



PATIENT

Skittles Breg

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

18

WEIGHT

6.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr Sharkawy

INVOICE

24603

DATE

04/24/2026

PRESENTING CLINICAL SIGNS

Weight loss Bloody urine

Abnormal PE/Chem/CBC/UA Results: BW- Cr-3.3, BUN- 38 Hematuria Heart murmur 3/6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended with urine which prohibited full evaluation of the bladder wall. Diffuse to variable thickened urinary bladder wall with ventral urinary bladder wall measuring 0.58 cm wall width. Maintained homogenous mural echogenicity with mild asymmetrical luminal surface contour. No evidence of mural mineralization. Mild anechoic urine with mild urine sediment. No lumen mineral or calculi visualized.

Borderline to subnormal size and normal 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. The left kidney measured 3.0 cm in length. The right kidney measured 2.9 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 minor non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a moderate amount of retained non-shadowing chyme and fluid without overt obstruction to pyloric outflow.



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The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Borderline thickened small intestinal wall measuring 0.25 to 0.26 cm was present. The ileocolic wall measured 0.36 cm in width.

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

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Pancreas

The pancreas was mildly prominent in size with capsule asymmetry. Mild non-homogenous hypoechoic parenchyma compared to adjacent omentum was present.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Non-distended yet diffuse variable thickened urinary bladder, mild urine sediment
- Chronic renal changes exhibiting mild pyelectasia
- Non-obstructive hypomotile stomach
- Intact borderline thickened small intestinal wall
- Chronic active pancreatitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given diffusely to variably thickened urinary bladder wall, cystitis is favored although a diffuse urinary bladder tumor is not definitively excluded. Correlation with urine C/S ideally on sterile urine sample and cytospin cytology of urine sample to assess for atypical or neoplastic transitional cells is recommended. No overt evidence of mechanical upper to generalized gastrointestinal obstruction suggestive of metabolic gastric ileus. Small intestinal patient variant with potential for low grade to chronic enteropathy is possible. Given weight loss in this patient a GI panel and thoracic radiographs are recommended.

INTERPRETED BY

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Empirical therapy for chronic renal disease and cystitis with gastrointestinal support, clinical monitoring and sonographic reassessment if progressive gastrointestinal signs, weight loss, azotemia or hematuria is recommended.

