



PATIENT

Sammy Wacht

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

9.44 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Ricky

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Alan Ralph

INVOICE

14612

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- Ref for CKD.
- Went to White Rock for a dental, did bloodwork and found elevated kidney values. O said he has had a decrease appetite for about 2 weeks. Is on a prescription diet but o has been trying to feed him anything so he will eat. O also just moved here 2 weeks ago. Going to the litterbox fine, no diarrhea or vomiting noted by owner. Has had some ocular and nasal discharge, per o he was prescribed meds for those.
- Was prescribed Gabapentin last week and since o had noticed Sammy moving a little ataxic.
- Medications: Mirtazapine Transdermal Ointment, Gabapentin 250mg/5mL Solution, Clindamycin 25mg/mL Suspension, Ofloxacin 0.3% Ophthalmic Solution
- Diet: I/D
- Hx: IBD

Abnormal PE/Chem/CBC/UA Results: Referral Bloodwork- CBC- Hct 31.2% with 0 retics, WBC 13.5K, plts 79K with clumping Chemistry- BUN 282, creatinine 13, SDMA 65, phos 26.7, sodium 146, potassium 2.5, chloride 95, Anion gap 41, TP 9.8, glob 6.4, Urinalysis (in house)- USG 1.011, pH 6, 1+ protein, 6-10 WBC/hpf, 15-20 RBC/hpf Cystatic B- 499 (0-99) T4- 1.3 Cardiovascular: Grade 3/6 sternal systolic heart murmur; no arrhythmias; normokinetic femoral pulses.

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. Echogenic to particulate nondependent mild 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.

The area of the aortic trifurcation was free of pathology.

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. Loss of corticomedullary distinction was also present. The left kidney measured 3.5 cm in length. The right kidney measured 4.1 cm in length. Moderate right kidney pyelectasia and mild left kidney pyelectasia with mild hyperechoic peri-pelvic and renal sinus parenchyma. No obvious visualized left/right ureter dilation.

Adrenal Glands

The left adrenal gland was normal in size and contour. Focal dystrophic mineral was present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.47 width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized 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 echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing mild nonshadowing ingesta to the level of the colon.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic nephropathy exhibiting bilateral pyelectasia.
- Pinpoint left adrenal dystrophic mineralization- age-related variant in a cat.
- Normal gastrointestinal tract with mild nonshadowing gastrointestinal ingesta- consistent with food echogenicity.
- Normal pancreas.
- Mild gallbladder debris.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys are most consistent with chronic nephropathy or renal changes, although acute on chronic renal insult cannot be definitively excluded. The pyelectasia may be owing to chronic renal changes, pelvic scarring, while potential for infection, i.e. pyelonephritis is not definitively excluded.

Urine culture and sensitivity on sterile urine sample is recommended +/- UPC level if not inflammatory proteinuria for renal staging and further assessment is indicated. Some degree of mild metabolic



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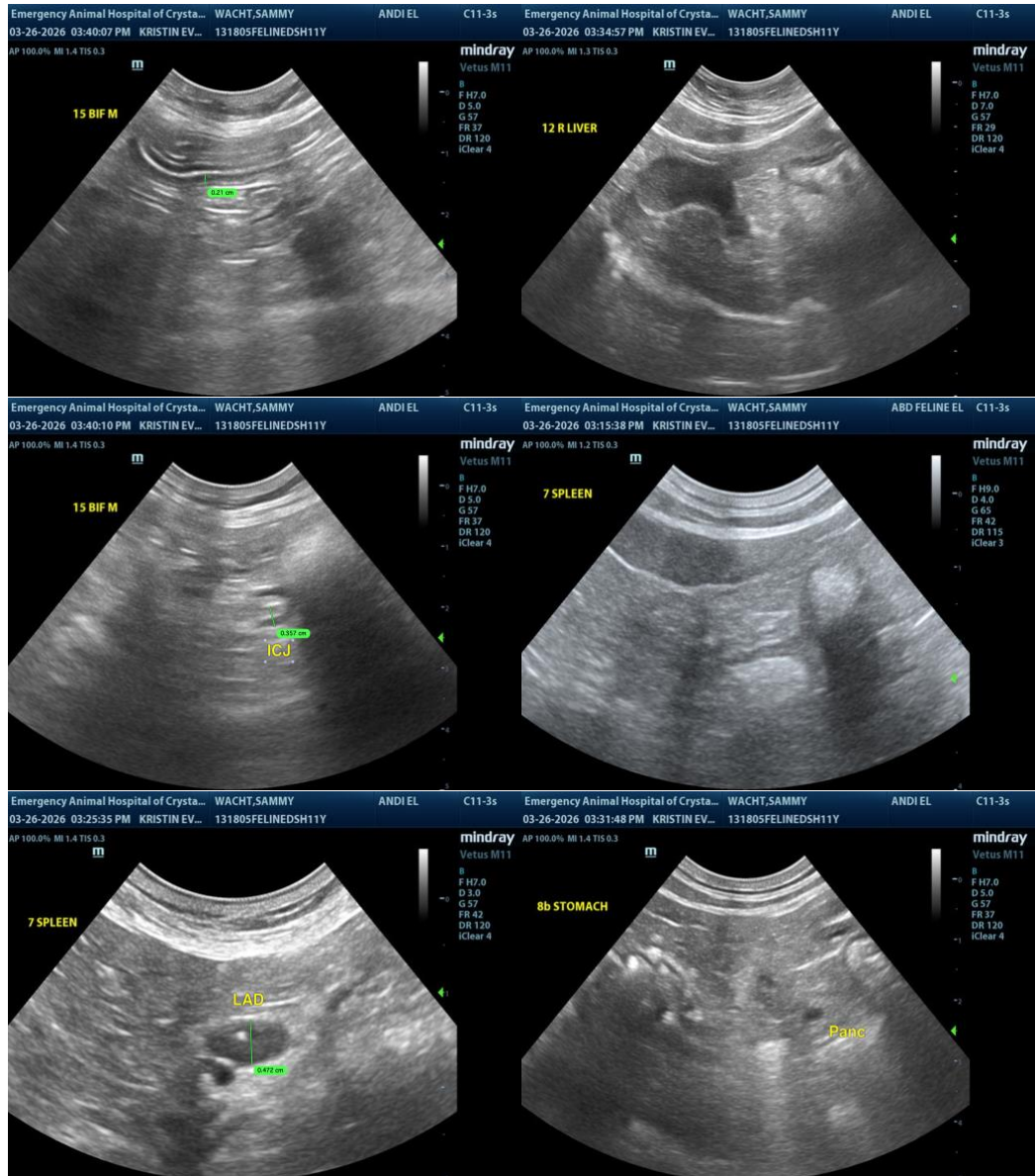
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gastrointestinal ileus or nonobstructive inefficient peristalsis is possible. If documented NPO, concurrent GI panel to include PLI, TLI, cobalamin and folate to assess for non-structural intestinal disease or low-grade pancreatitis as a contributing factor may be considered. Hospitalization with renal and gastrointestinal support with monitoring of renal parameters, systemic BP, urine output, and body weight is recommended. Recheck sonogram is indicated if progressive azotemia as chronic to acute on chronic renal failure is a primary concern.





