



## PATIENT

Gollum Keener-Lang

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

12 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Chrissy Krell DVM

## HOSPITAL NAME

Town & Country  
Animal Clinic

## REFERRING VET

Dr. Amanda Bergin  
DVM

## INVOICE

14121

## DATE

03/06/26

## PRESENTING CLINICAL SIGNS

- Patient is an eight-year-old neutered male, presented to an ER on February 11th for acute collapse and was diagnosed with suspected shock of undetermined origin.
- Patient had acute vomiting, progressive weakness then collapses at home. Hospitalized for three days and improved with supportive care and gastrointestinal management. No further collapse episodes reported; currently doing well at home. Hospital treatments included Mirataz, Elura, maropitant, omeprazole, and sucralfate, no current medications. Criticalist recommends rechecking chemistry profile every 6 months to monitor renal changes and follow-up abdominal ultrasound 2–3 weeks post-discharge (discharged February 13th) to reassess stomach wall and renal architecture.

PE: (3/6/26): overweight and dental disease noted. ownl. 2/11/26: UA: bacteruria, hematuria, mild pyuria, hyaline and non-hyaline casts. CBC: WBC 17.8K 2/12/26: BUN 38 mg/dL (mild elevation), Phos 2.2 mg/dL, Na 149 mmol/L, total protein 4.7 g/dL, albumin 1.7 g/dL, ALT 22 U/L, ALKP <10 U/L, WBC 17.8 x10<sup>3</sup>/μL (slightly elevated), lymphocytes 7.13 x10<sup>3</sup>/μL, and metabolic acidosis at presentation. BP 160 (systolic). FELV/FIV - negative. 2/13/26: Abdominal ultrasound revealed stomach wall thickening and chronic renal changes. Labs improved significantly (iCa<sup>++</sup> slightly decreased, Lactate 4.51)

## 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 mild dependent lumen mineral and nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

The left kidney was normal in size with the right kidney measuring subnormal in size with mild asymmetrical margination. A normal 1:3 cortex / medulla ratio and loss of corticomedullary border demarcation with dystrophic medullary mineral. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. The left kidney measured 4.2 cm in length. The right kidney measured 2.9 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 0.42 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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.



## PATIENT

Gollum Keener-Lang

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

12 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Chrissy Krell DVM

## HOSPITAL NAME

Town & Country  
Animal Clinic

## REFERRING VET

Dr. Amanda Bergin  
DVM

## INVOICE

14121

## DATE

03/06/26

## 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 borderline thickened wall exhibiting mild increased mural echogenicity. Primarily empty lumen with mild lumen gas and mild retained pyloric fluid. The stomach wall measured 0.35 cm wall width.

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 duodenum wall measured 0.24 cm wall width. The jejunum wall measured 0.21 cm wall width.

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

- Persistent intact mildly thickened stomach wall with increased mural echogenicity.
- Normal small intestine/area of the pancreas.
- Subnormal right kidney size with dystrophic medullary mineralization.
- Mild gallbladder debris.
- Mild urinary bladder lumen mineral/sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is nonspecific and may indicate patient variant or mural fat deposition given body condition. Persistent low-grade currently non-clinical gastritis is possible. No overt evidence of gastric neoplastic criteria. Continued supportive care with as needed gastroprotectants and sonographic reassessment if recurrent gastrointestinal signs is recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. The gallbladder debris is nonspecific given no current evidence of hepatopathy. Monitoring of liver parameters is suggested as gallbladder debris may be associated with hepatobiliary inflammation or cholestasis given short half-life of hepatic enzymes in cats. Concurrent monitoring for evidence of progressive azotemia is recommended.



