



PATIENT

Precious Kit Kit Gaudio

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16yr

WEIGHT

5.02lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Flanders

REFERRING VET

Dr Casulli

INVOICE

24398

DATE

04/06/2026

PRESENTING CLINICAL SIGNS

- ADR
- Lethargic
- sudden onset of weakness
- stage 2 chronic kidney dz
- low appetite
- dehydrated
- grade 2/6 murmur
- ataxic
- Abnormal PE/Chem/CBC/UA Results: bp- 85, HCT- 30, WBC-30.76, NEU-14.10, LYM 15.69, MONO -0.71, EOS - 0.16 , GLU - 227, BUN >130, PHOS >16.1, PANCREATIC LIPASE - 10.0

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.

Unilateral mild renomegaly with asymmetrical margination was present. 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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The kidney measured 4.5 cm in length.

The contralateral kidney was markedly subnormal in size with capsule asymmetry. Indistinct corticomedullary architecture and border demarcation was present. Mild pyelectasia with mineralization /renolith was present. The contralateral kidney measured 2.4 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



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

Gastrointestinal

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.

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. Mildly thickened ileocolic junction measuring 0.48 cm in wall width. The small intestinal wall measured 0.20 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral chronic degenerative nephropathy exhibiting unilateral mild renomegaly and contralateral subnormal kidney size with mild pyelectasia
- Overall intact gastrointestinal wall with mild thickened ileocolic junction
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right kidney is likely mildly enlarged with the left kidney subnormal in size exhibiting significant chronic degenerative changes. The right kidney suggests compensatory hypertrophy secondary to subnormal left kidney size with chronic renal failure in conjunction with significant azotemia. Chronic pancreatitis is at times associated with chronic renal failure in cats and may present sonographically normal.

Correlation with neurological exam and UA +/- GI panel is recommended. Hospitalization with renal and gastrointestinal support with clinical monitoring for further prognosis is recommended. Unilateral renal neoplastic criteria is thought less likely given maintained renal architecture and lack of perinephric to retroperitoneal effusion.



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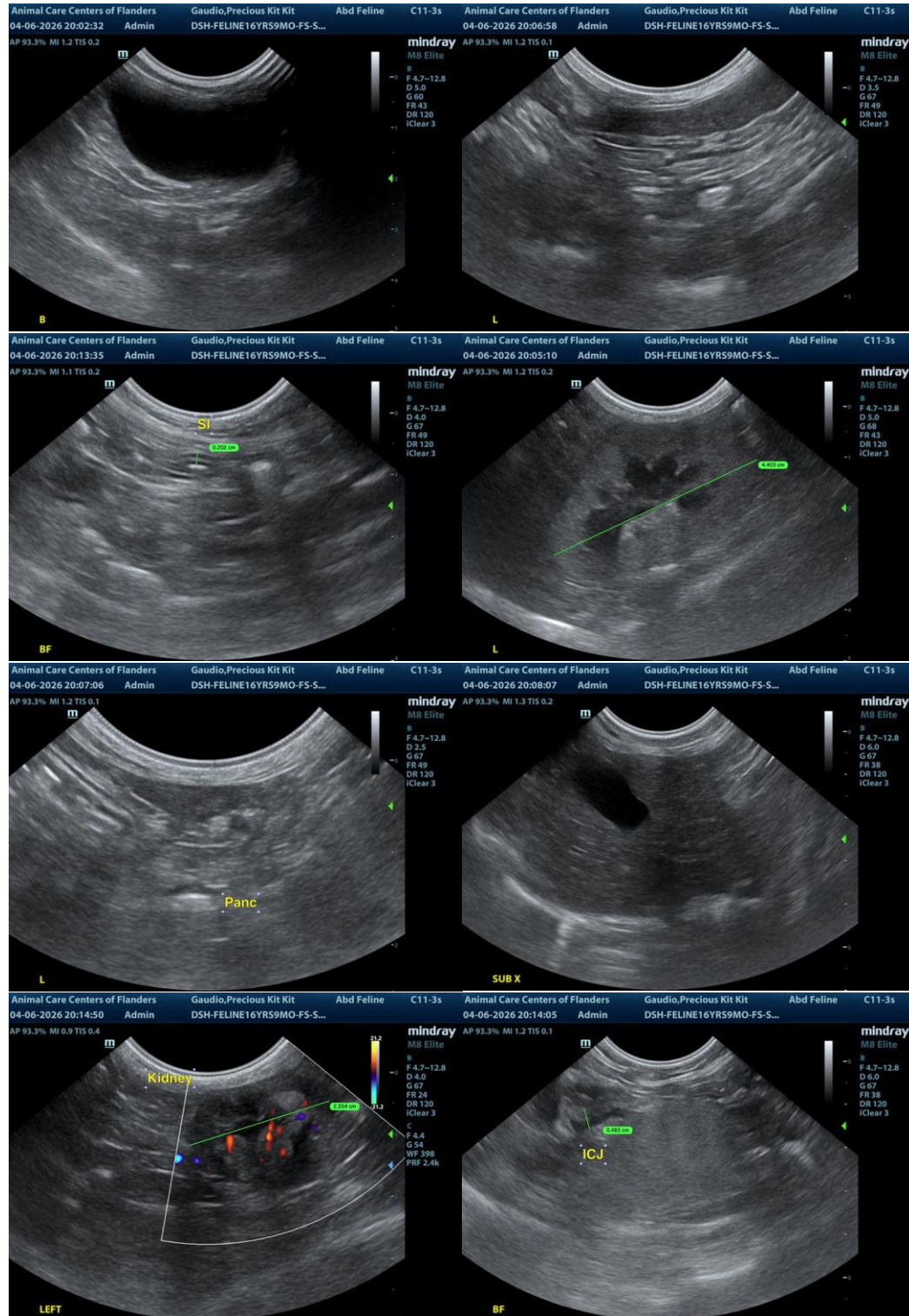
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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