



PATIENT

Luna Tatarski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

7.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Kayla Greil

INVOICE

14965

DATE

04/09/26

PRESENTING CLINICAL SIGNS

P presented yesterday 4/8 for anorexia, lethargy, and foul odor from mouth. Azotemia with suspected uremic ulcers - open - r/o AKI vs pyelonephritis vs CKD vs other. P also has grade II/VI heart murmur - open - r/o physiologic vs HCM vs other

CBC- WBC 20.24 K/uL, Neut 14.74 K/uL, Eos 0.07 K/uL, PLT 137 K/uL Chem 17- Glucose 192 mg/mL, Creatinine 4.5 mg/dL, BUN 120 mg/dL, Phos 9.1 mg/dL, Chol 31 mg/dL, Amylase 2256 U/L, Lytes: Chloride 110 mmol/L UA: USG 1.022, pH 6, Urine protein 500 mg/dL, Glucose 50 mg/dL, WBC 18/hpf, RBC >50/hpf, non-hyaline casts >1/LPF, struvite crystals 1-5/hpf ProBNP: 148.4 pmol/L - abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Subnormal renal size with asymmetrical margination was present in the left kidney. Mildly thickened hyperechoic cortex with reduced medullary volume. Moderate to significant loss of corticomedullary border demarcation. No evidence of pyelectasia with mild medullary dystrophic mineral. The left kidney measured 2.9 cm in length.

Borderline to mildly enlarged size and normal margination was 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. Adequate medullary volume with medullary mineral to small renoliths and mild pyelectasia was present. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized/

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 subnormal in size with normal structure and contour. The liver parenchyma was primarily homogenous to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary indistinctly marginated mildly hypoechoic mid liver intraparenchymal nodule was present measuring 1.1 cm in diameter.

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



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Gastrointestinal

The stomach presented intact mildly thickened wall with a normal wall layer ratio. The stomach was nondistended containing a mild amount of retained ingesta and gas. The gastric body wall measured 0.39 cm wall width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing intestinal ingesta and lumen gas without obstructive pattern to the level of the colon. The small intestine wall measured 0.22 cm wall width.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

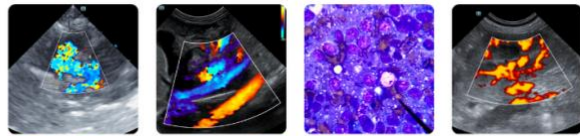
ULTRASONOGRAPHIC FINDINGS

- Variable chronic renal changes more prominent in the left kidney with subnormal left kidney size and mild right kidney pyelectasia.
- Mild gastritis pattern with mild gastrointestinal ingesta- suggestive of food echogenicity.
- Normal area of the pancreas.
- Sonographically normal urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys are suggestive of non-specific chronic nephropathy with suspect mild right kidney compensatory hypertrophy given subnormal left kidney size and more prominent degenerative to chronic left kidney changes. Chronic renal failure is possible with acute on chronic renal insult not definitively excluded. No obvious evidence of unilateral/bilateral pyelonephritis.

Correlation with urine culture and sensitivity and UPC level if noninflammatory proteinuria for renal staging is recommended. Hospitalization with renal and gastrointestinal support with monitoring of clinical response for further renal prognosis is recommended.



