

PATIENT

George Haugerud

SPECIES

Feline

BREED

Bengal

SEX

MN

AGE

12yr

WEIGHT

10.52lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams DVM

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams DVM

INVOICE 24541

DATE
04/20/2026

PRESENTING CLINICAL SIGNS

~Cat had an ultrasound 6.04.25 interpreted by you. This is a follow-up to check on kidney status and GI tract.

~George is doing well overall, but recently had an acute bout of vomiting and abdominal pain (April 4th).

~Abdominal Xrays at that time showed right kidney smaller than left

Abnormal PE/Chem/CBC/UA Results: ~Weight is stable relative to this time last year. ~Creatinine 1.6, SDMA 12, USG 1.025, quiet sediment UPC 0.1 ~Hypertensive but well controlled on 0.625 mg of amlodipine

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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.

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. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The proximal to mid common bile duct was dilated and mild to moderately tortuous without overt post hepatic obstruction. The common bile duct measured 0.3 cm diameter. Subjective mildly thickened



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hyperechoic common bile duct wall. No obvious obstructive pathology within the common bile duct or visualized at the level of the duodenal papilla.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.

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.

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

- Static to subjective mildly progressive chronic renal changes with mild left kidney pyelectasia
- Normal gastrointestinal tract
- Suspect cholecystitis / cholangitis
- Normal urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck urinary workup including screening C/S and UPC level if not recently done for current renal staging is recommended. No evidence of left or right ureter obstruction with the pyelectasia likely secondary to chronic renal changes or pelvic scarring pending urine C/S. Resolved non-specific gastroenteritis or chronic pancreatitis may present sonographically normal.

Renal and gastrointestinal support with clinical monitoring and sonographic reassessment if recurrent or persistent gastrointestinal signs or progressive azotemia is recommended.



