



## PATIENT

Shadow Shamollova

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8

## WEIGHT

8.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sharkawy

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Lara

## INVOICE

15703

## DATE

05/01/26

## PRESENTING CLINICAL SIGNS

CKD

Bw- Azotemia Urine culture- Pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. 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. Loss of corticomedullary border demarcation was also present. mild right kidney pyelectasia was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.9 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width.

The right adrenal gland was not definitively visualized.

### Spleen

The spleen was subnormal in size, suggestive of volume contraction and 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. 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

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 ileus, obstruction or foreign material.



**PATIENT**

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

Shadow Shamollova

**Pancreas**

**SPECIES**

The left pancreas presented normal in size with capsule asymmetry and heterogeneous mildly hypoechoic parenchyma with mildly prominent pancreatic duct.

Feline

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Bilateral chronic nephropathy with mild right kidney pyelectasia.
- Volume contracted spleen.
- Suspect mild left limb chronic pancreatitis.
- Normal gastrointestinal tract.

Neutered Male

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

8

Correlation with pending urinary workup and culture and sensitivity is recommended. CKD therapy with clinical and as needed sonographic monitoring if persistent or progressive azotemia is indicated. The mild right kidney pyelectasia is suspect secondary to chronic renal changes or pelvic scarring with minor potential for mild chronic pyelonephritis. A spec fPL could be considered to correlate with suspect left limb mild chronic pancreatitis.

**WEIGHT**

8.5

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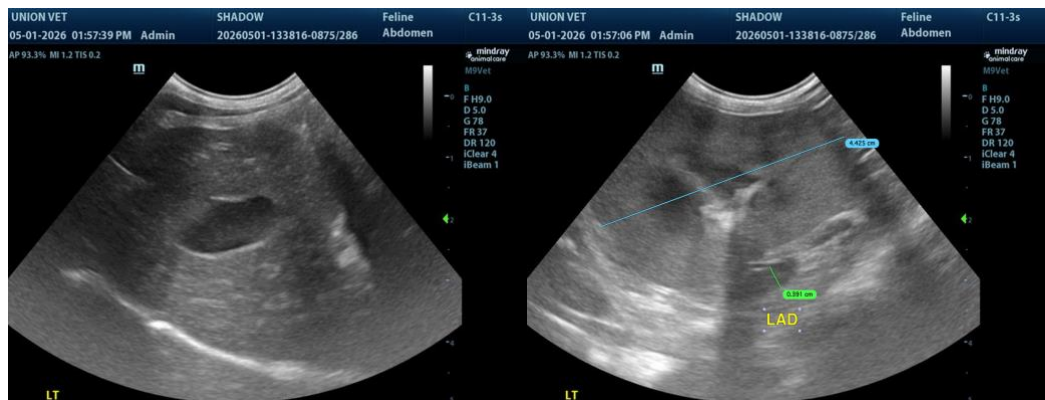
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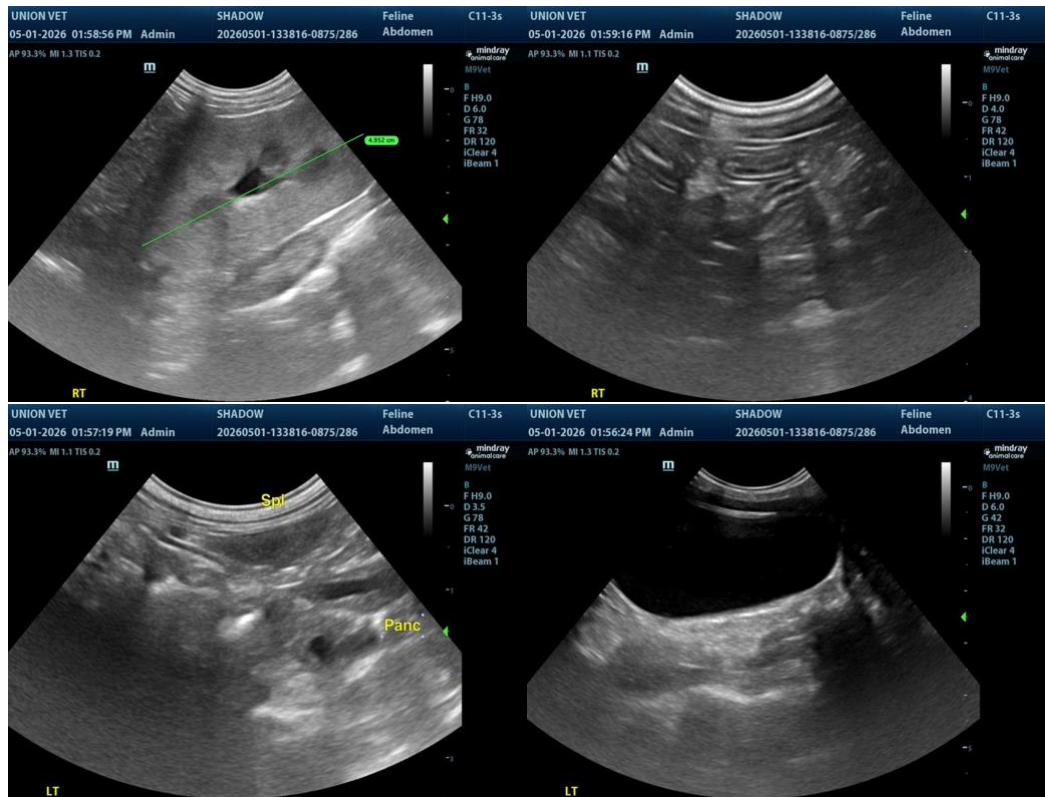
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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