



PATIENT

Persephone Ambury

SPECIES

Feline

BREED

DSH

SEX

13

AGE

13

WEIGHT

5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Salazar

INVOICE

24074

DATE

03/02/2026

PRESENTING CLINICAL SIGNS

hypercalcemia, weight loss , normal T4 r/o neoplasia

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 no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in the left kidney. 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 loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Moderate hydronephrosis was present. No obvious visualized left hydroureter.

The right kidney was subnormal in size with a 1:3 cortex medulla ratio. Hyperechoic cortical and medullary echogenicity with loss of corticomedullary border demarcation. Asymmetrical margination with potential cranial pole infarct.

The left kidney measured 3.5 cm in length. The right kidney measured 2.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

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/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 was empty with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact overall non-thickened wall exhibiting segmental mild altered wall layer ratio owing to propensity for mild to prominent muscularis layer. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.24 cm width.

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

Pancreas

The pancreas was normal in size and contour with hypoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Left kidney chronic renal changes with moderate hydronephrosis
- Subnormal right kidney exhibiting moderate chronic degenerative renal changes and potential cortical infarct
- Non-thickened small intestine exhibiting mild altered wall layer ratio
- Chronic pancreatitis
- Mild hepatic parenchymal remodeling, sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive evidence of intra-abdominal neoplastic criteria. The non-thickened small intestine exhibited mild mural changes which may suggest chronic enteropathy in conjunction with patient weight loss.

A GI panel to include PLI/TLI/Cobalamin/Folate, three view chest radiographs, and hypercalcemia panel are warranted. A definitive area of left ureter obstruction was not visualized yet not definitively excluded.

Correlation with lab work and UA +/- C/S and UPC level if clinically indicated is recommended.



