



**PATIENT**

Marty Cissell

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

3yr

**WEIGHT**

8lb

**PRESENTING CLINICAL SIGNS**

Presented for weight loss, slight decrease in appetite, slight increase thirst. Creat 4.9, BUN 92. r/o AKI (history of eating indoor plants, not lillies) vs congenital vs pyelonephritis vs neoplasia. UA: UOSG 1.011, protein trace, blood 2+ neg ketones, neg glucose, neg wbc, neg bacteria; urine culture No growth.

**LIMITED 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 minor to indistinct dependent lumen mineral / sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Moderate, indistinct corticomedullary border demarcation, including mild non-homogenous increased corticomedullary echogenicity and mildly hyperechoic corticomedullary border asymmetrical margination. Medullary hyperechoic foci to parenchyma which may indicate dystrophic mineralization or fibrosis at times associated with potential chronic inflammation or dysplastic changes. Mild left kidney pyelectasia without overt visualized left hydroureter. Moderate right kidney pyelectasia exhibiting mild echogenic fluid component and mild extension of fluid into the right lateral diverticuli. Mild dilated right ureter exiting the right kidney, extending caudally to at least the level of the ureteral papilla was present. Distal right ureter diameter at the level of the papilla measured 0.16 cm.

The left kidney measured 3.56 cm in length. The right kidney measured 5.00 cm in length.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS, Certified  
Veterinary  
Sonographer (IVUSS)

**HOSPITAL NAME**

Norfolk County  
Veterinary Service

**REFERRING VET**

Emily McCabe, DVM

**INVOICE**  
24328

**DATE**  
03/29/2026

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Bilateral non-specific chronic nephropathy exhibiting dystrophic medullary mineral vs fibrosis and bilateral pyelectasia, possible emerging mild right kidney hydronephrosis
- Subjective mild potentially diffuse right hydroureter at level or possibly caudal to ureteral papilla
- Non-distended urinary bladder with minor to indistinct dependent lumen mineral/ sand, normal proximal urethra structure/ tone

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral kidneys are most consistent with non-specific chronic nephropathy as opposed to acute kidney injury. Non-specific chronic nephritis with potential for right kidney pyelonephritis given echogenic pelvic fluid combined with some degree of bilateral dysplasia is favored. No evidence of neoplastic criteria.

A distal ureteral defect such as ectopic ureter is not definitively excluded despite lack of reported atypical urination pattern or incontinence. Further clarification would require advanced imaging such as contrast urography or gold standard CT with contrast.



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Renal support and empirical therapy for non-specific nephritis with monitoring of UA and as needed urine C/S for further prognosis would be reasonable.

