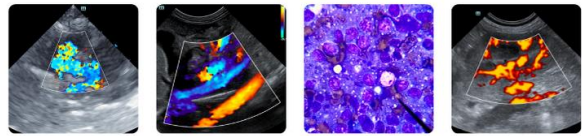


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jackson Mortimer	Bloated on exam, CKD, hypertension and proteinuria, heart murmur, previous echo showed either changes due to HCM or hypertension currently in remission from Diabetes mellitus previous abdominal ultrasound showed small abnormal kidneys and nephroliths increased PU/PD recently gurgling sound when purring
<b>SPECIES</b>	
Feline	Current Medications- Gabapentin 100mg for sedation and Amlodipine 0.63mg SID
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: attached blood and urine in email with previous ultrasounds BP: A series of systolic blood pressure readings were obtained: 142, 134, 140, 138, and 144 mmHg. - Assessment: The average systolic blood pressure is approximately 140 mmHg. -jd December 18th, 2025 - Blood Pressure: Systolic readings were 150, 152, 148, 154, 144, 142, 154, 146, and 144 mmHg. The readings are considered stable. Primary Question to Be Answered in This Exam any changes to his kidneys or heart any masses present why is he bloated
DSH	
<b>SEX</b>	
MN	
<b>AGE</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
13 yrs	<b>Urinary System</b>
<b>WEIGHT</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen with dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
5.8 kg	No evidence of pathology in the area of the aortic trifurcation.
<b>INTERPRETED BY</b>	The left and right kidneys were deformed, irregular, and diffusely hyperechoic. The kidneys were contained in a large anechoic cyst-like cavity, consistent with a bilateral perinephric pseudocyst. Bilateral nonobstructive renoliths were present. The right kidney measured 3.7 cm in length. The right perinephric pseudocyst measured ~10.0 cm in diameter. The left kidney was subnormal in size, measuring 2.7 cm in length. The left perinephric pseudocyst measured ~6.0-7.0 cm in diameter
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Adrenal Glands</b>
<b>IMAGING PERFORMED BY</b>	The left and right adrenal glands were not definitively visualized owing to perinephric pseudocysts.
Amanda Stewart	<b>Spleen</b>
<b>HOSPITAL NAME</b>	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.
Ingersoll VS	<b>Liver/ Gallbladder</b>
<b>REFERRING VET</b>	The liver presented normal in size, contour and vascular volume. The parenchyma of the liver exhibited mild homogeneous increased echogenicity compared to the spleen. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in
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<b>DATE</b>	
4/30/26	



**PATIENT**

Jackson Mortimer

**SPECIES**

Feline

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5.8 kg

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

**IMAGING  
PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Ingersoll VS

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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact segmental borderline prominent to thickened wall with overall maintained normal wall layer ratio. The small Intestinal wall width measured 0.27 cm.

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

***Pancreas***

The pancreas was normal in size and contour with mild heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct was noted.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder lumen mineral
- Bilateral perinephric pseudocyst with chronic degenerative renal changes and nonobstructive bilateral renolithiasis
- Mildly echogenic liver
- Mild gallbladder debris with nonobstructive common bile duct dilation
- Intact segmental borderline prominent small intestinal wall
- Possible mild chronic pancreatitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of abdominal bloating is most likely secondary to bilateral perinephric pseudocysts. Per cutaneous ultrasound-guided drainage of the bilateral pseudocysts is recommended, although recurrence of pseudocysts is likely. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Serial monitoring of systemic BP and CKD therapy are indicated.

Given no reported gastrointestinal signs with only minor hepatopathy, the hepatobiliary intestinal and pancreatic findings are nonspecific and potentially incidental or age-related. Mild chronic inflammatory



