



## PATIENT

Rusty Higgason

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

14yr

## WEIGHT

11lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Trae Cutchin

## HOSPITAL NAME

Friendship Springs  
Veterinary Care

## REFERRING VET

Trae Cutchin

## INVOICE

24418

## DATE

04/08/2026

## PRESENTING CLINICAL SIGNS

Patient has a history of increased mildly increased kidney chemistries for four months. The patient had been eating well until about the last one to two weeks. Since then patient has moderate to severe hyperexia. A recheck of the kidney value shows that they have increased modestly.

## 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.

The left kidney exhibited moderate to severe hydronephrosis with little discernible medullary parenchyma. Subjective mild proximal left hydroureter not definitively visualized extending caudally. Proximal left ureter dilation measured 0.44 cm.

Normal size and margination were present in the right kidney. 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 hydronephrosis with mild extension of fluid into the lateral diverticuli. No evidence of right hydroureter.

The left kidney measured 5.0 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

### 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 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 contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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The small intestine presented intact mildly thickened wall with propensity for mildly thickened intestinal mucosa with mild altered wall layer ratio. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.35 cm width.

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

## BREED

### **Pancreas**

DSH

The area of the pancreas was sonographically normal.

## SEX

MN

### **Free Abdomen**

Peri-intestinal to mid to cranial abdomen mild hyperechoic omentum which may suggest mild reactive or inflammatory omental changes.

## AGE

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No evidence of visualized significant or swollen mesenteric lymphadenopathy.

No evidence of peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

## WEIGHT

11lb

### **Primary**

- Normal urinary bladder
- Left kidney moderate to significant hydronephrosis with proximal mild left hydroureter
- Right kidney chronic renal changes exhibiting mild hydronephrosis
- Mild non-shadowing gastric ingesta- consistent with food echogenicity, possibly retained
- Intact mildly thickened small intestine- patient variant, non-specific enteropathy i.e. IBD or other, minor potential for emerging to occult intestinal round cell neoplasia
- Peri-intestinal mid to cranial abdomen mild hyperechoic omentum

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A definitive area of left or right ureter obstruction was not obviously visualized yet not definitively excluded specifically involving the left ureter given proximal left ureter dilation. No evidence of urinary bladder pathology as a contributing factor.

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Advanced imaging such as contrast urography or CT would be ideal to assess for non-obvious ureteral blockage. Urine C/S on a sterile urine sample recommended despite UA. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Renal and gastrointestinal support indicated pending additional diagnostics.

