



PATIENT

Shakespeare
Corteguera

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

18 y

WEIGHT

8.25 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown AH - FL

REFERRING VET

Dr. Jan Bellows

INVOICE

10728

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History:

- P presents having lost 1.25 lbs recently, eating normally at home per client. Current diet - RC Urinary SO dry and loaf. Current medications - Clavamox (0.9mL BID) ongoing 1 year for management of chronic otitis interna/media. Mild hematuria noted on exam

Abnormal PE/Chem/CBC/UA Results: Grade 3/6 HM CBC - (RBC - 4.93 M/mcL, HCT - 22.2%, HGB - 7.6 g/dL), otherwise WNL. Chemistry (SDMA - 27 mcg/dL, CREA - 7.9 mg/dL, BUN - >130 mg/dL, PHOS - 9.4 mg/dL, CA - 11.4 mg/dL), otherwise WNL. Electrolytes - (K - 2.8 mmol/L). UA - PRO - 1.0 g/L, GLU - 3mmol/L, BLD - 250 Ery/mcL), proBNP SNAP - abnormal Rads - bronchial pattern, generalized cardiomegaly, bilateral nephrolithiasis, desiccated feces in colon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED HEART

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Particulate to accumulated, nondependent, mid-cranial lumen 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. 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 hyperechoic corticomedullary border was noted with moderate loss of corticomedullary border demarcation. Intermittent small cortical cysts were noted with pinpoint medullary mineral. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was overtly normal in size, position, and shape, subjectively measuring 0.4 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. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture.



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The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor nonshadowing chyme and lumen gas were present.

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 small Intestinal wall width measured 0.25 cm.

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

Pancreas

The pancreas was normal in size, exhibiting asymmetrical contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. A thinly walled cyst noted in the distal left pancreatic limb containing anechoic fluid was present, measuring 1.1 cm diameter.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Heart

Brief subjective echocardiogram revealed overtly normal left and right cardiac dimension with adequate LV systolic function. Subjective mild myocardial remodeling was noted with subtle prominent papillary muscle. No evidence of overt arrhythmia, cardiac tumor, or pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract
- Pancreatic remodeling with benign left pancreatic cyst – suspect chronic pancreatitis
- Bilateral chronic nephropathy exhibiting medullary mineral and cortical cyst
- Urine sediment
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss. There is no subjective evidence of structural or functional cardiomyopathy as an obvious contributing factor.