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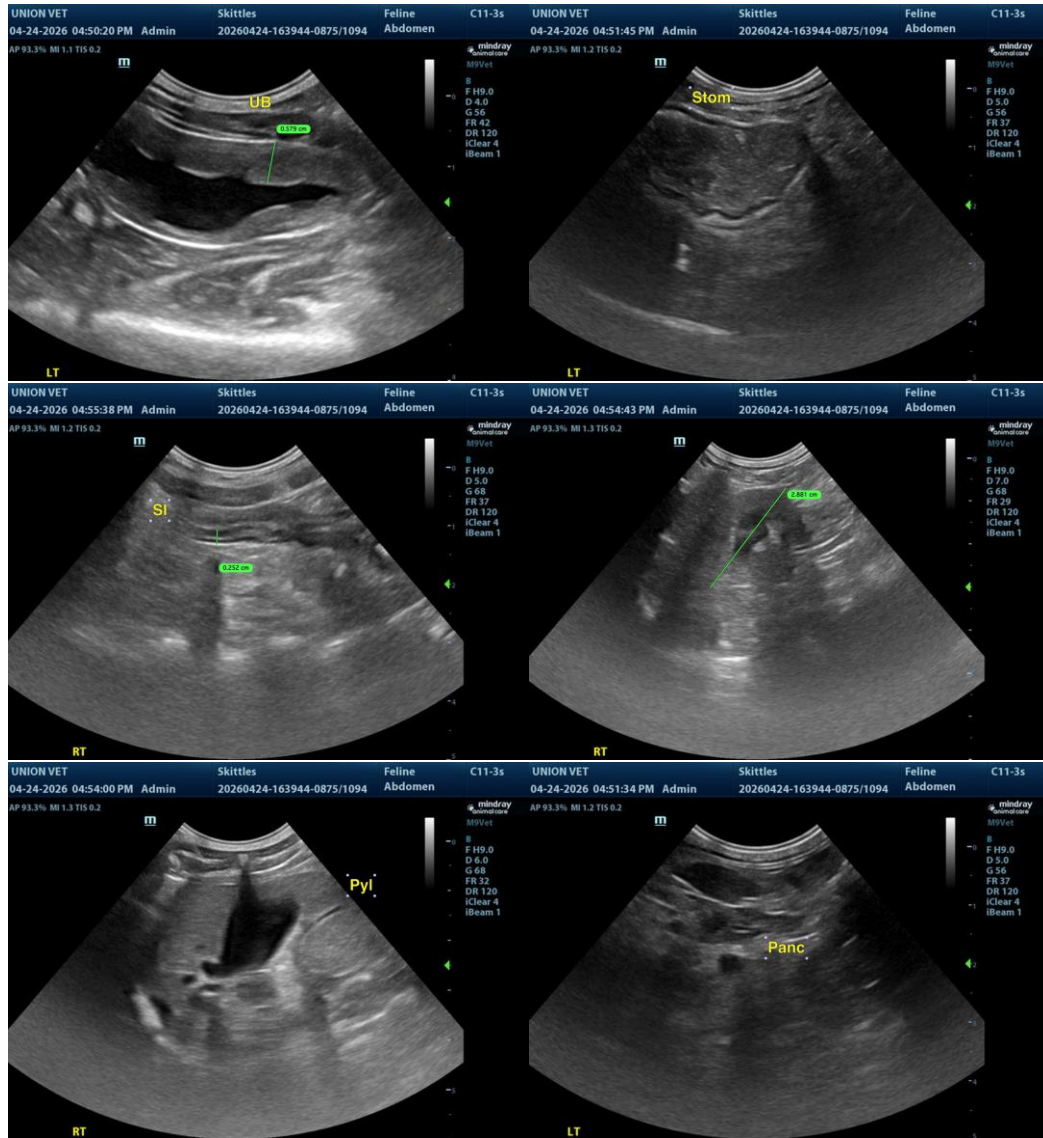
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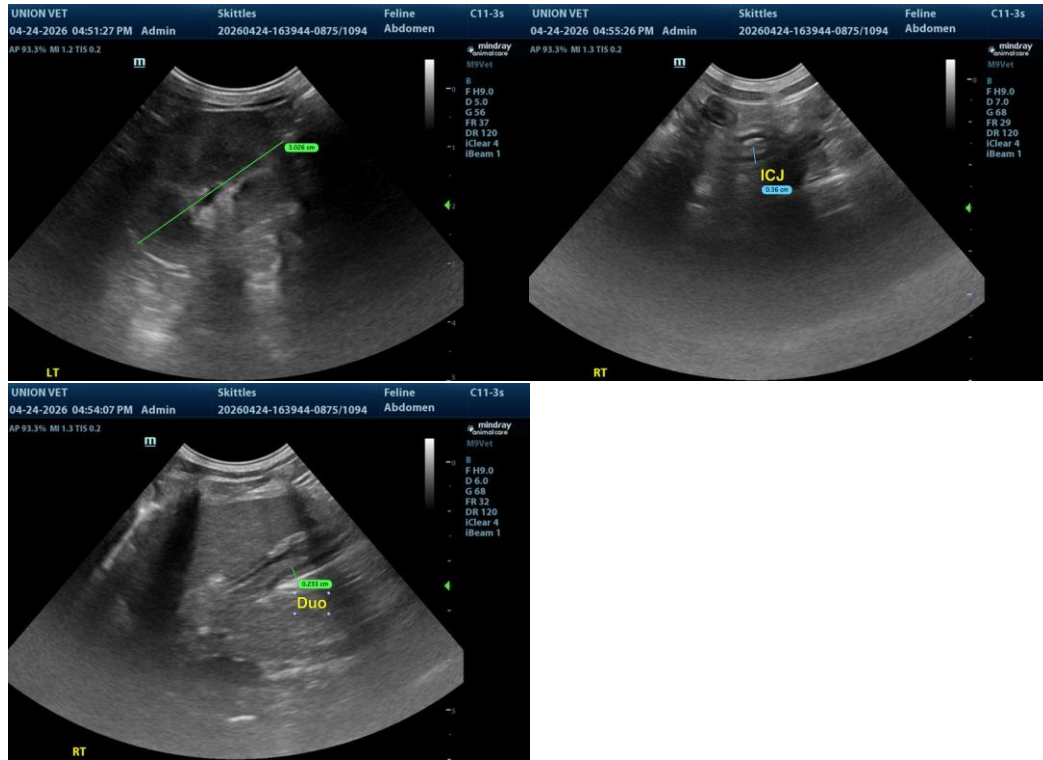
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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