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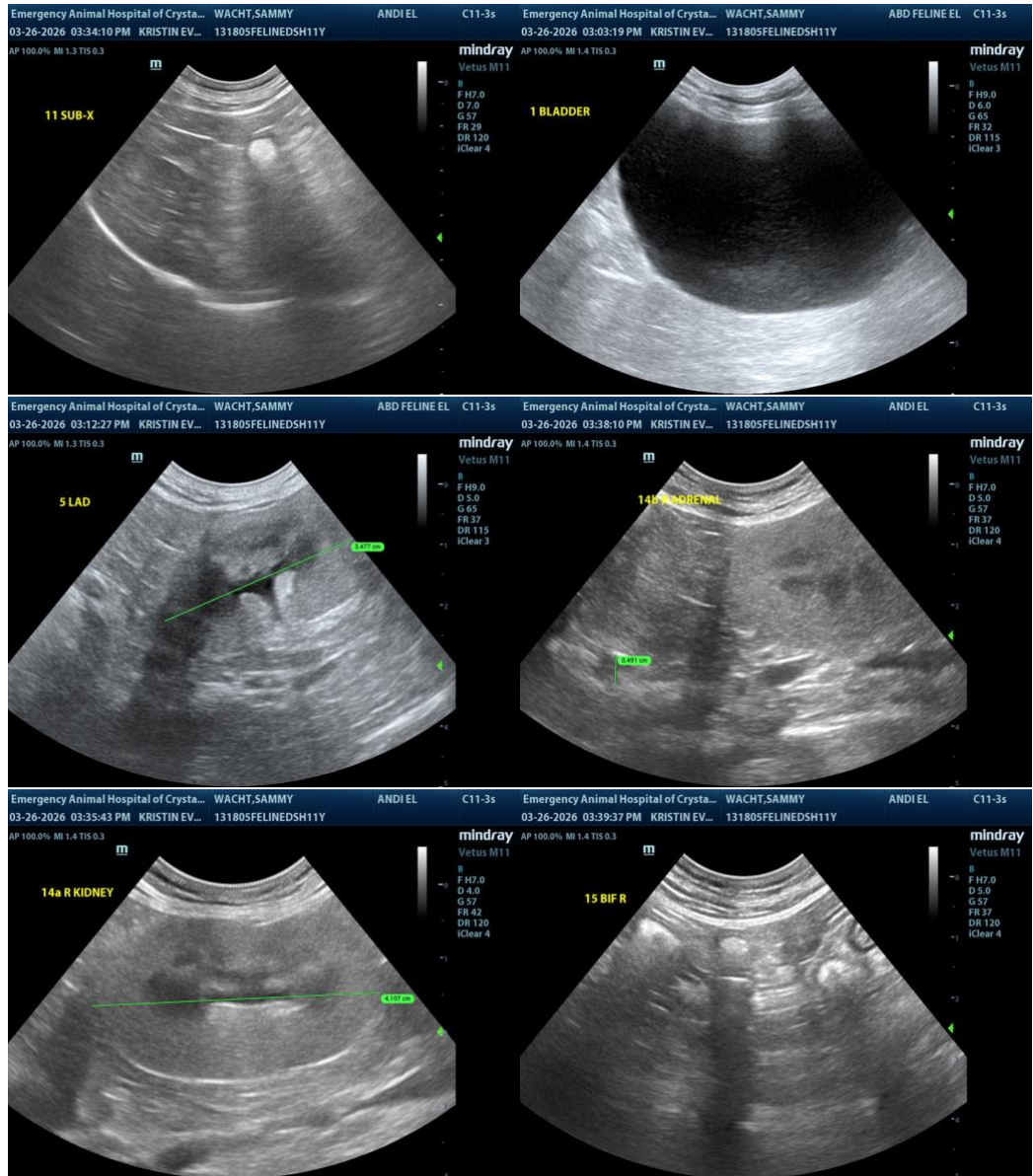
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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