



PATIENT

Bear Cereske

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9yr

WEIGHT

12.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Layna Irwin, DVM

HOSPITAL NAME

Boise Cat Clinic

REFERRING VET

Layna Irwin, DVM

INVOICE
24386

DATE
04/02/2026

PRESENTING CLINICAL SIGNS

- Wellness AUS. No current major health concerns.
- Client notes cycles of mildly decreased appetite that self-resolve. Possible diarrhea (unclear due to multi-cat home) following the client's recent travel.
- Hx of persistent, stable, mild renal azotemia - classified as CKD, IRIS Stage
- Hx of a low-grade cutaneous mast cell tumor (left whisker bed) that was excised with clean margins (7/2024).
- Hx of behavioral issues/anxiety as a rescue feral cat.

Abnormal PE/Chem/CBC/UA Results: PE - mild dental disease (addressed), nosf BP - normotensive CBC - unremarkable Chem - glucose 181, Chem - mid hyperglycemia (181), SDMA 15, creatinine 1.5 (improved), BUN 23, UA - USG 1.027 (improved), pH 6.5, quiet sediment SNAP ProBNP - normal T4 - wnl (1.6)

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 no evidence of urine/lumen sediment, mineral, or calculi. 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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 was empty with no signs of ileus, 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 was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.25 cm in width. The ileocolic wall measured 0.40 cm in width.

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

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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.

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable bilateral kidneys
- Normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology such as chronic renal changes or nonspecific nephritis, gastroenterocolic mural pathology or primary / metastatic neoplastic criteria given patient history. Continued renal support with monitoring of renal parameters and UA is recommended. Concurrent gastrointestinal support if clinically indicated is recommended. If gastrointestinal signs are confirmed in this patient, then a GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

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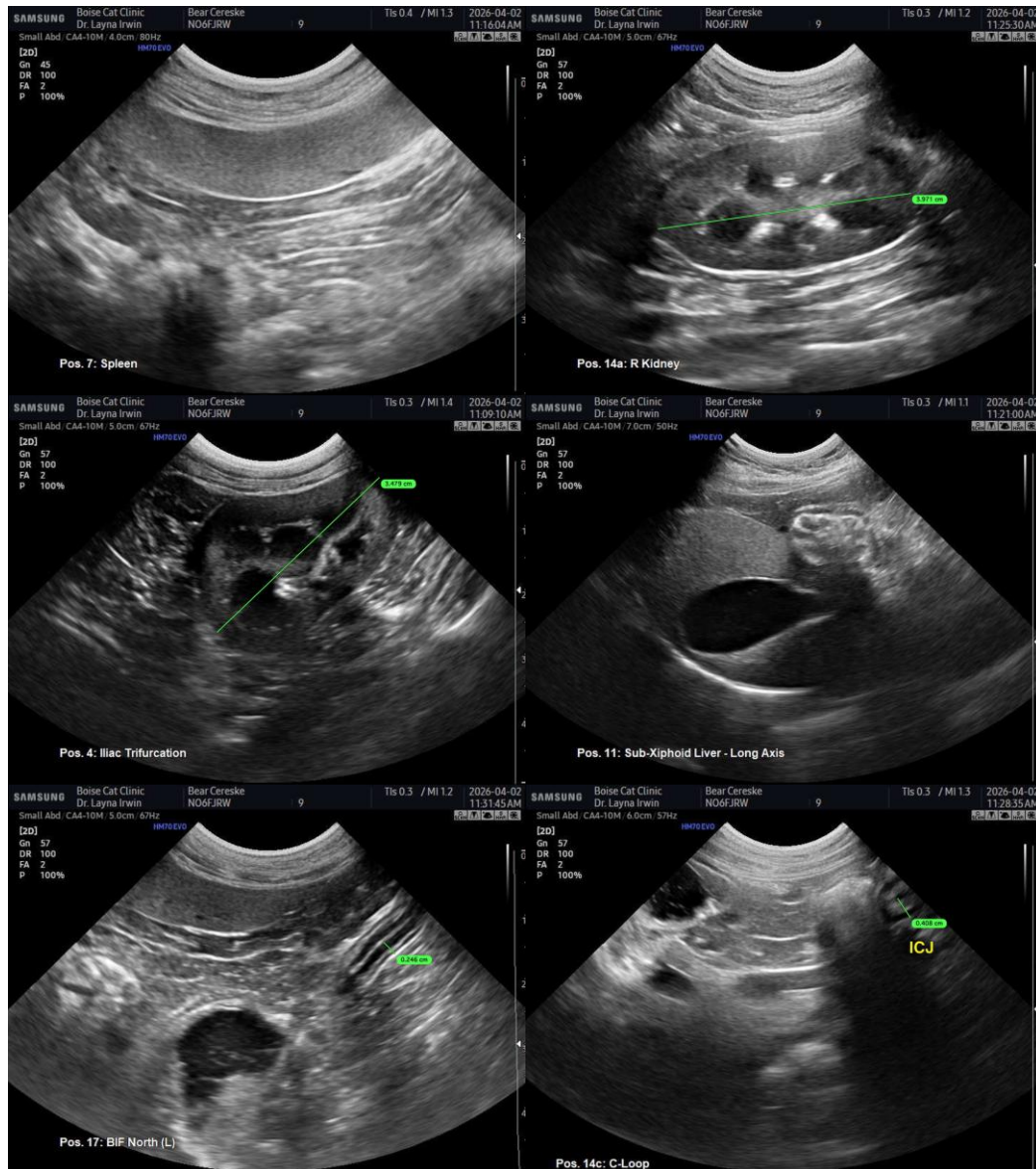
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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