



PATIENT

Khan Terrell

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

7 y

WEIGHT

8.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Kiffney

INVOICE

10740

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History:

- Presented to a colleague 3/8/26 - hiding for one week. Labs revealed IRIS stage 2, hypercalcemia and hyperphosphatemia. dilute urine, negative urine culture but placed on 4 weeks of antibiotics
- Gallop rhythm

Abnormal PE/Chem/CBC/UA Results: proBNP is 1500 BP is 250 mm Hg, but retinae's normal so most likely lower than that

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. Anechoic urine was present in the lumen with no uroliths or sediment. Pinpoint dependent lumen hyperechoic foci were noted, which suggests pinpoint mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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

Normal size and margination were present in the left kidney. 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. Mild to moderate hydronephrosis was noted in the left kidney with multiple renoliths. The left kidney measured 4.0 cm in length. There was no overtly visualized left hydroureter.

Subnormal size (compared to the left) was noted in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. Medullary renoliths and mild pyelectasia were noted in the right kidney. The right kidney measured 3.2 cm in length. There was no overtly visualized right hydroureter.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width and the right adrenal gland measured 0.36 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.



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Liver/ Gallbladder

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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. 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.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental nonshadowing ingesta without signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.22 cm width. The ileocolic wall measured 0.39 cm width.

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

Pancreas

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8.6 lbs.

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct was noted.

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Free Abdomen

R. McKenzie Daniel,
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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Left kidney chronic degenerative changes exhibiting renolithiasis and mild to moderate hydronephrosis – potential obstructive renolithiasis
- Right kidney subnormal size, chronic degenerative changes, renolithiasis, and mild pyelectasia
- Suspect chronic pancreatitis
- Normal gastrointestinal tract with gastrointestinal ingesta – most consistent with food echogenicity
- Pinpoint to minor urinary bladder lumen mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued renal support and CKD therapy with monitoring of renal parameters and as-needed sonographic reassessment of the kidneys, if evidence of progressive azotemia, is recommended. Recheck urine C/S post completion of antibiotics +/- UPC level for renal staging, if non-inflammatory proteinuria, is recommended. Correlation with a spec fPL is suggested.



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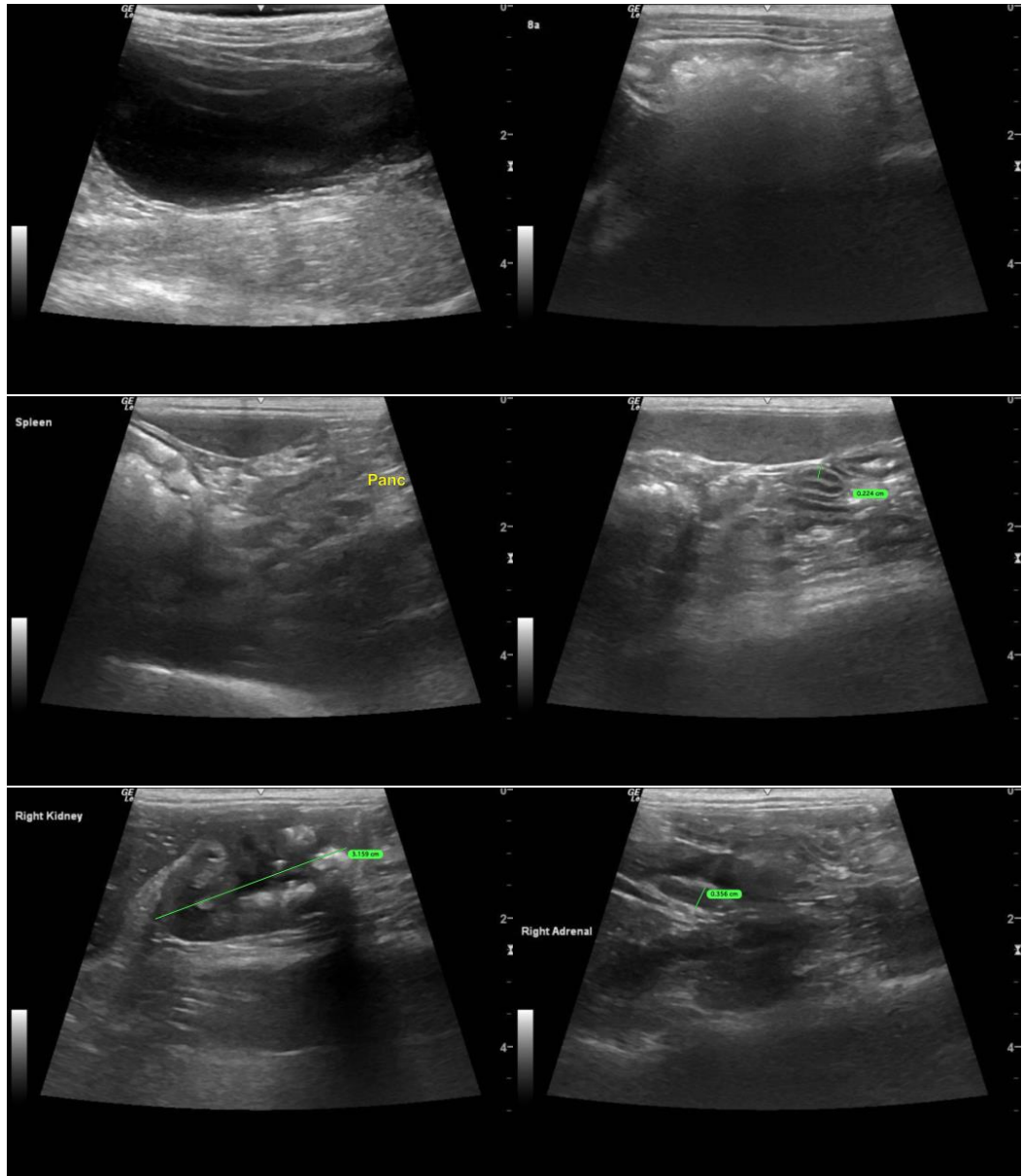
Brita Kiffney