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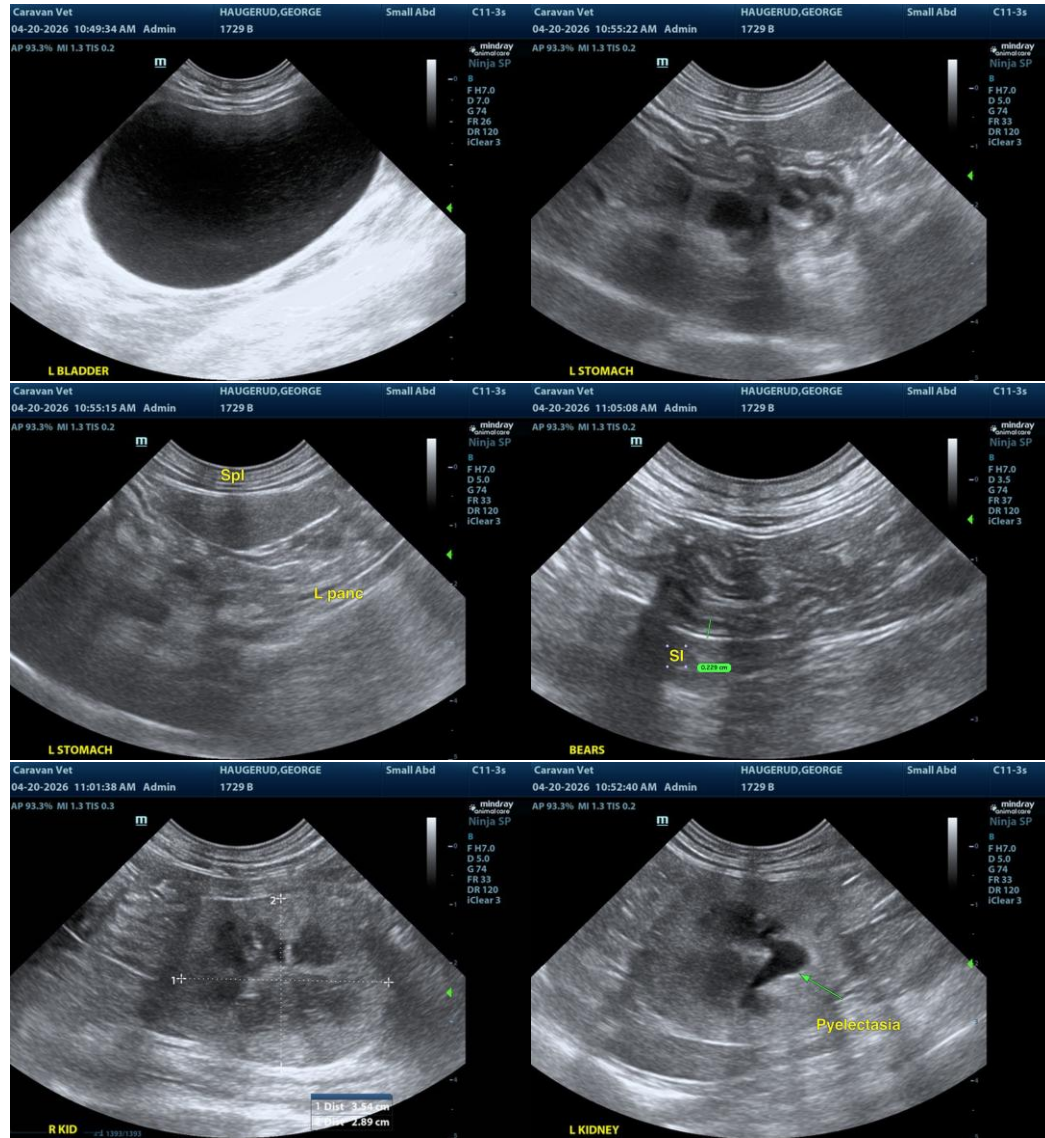
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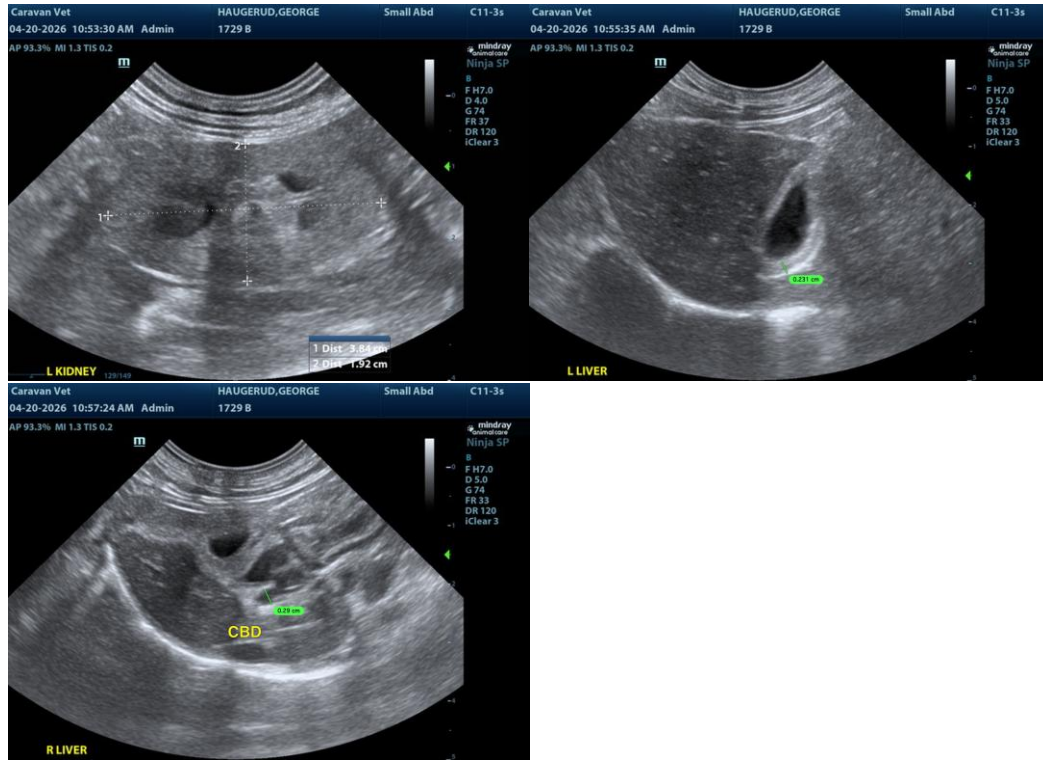
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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