**PATIENT**

Gollum Keener-Lang

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

12 pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Chrissy Krell DVM

**HOSPITAL NAME**

Town & Country  
Animal Clinic

**REFERRING VET**

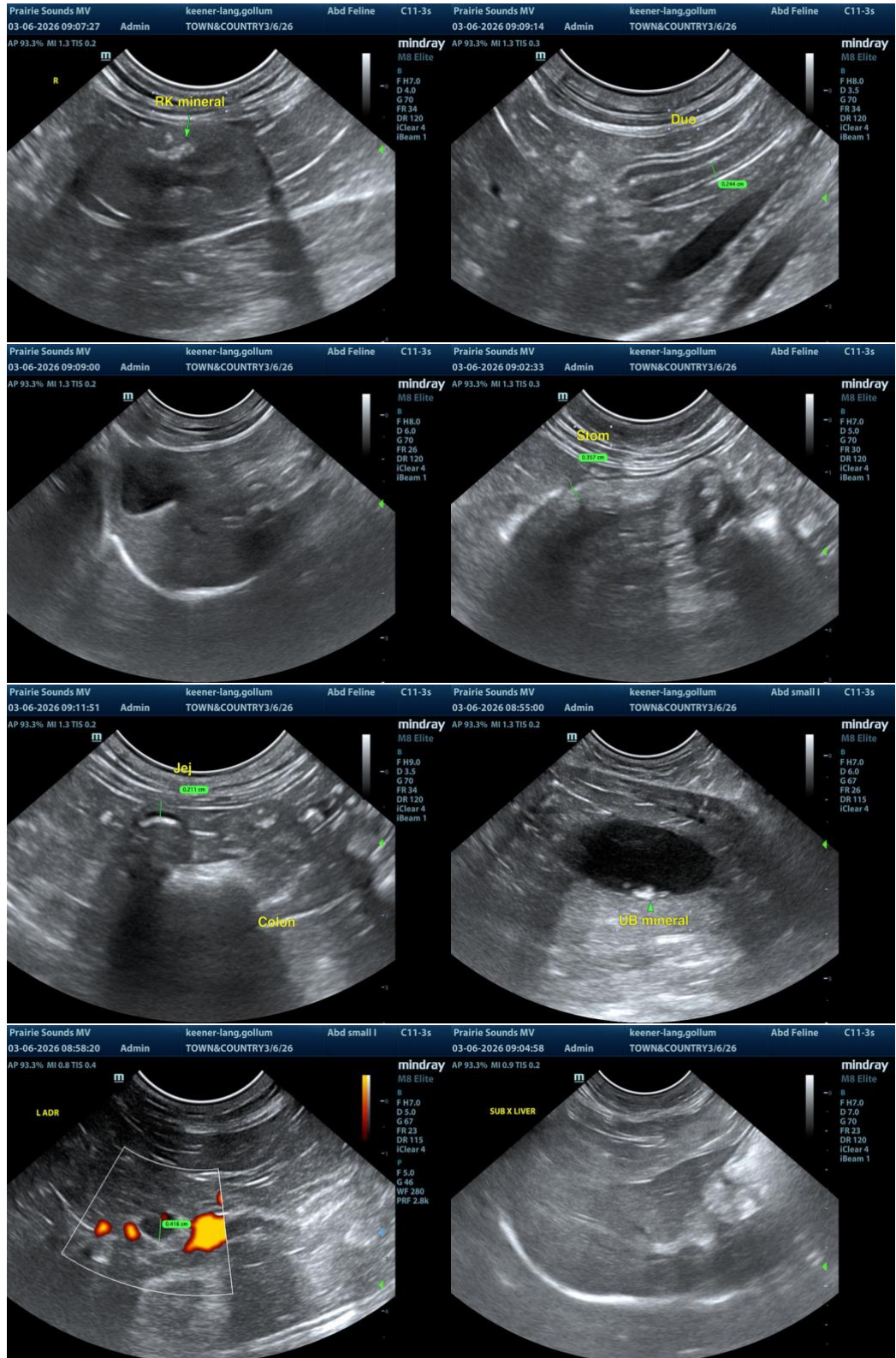
Dr. Amanda Bergin  
DVM

**INVOICE**

14121

**DATE**

03/06/26





**PATIENT**

Gollum Keener-Lang

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

12 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Chrissy Krell DVM

**HOSPITAL NAME**

Town & Country Animal Clinic

**REFERRING VET**

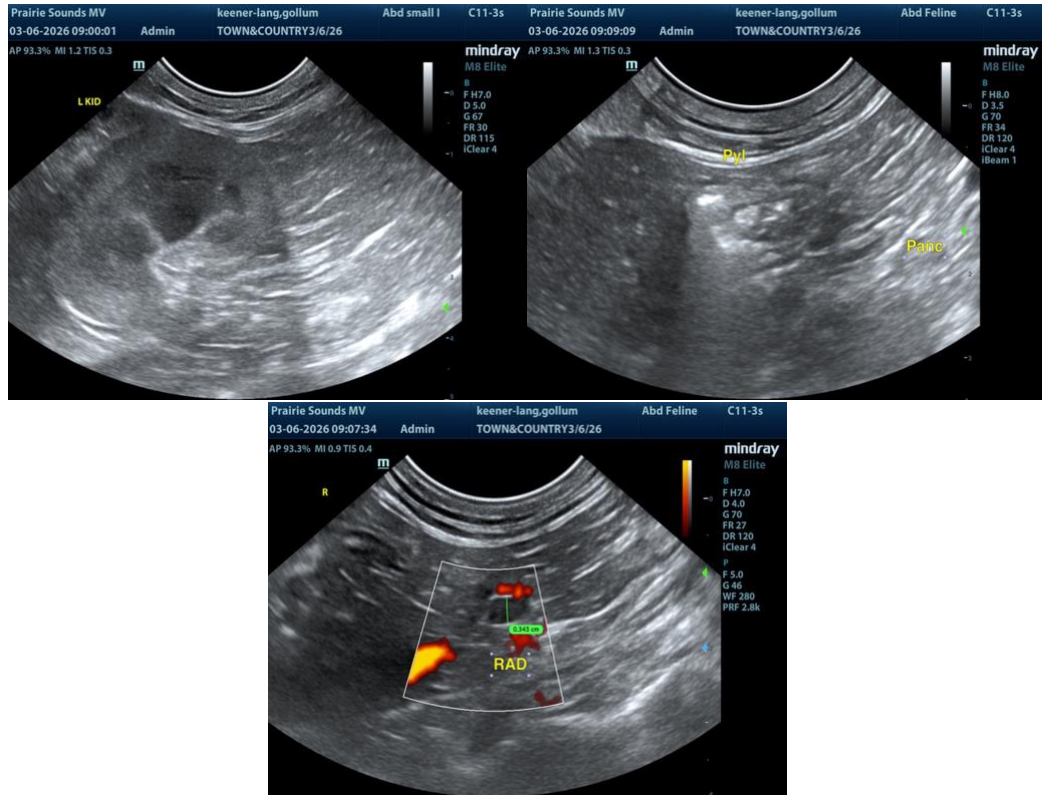
Dr. Amanda Bergin DVM

**INVOICE**

14121

**DATE**

03/06/26



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](mailto:info@SonoPath.com)