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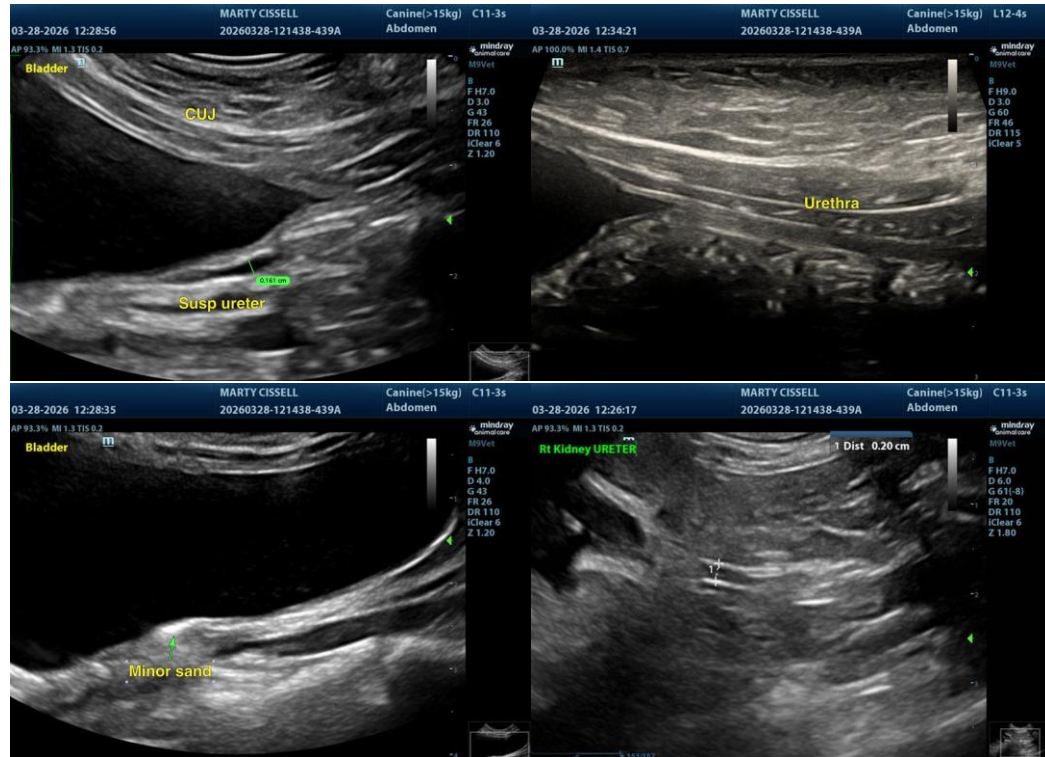
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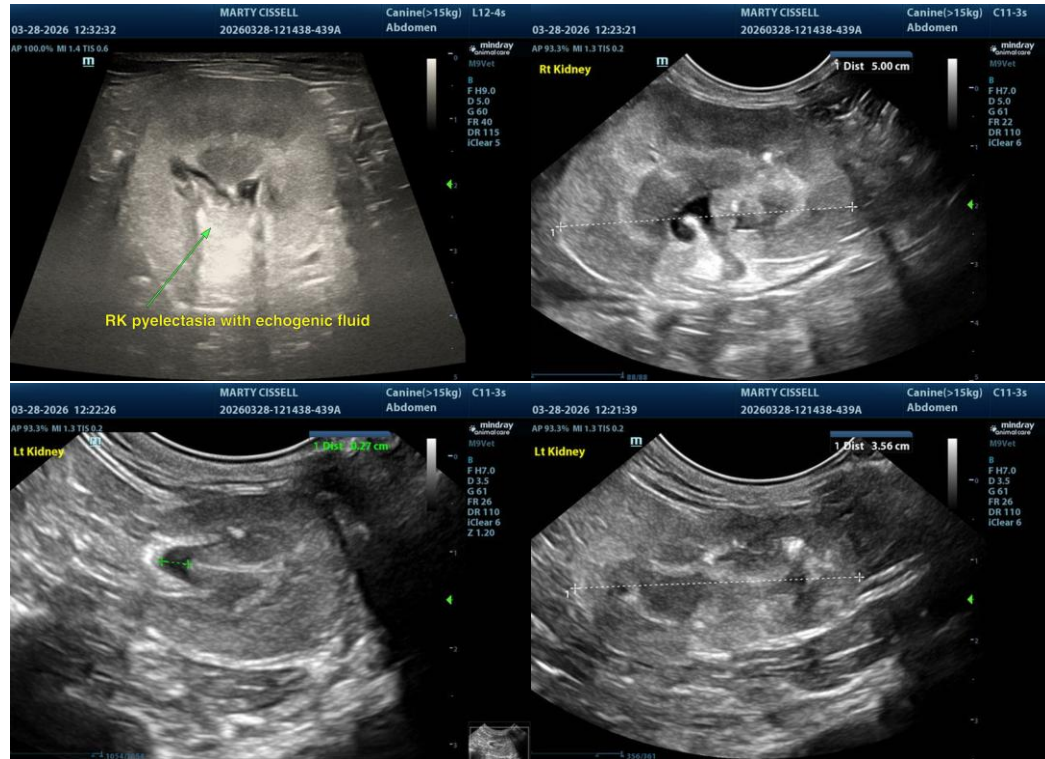
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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.

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS, Certified  
Veterinary  
Sonographer (IVUSS)

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