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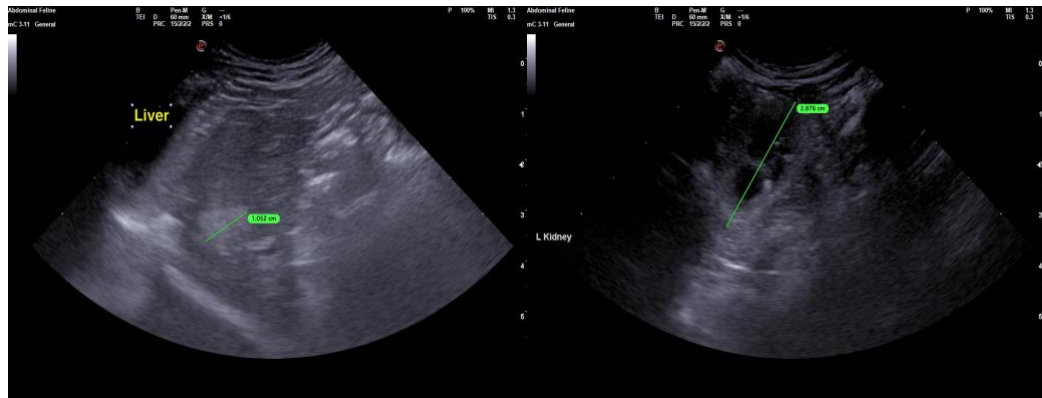
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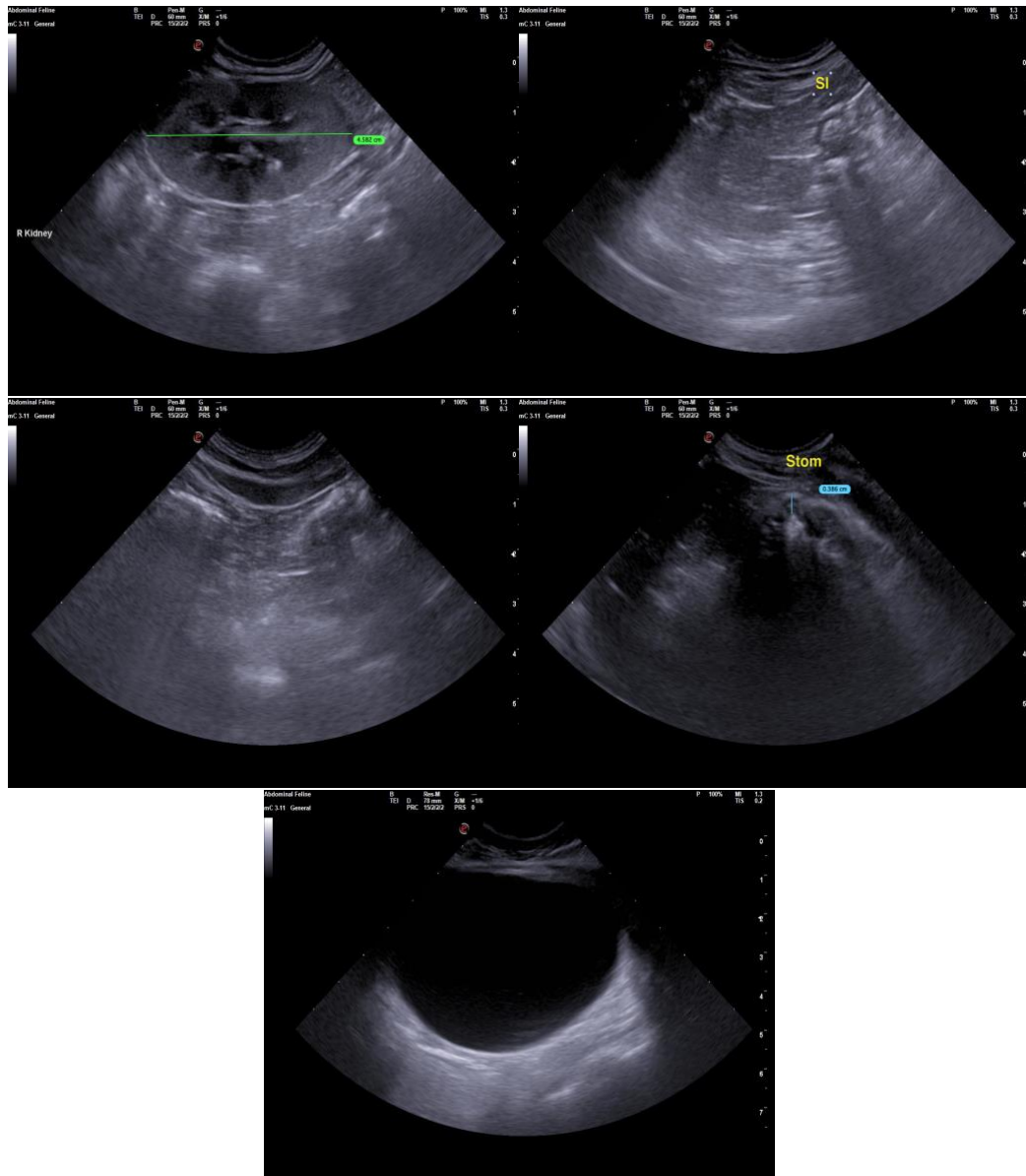
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com