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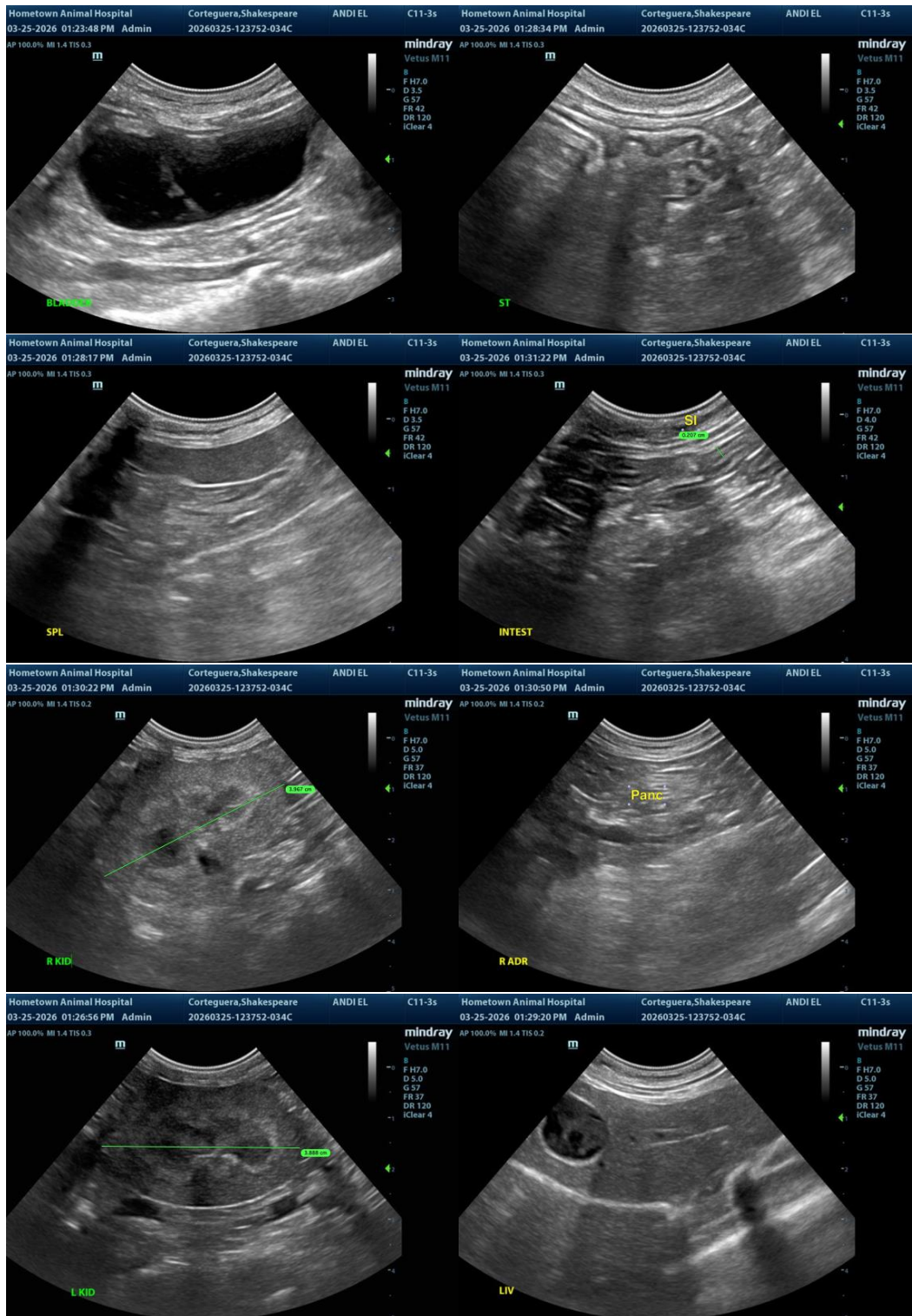
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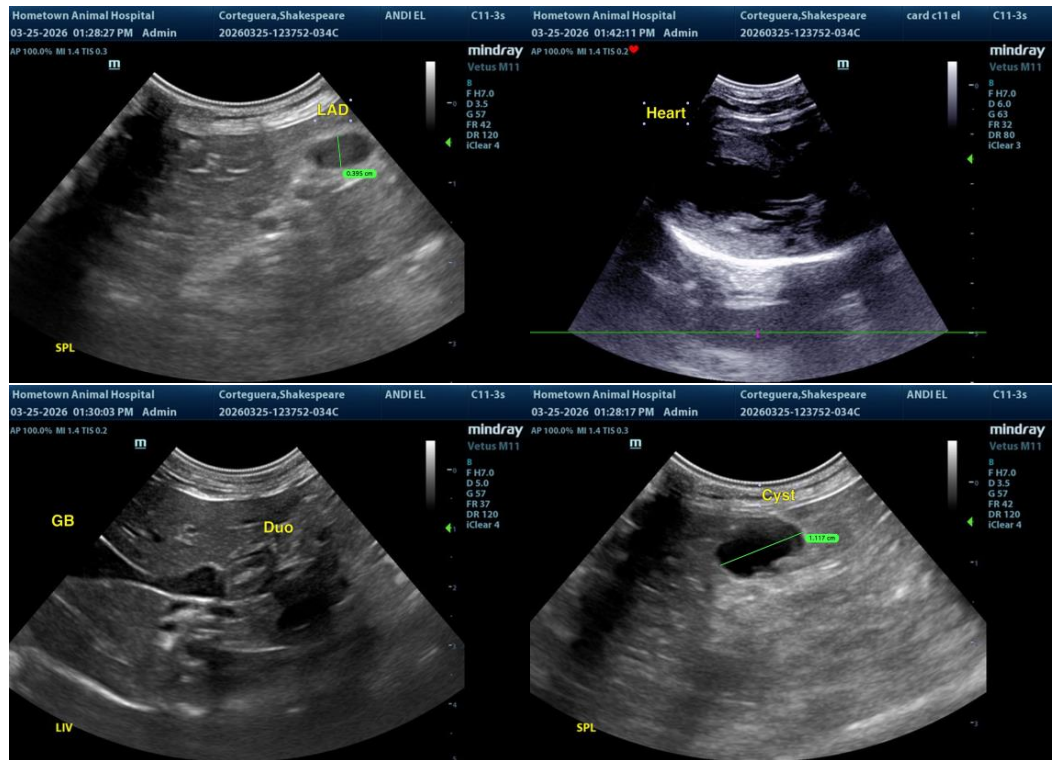
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com