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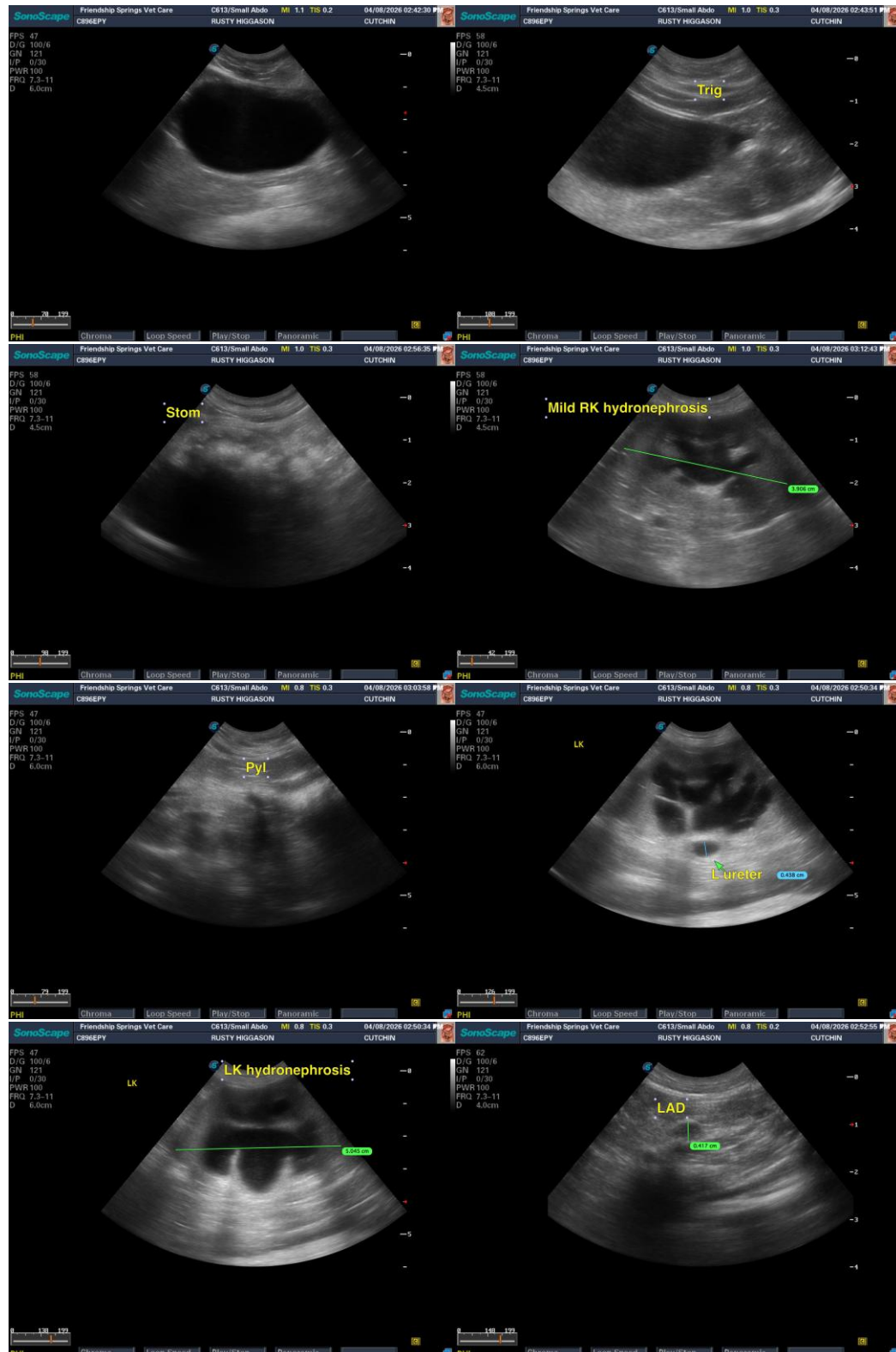
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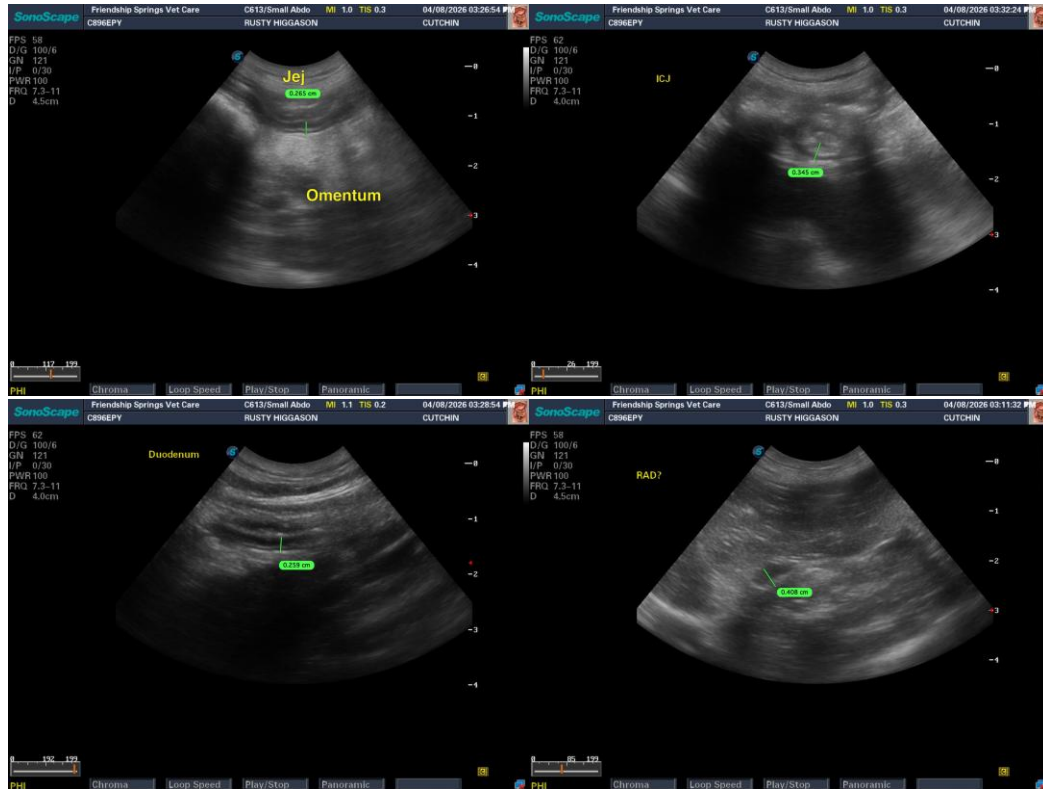
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@sonopath.com](mailto:info@sonopath.com)