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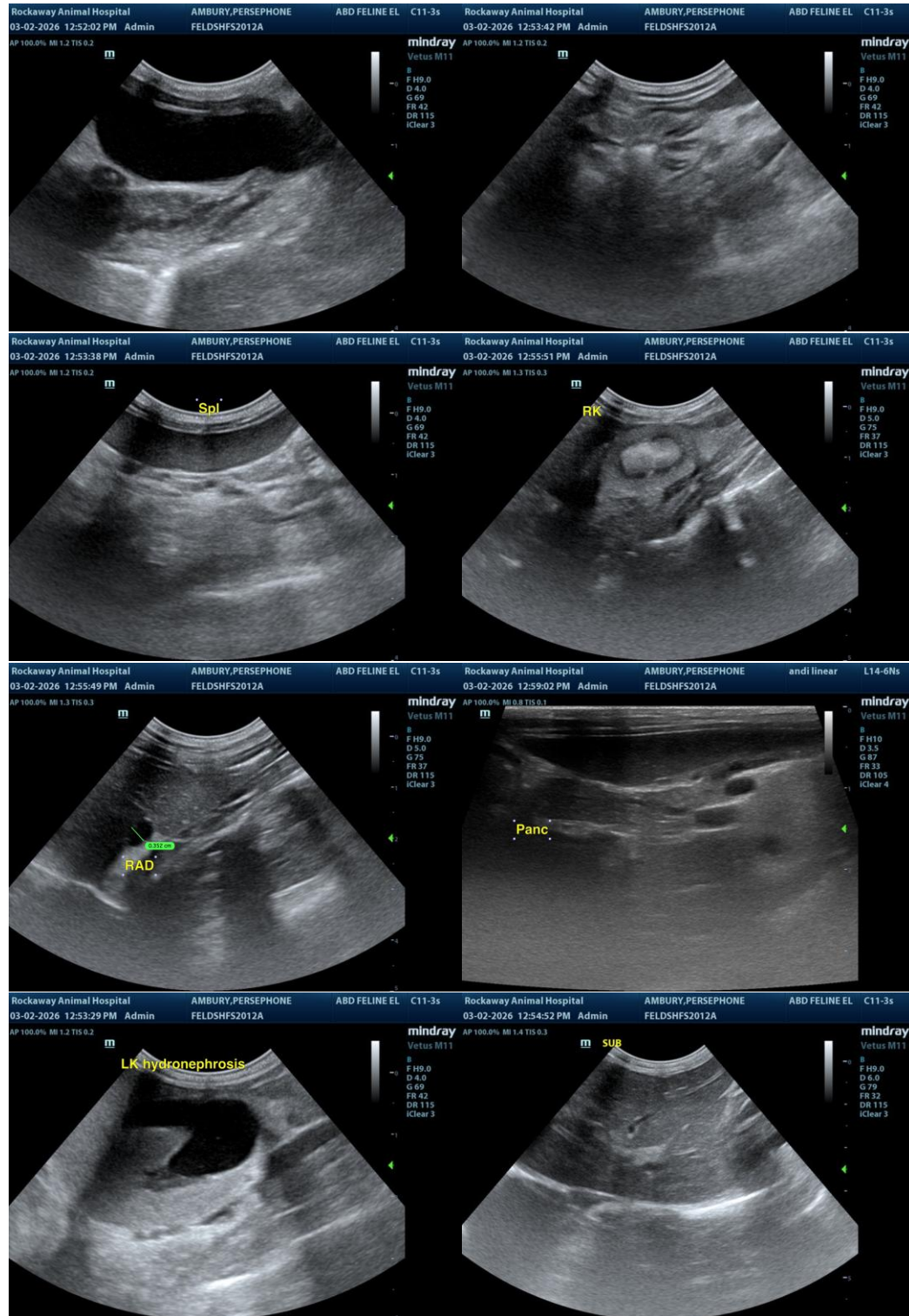
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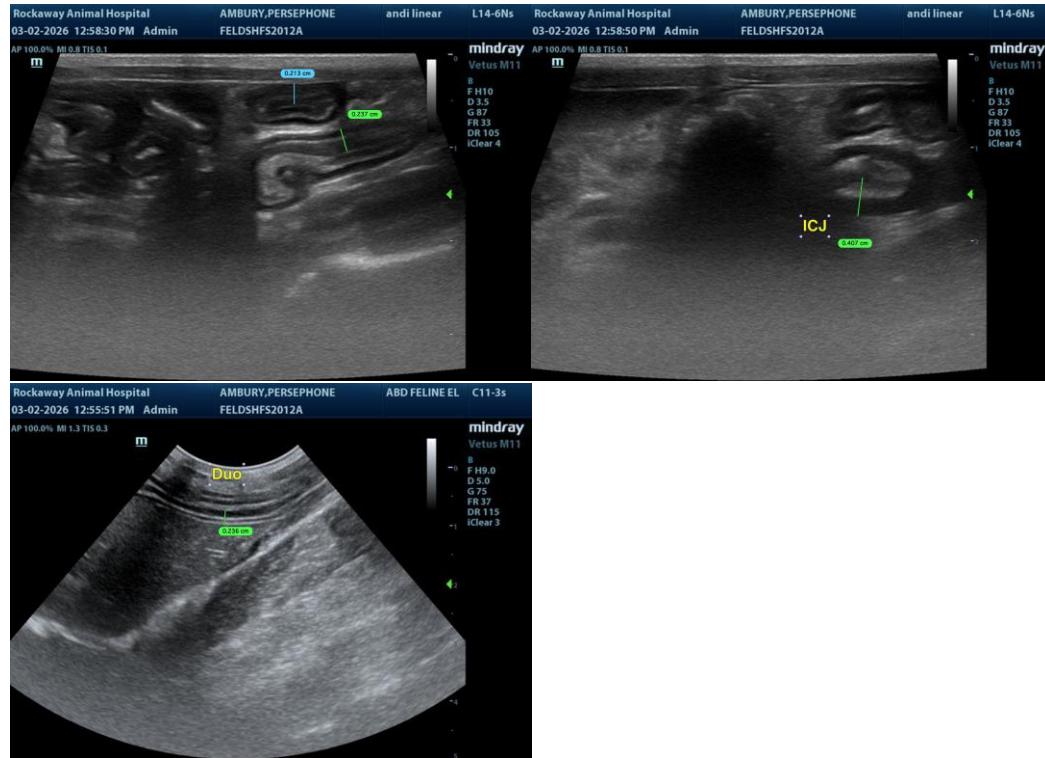
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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