



PATIENT

Tobey Einstein

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

14.42 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Banfield Pet Hospital
North Eugene

REFERRING VET

Dr. Montes

INVOICE

15266

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Wt: 14.42 lbs/ 6.54 kgs Mentation: BAR T: 100.9 P: 190 R: 50 BCS: 8/9 CRT/MM: <2 sec, pink Coat/Skin: WNL Eyes: epiphora OU, NS OU, menace intact Ears: mild inflammation and debris AS; clear AD N/T: WNL Dental Calc: 2/4; gingivitis back upper premolars H/L: inspiratory effort- increased lung sounds bilateral, possibly referred from upper airway. GI/UG: palpates NSF- difficult to asses due to obesity M/S: not showing pain on palpation or ROM Neuro: appropriate LNN: WNL Rectal: NA ABNORMAL Labwork Values cbc-HCT 28.5 (L), manual PCV 32 iof- ALT 237 (J), Glob 5.9 (H), Phos 3.0 (L in some ref ranges) lytes- Na 166 (H) t4- normal PCV 32 UA- Sp. Gr 1.018; 0-2 WBC phpf, occas RBC, occas cocci, rec smear Current Medications Prednisolone 15mg/5ml Syrup and Adequan SA 100mg/ml Injectable (per ml)

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 no uroliths or 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.

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. Loss of corticomedullary distinction was also present. Cortical infarcts were present bilaterally. The left kidney measured 4.0 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The adrenal glands were prominent to mildly enlarged in size with maintained symmetrical contour and homogenous nonmineralized parenchyma. The left adrenal gland measured 0.61 cm width at the caudal pole. The right adrenal gland measured 0.66 cm width at the caudal pole.

Spleen

The spleen was normal in size and exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Mild asymmetrical medial capsule contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.90 cm width level of the mid spleen.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 ileus, obstruction or foreign material. The small intestine wall measured 0.23 cm wall width.

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

Pancreas

AGE

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The area of the pancreas was sonographically unremarkable without evidence of pathology.

Free Abdomen

WEIGHT

14.42 pounds

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with bilateral cortical infarcts.
- Nonspecific mild adrenomegaly.
- Hepatic parenchymal remodeling- suggestive of mild benign to chronic hepatopathy.
- Normal gallbladder.
- Sonographically unremarkable gastrointestinal tract/area of the pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A definitive cause of the mild anemia was not obvious without overt evidence of neoplastic criteria. The bilateral adrenal glands are nonspecific although adrenal presentation was atypical given reported prednisolone.

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Sonographic monitoring of adrenal glands as well as consideration for monitoring of systemic BP and serum potassium levels for evidence of hypertension or hypokalemia which may suggest emerging adrenal pathology. Monitoring of hepatic enzyme levels is suggested with consideration for screening hepatic FNA cytology using a 25-gauge needle and if normal clotting status if evidence of progressive hepatopathy. Three view chest radiographs are suggested if not done.

