



PATIENT

Ed Stoltzfus

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8yr

WEIGHT

5.04kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE 24382

DATE
04/02/2026

PRESENTING CLINICAL SIGNS

Seen at rDVM 2 weeks ago for urinating outside litterbox; treated with Convenia for bacteriuria and low USG. Recheck today at rDVM for decreased appetite and energy; diagnosed with new azotemic - uroliths and nephroliths on rads.

Abnormal PE/Chem/CBC/UA Results: Grade I-II/VI heart murmur (new) Small soft urinary bladder 3/20 (rDVM): Urinalysis performed: dilute urine with bacteria present, no crystals, no glucose 4/2 (rDVM): - Radiographs: Multiple kidney stones visible bilaterally, multiple small bladder stones, kidneys appear small - Bloodwork performed: Elevated BUN 107 , creatinine 7.3 , and phosphorus 11.7, mild hyperglycemia - Afast - large sediment bladder, shadowing, renal pelvis calculi with concern of dilation

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 moderate, dependent lumen hyperechoic to shadowing sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Right kidney cortical infarcts present. Bilateral non-obstructive renoliths were seen. The left kidney measured 3.1 cm in length. The right kidney measured 3.2 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.



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Gastrointestinal

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.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestinal wall measured 0.30 cm in 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate urinary bladder sand
- Chronic nephropathy exhibiting medullary renoliths and right kidney cortical infarcts
- Intact thickened small intestine with altered wall layer ratio
- Mild hepatic parenchymal remodeling with minor gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. CKD therapy with monitoring of renal parameters is recommended. The small intestine exhibited mural changes, which although potential for patient variant, suggestive of inflammatory /IBD criteria. Minor potential for emerging intestinal round cell neoplasia thought less likely yet not excluded.

Screening GI panel to include PLI, TLI, cobalamin and folate, monitoring of gastrointestinal signs and sonographic reassessment of the kidneys and gastrointestinal tract if progressive azotemia, gastrointestinal signs or weight loss is recommended.



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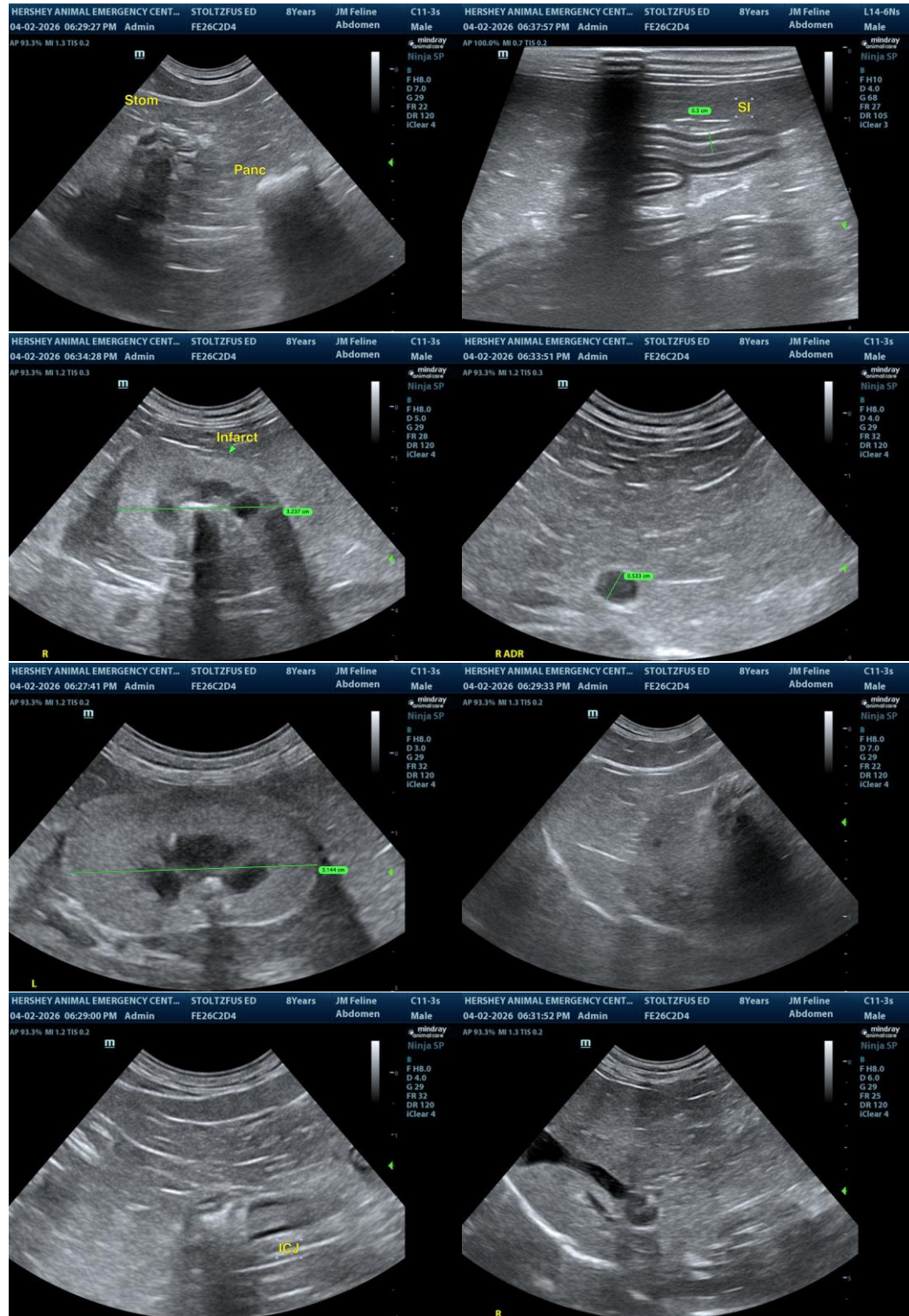
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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