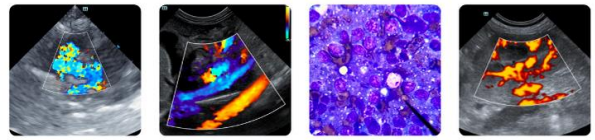
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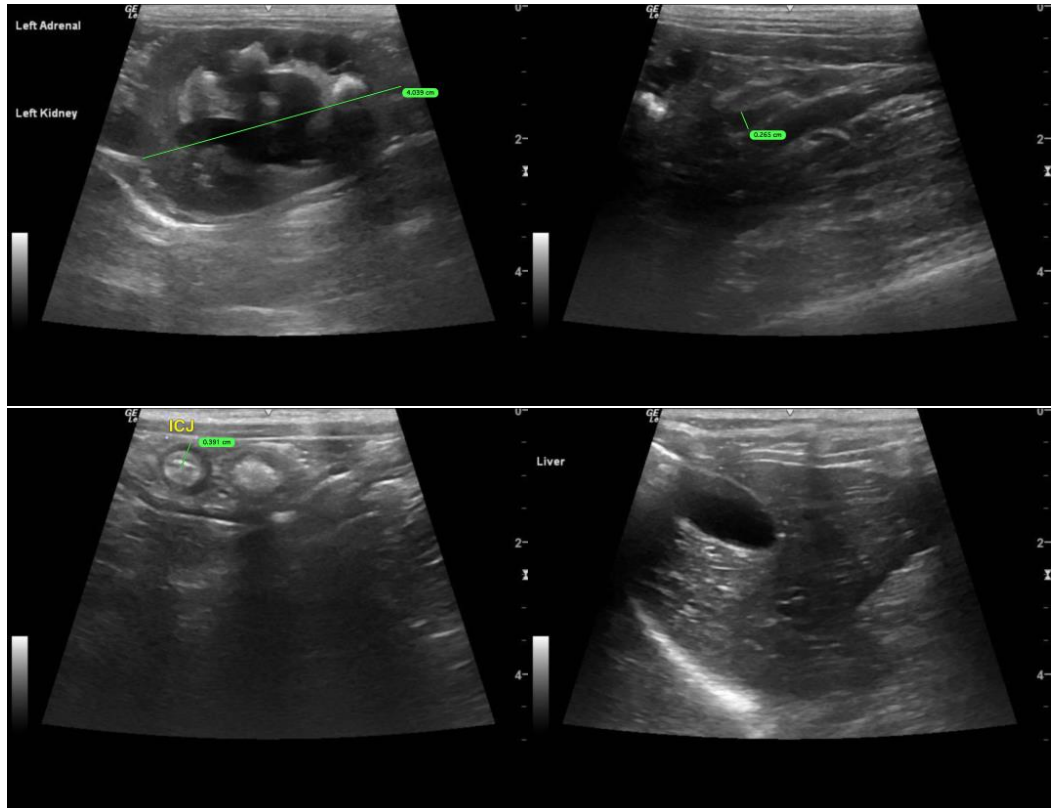
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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