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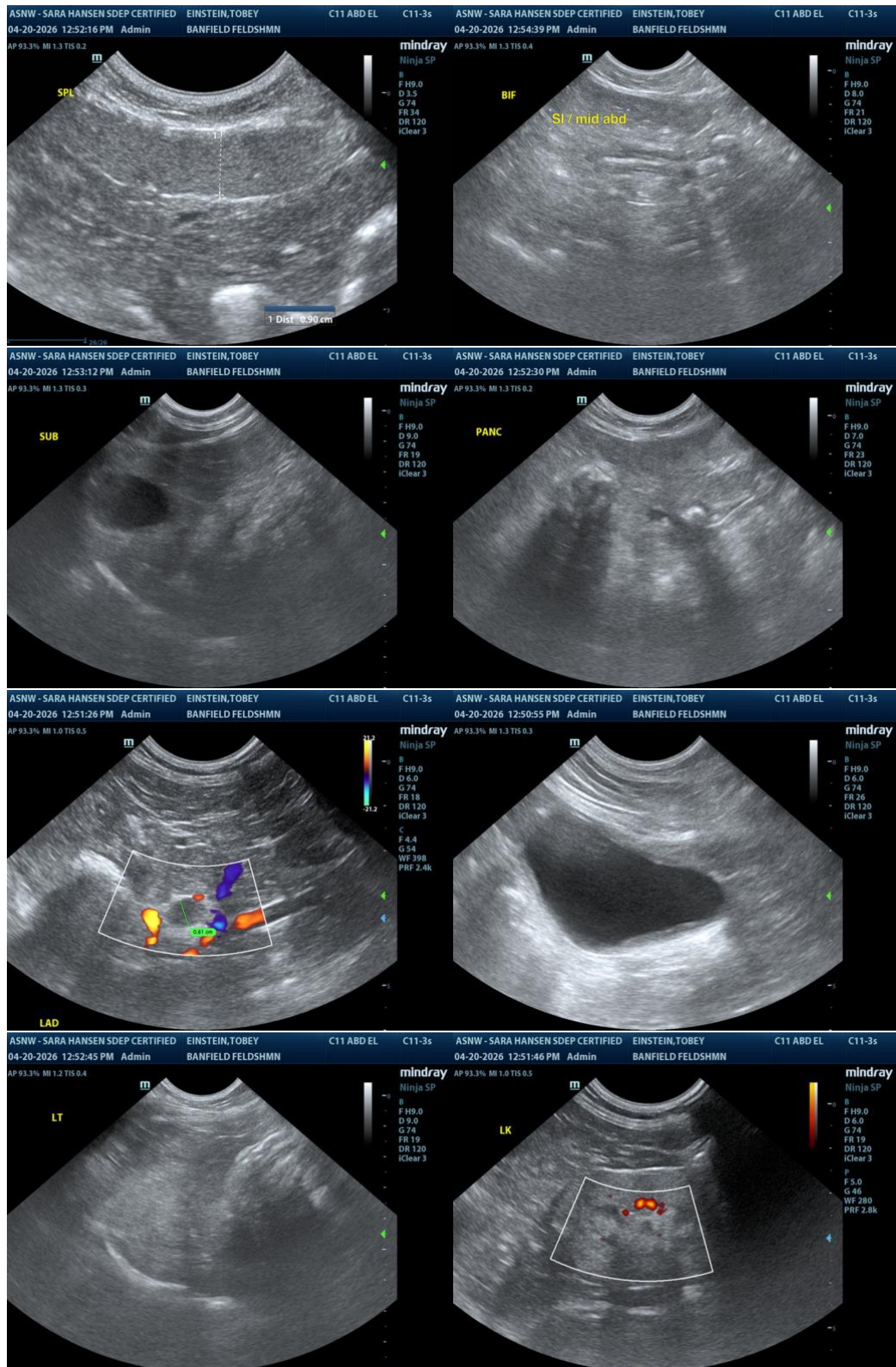
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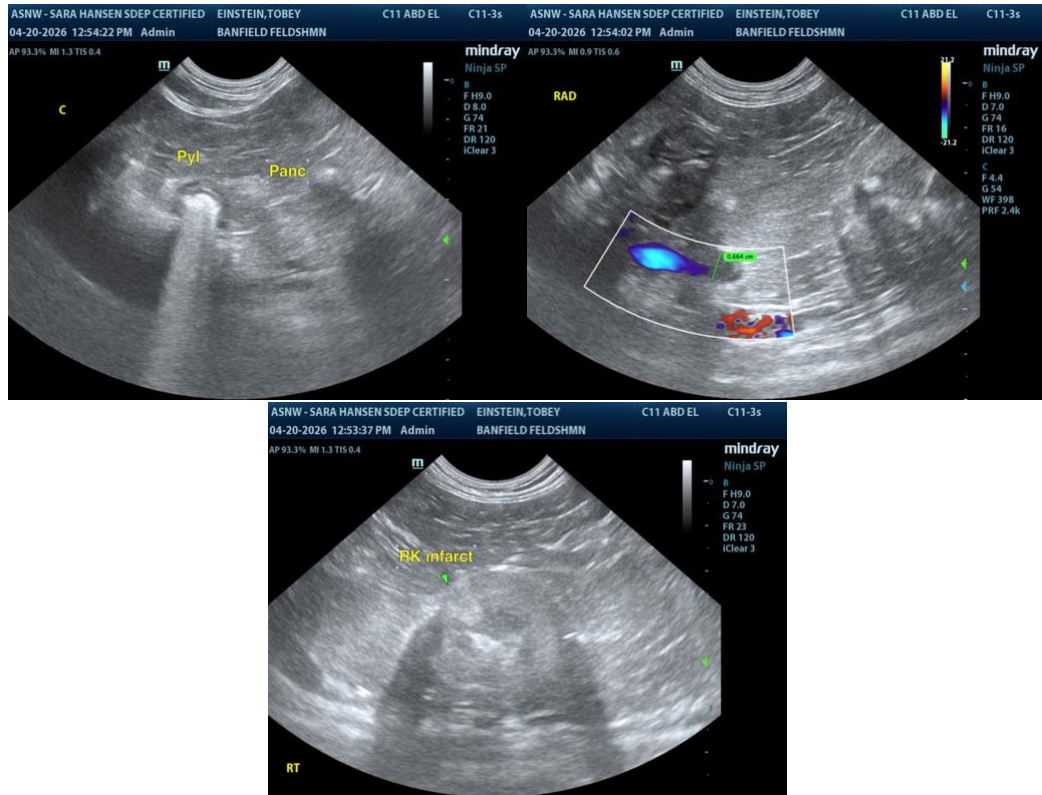
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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