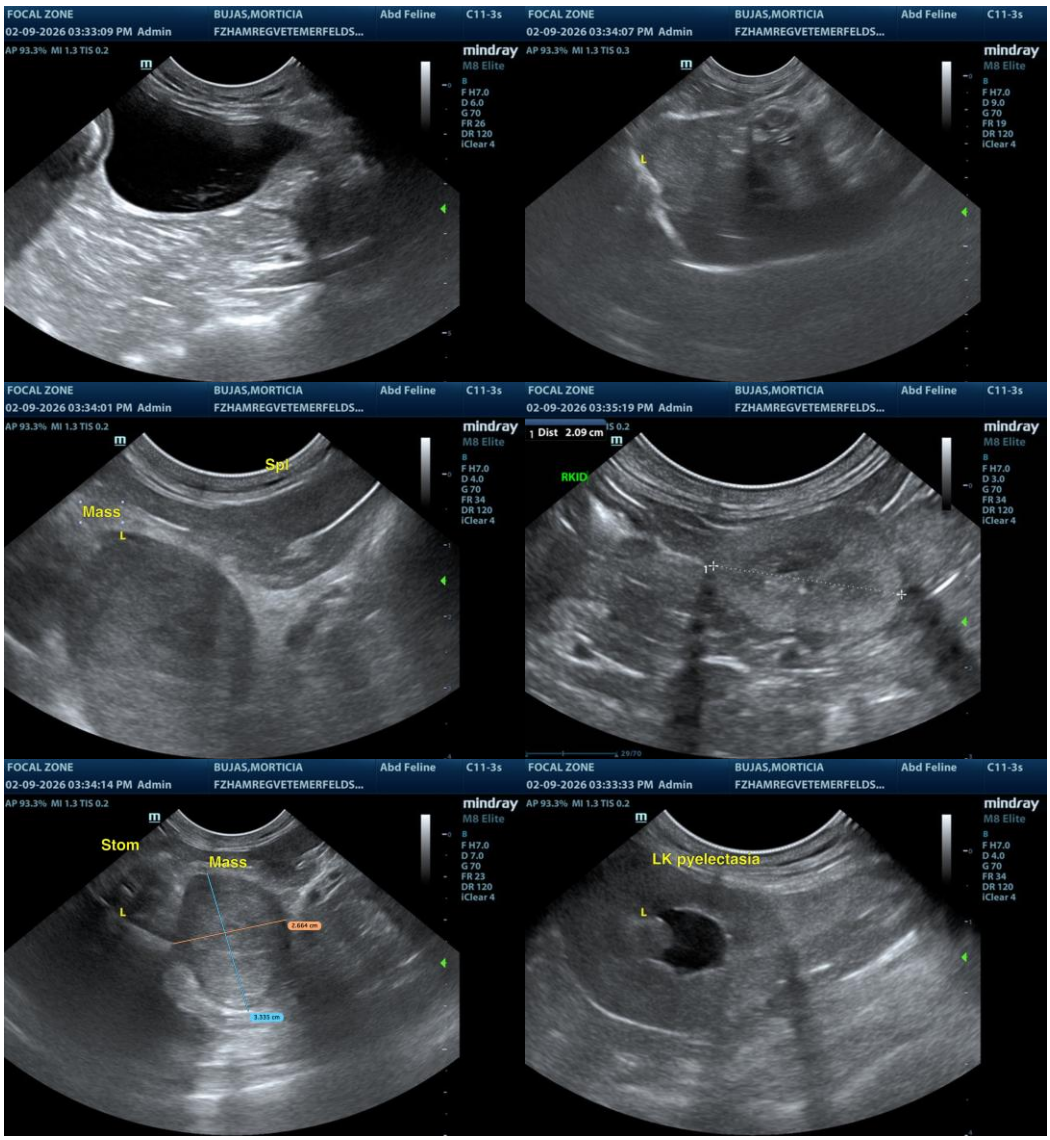
Assuming normal clotting status, probable pancreatic mass FNA cytology warranted for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Recheck urinary workup including UA and C/S if inflammatory urine sediment or UPC level if non-inflammatory proteinuria is recommended.



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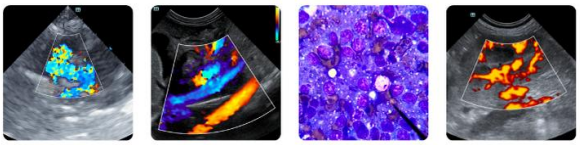

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Educational Teleconsultation Services™

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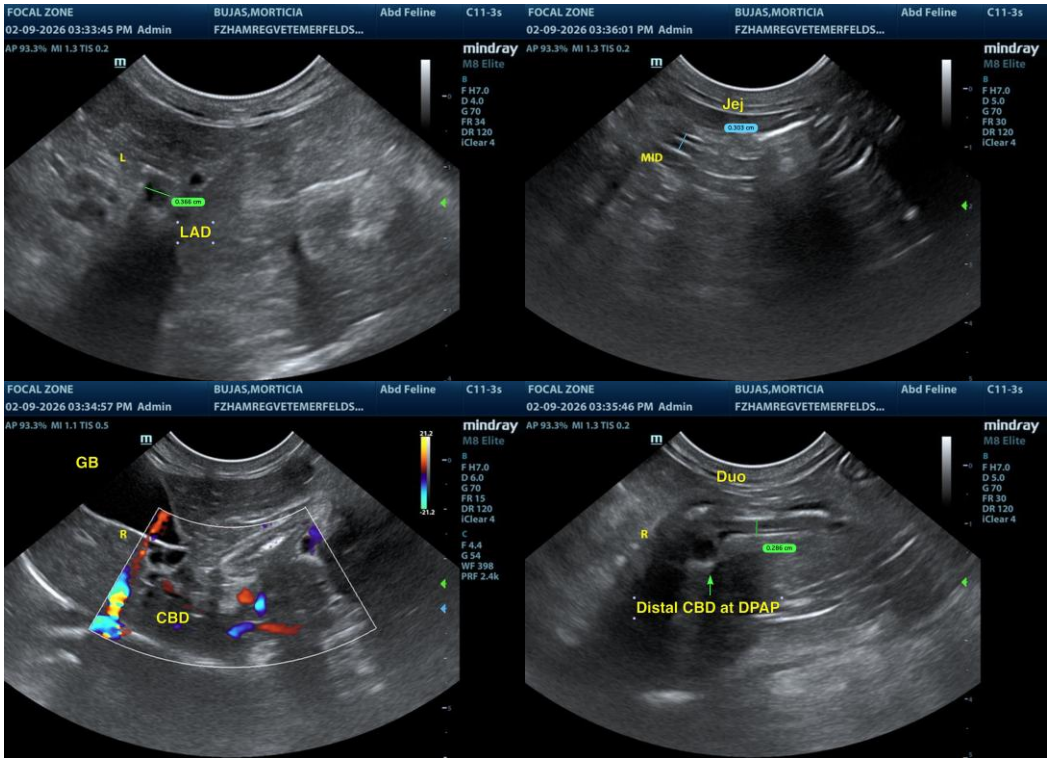


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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