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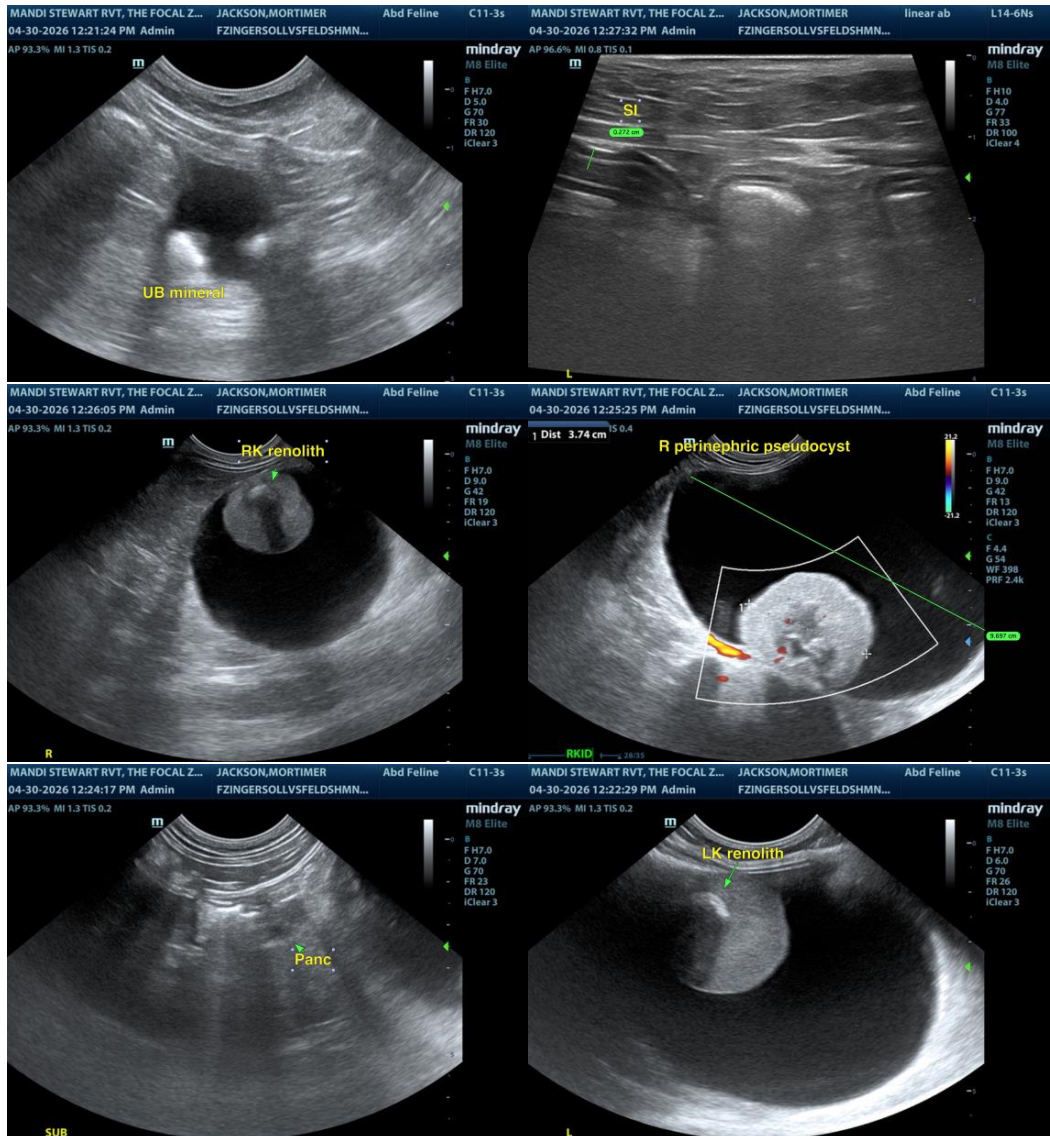
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enteropathy with chronic pancreatitis and potential low-grade inflammatory hepatopathy, i.e., Triaditis, may be considered if gastrointestinal signs or weight loss are non-reported or arise. Monitoring for progressive hepatopathy or gastrointestinal signs going forward is recommended.





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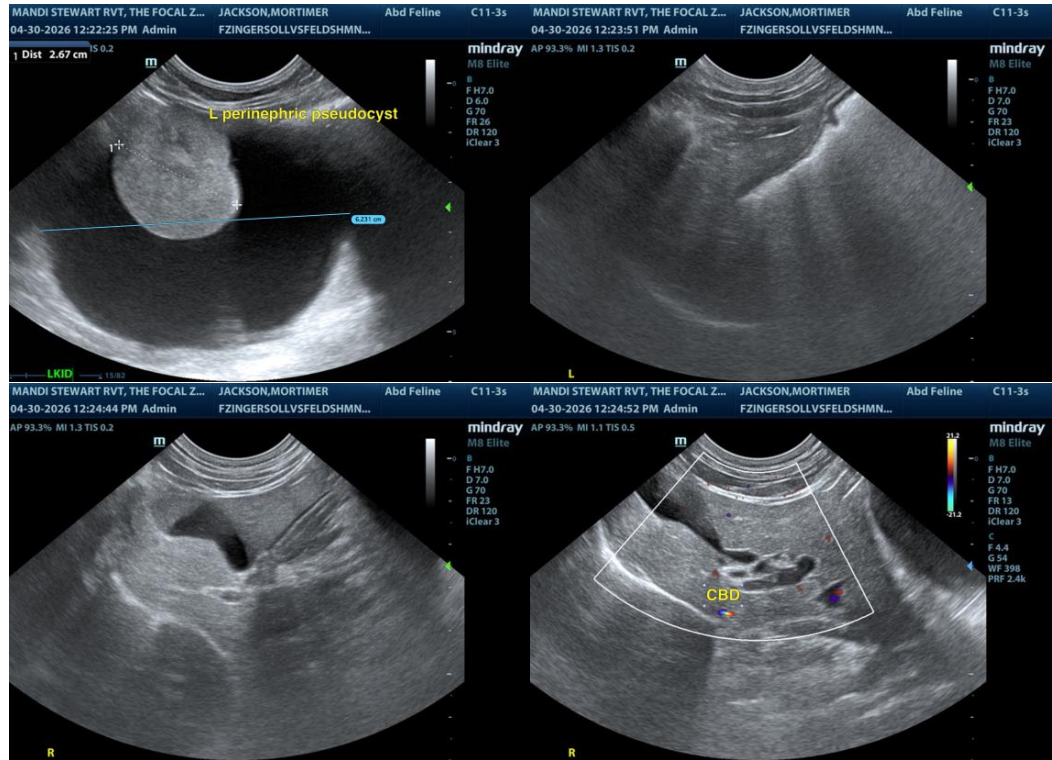
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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](mailto:info@sonopath.com)