



## PATIENT

Cookie Carnie

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

13

## WEIGHT

4.65 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Louise Corbeil

## HOSPITAL NAME

Cochrane AC

## REFERRING VET

Dr. Louise Corbeil

## INVOICE

13274

## DATE

3/12/26

## PRESENTING CLINICAL SIGNS

### History:

- Intermittent diarrhea since 2024 and throughout her life, improves with metamucil and metronidazole but then relapses when metro discontinued (hard for owner to get her to take daily meds). Has relapsed recently.
- CKD stage 2 for approx 2 yrs
- Current medications: telmisartan (started Dec 2025), fluoxetine 2.5mg SID for anxiety, gabapentin 100mg before vet visits. Previously - metronidazole 50mg PO q12hr, probiotics
- Diet: Purina Senior wet food and Prime dry food (wont eat renal or GI food?). Not sure if owner has tried hydrolyzed diet trial
- Animal ID on study - 20260312-121222-72BC

Abnormal PE/Chem/CBC/UA Results: 2024 - diarrhea PCR panel to Idexx - POSITIVE for feline corona virus and c perfringens alfa toxin at that time. Treated with metronidazole and milbemax. 12-31-2025 - CBC chem T4 UA - Platelets  $110 \times 10^9/L$  rr 151- 600 (ddx clumping) Creatinine high normal  $211 \mu\text{mol/L}$  rr 71- 212 Urea (BUN)  $14.3 \text{ mmol/L}$  rr 5.7- 12.9 (progression from 2024 - creat 149, BUN 8.9) Potassium  $3.1 \text{ mmol/L}$  rr 3.5- 5.8 Globulin  $52 \text{ g/L}$  rr 28- 51 Cholesterol  $5.88 \text{ mmol/L}$  rr 1.68- 5.81 Specific Gravity 1.031 (2023- USG > 1.050) pH 6.5 Urine Protein  $0.3 \text{ g/L}$  No cells, bacteria or crystals Total T4  $19 \text{ nmol/L}$  rr 10- 60

## 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 to potentially focally adhered accumulated ventral apical 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 3.6 cm in length. The right kidney exhibited mild pyelectasia and no evidence of hydro ureter. The right kidney measured 3.6 cm in length.

### Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.36 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, gravity dependent, echogenic, nonmineralized biliary sludge. 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 contained mild, non-shadowing primarily pyloric ingesta. Ileocolic wall measured 0.34 cm, duodenum wall measured 0.27 cm, and jejunum wall measured 0.22 cm.

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.

The colon walls presented intact yet mildly thickened wall layering. Prominent submucosal layer and generalized soft fecal matter. Colon wall measured 0.25 – 0.27 cm.

## Pancreas

The pancreas was normal in size with mild capsule asymmetry and mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Chronic renal changes exhibiting right kidney pyelectasia
- Mild chronic colitis pattern
- Possible mild chronic/chronic active pancreatitis
- Mild gallbladder debris

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and monitoring of protein:creatinine ratio is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate in conjunction with previous diarrhea PCR panel is recommended. Cobalamin supplementation pending assessment of Cobalamin level, empirical deworming despite fecal testing Panacur SID x 7-10 days, dietary trial which may include hydrolyzed diet with non-flavored fiber supplementation or higher fiber diet in conjunction with high colony count probiotic, i.e., Provable may prove beneficial. No evidence of neoplastic criteria. Concurrent CKD therapy with monitoring of renal parameters, systemic BP urinalysis is recommended.



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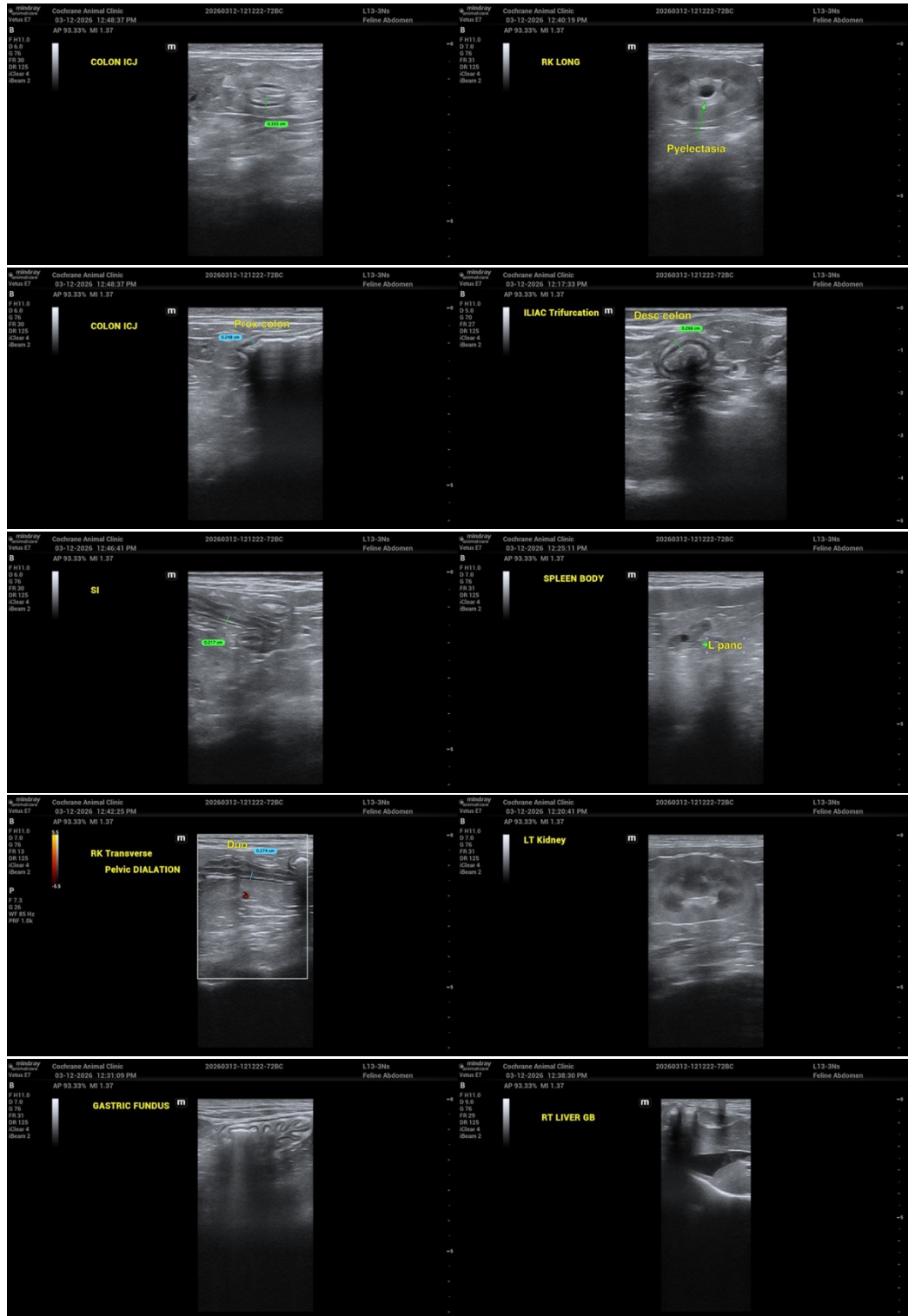
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)