



PATIENT

Happy Lin Yin Lin

SPECIES

Feline

BREED

British Shorthair

SEX

Male

AGE

5

WEIGHT

12.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkawy

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Joseph

INVOICE

15281

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Heavy breathing.

Abnormal PE/Chem/CBC/UA Results: severe anemia low hct leucopenia neutropenia lymphopenia rdw is normal low plt bun is 33.2 creatinine is 2.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The kidneys presented enlarged in size with asymmetrical margination. The renal parenchyma presented nonhomogenous, hypoechoic and discernable with multifocal variably sized to expansive thinly walled renal cysts and mild pyelectasia. The left kidney measured 7.1 cm in length. The right kidney measured 6.7 cm in length. An example of the left kidney cysts measured 3.4 cm in diameter. An example of the right kidney cysts measured 3.4 cm in diameter.

Adrenal Glands

The adrenal glands were not definitively visualized.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. A small thinly walled intraparenchymal hepatic cyst was present.

The gallbladder was not definitively visualized likely secondary to contraction owing to gastric ingesta.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of 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 ileus, obstruction or foreign material.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

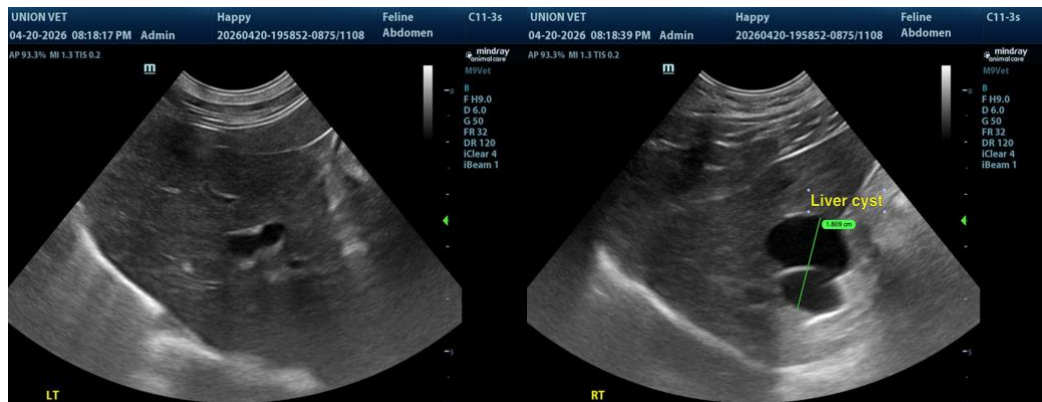
- Bilateral polycystic kidneys.
- Mild urine sediment.
- Small concurrent hepatic cyst.

Secondary Findings

- Gastric ingesta- consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of polycystic kidney disease is moderately significant in conjunction with degree of azotemia. Renal support with monitoring of renal parameters and anemia is recommended. CBC pathology review and recheck retroviral status to assess for contributing factors to the anemia may be considered. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Renal and concurrent gastrointestinal support is recommended with clinical and sonographic monitoring. Three view chest radiographs are suggested if not done.





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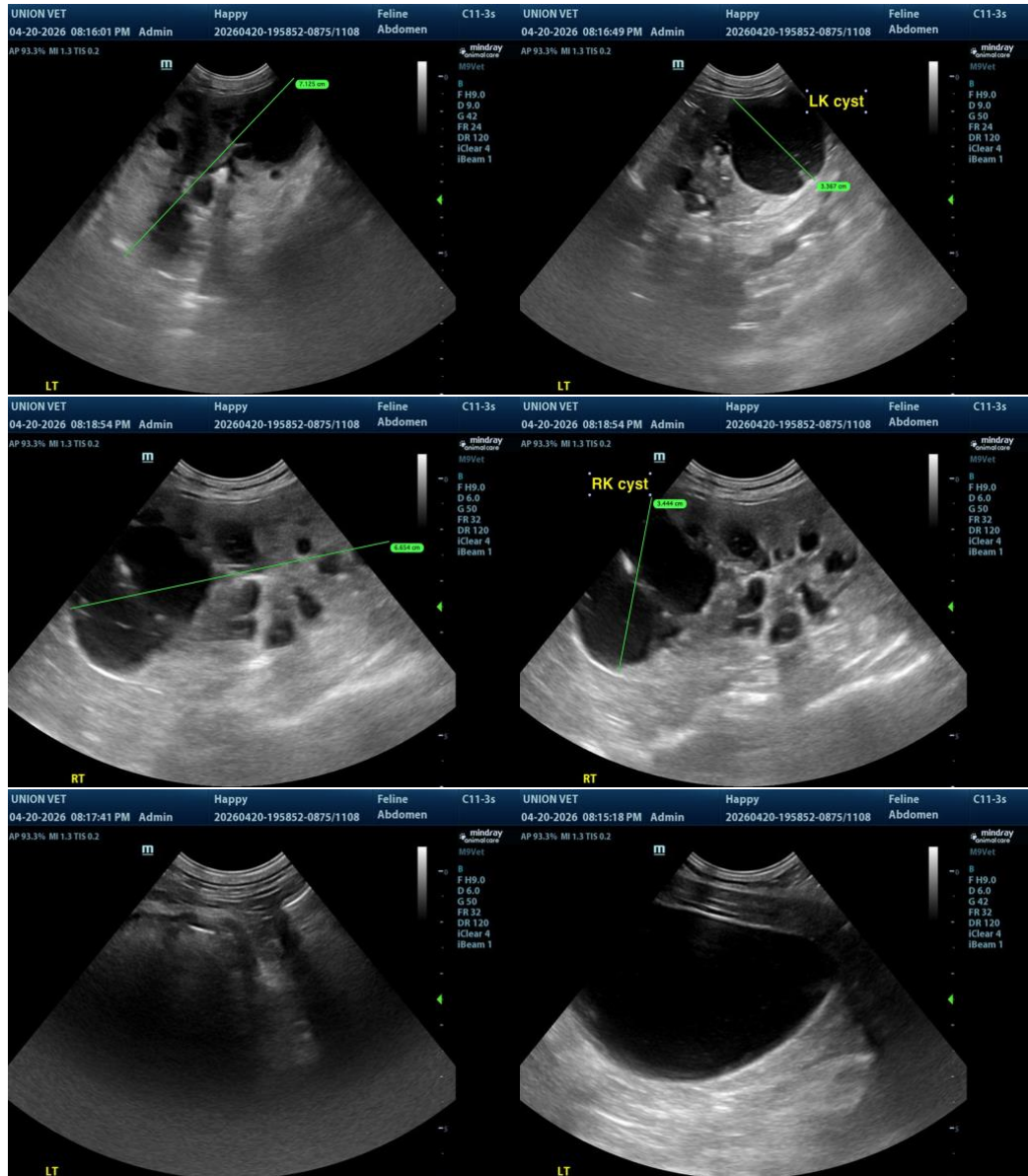
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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