



PATIENT

Penny Ogens

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

4.56

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cathleen Whitcraft

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Hailee Sims

INVOICE 24821

DATE 05/12/2026

PRESENTING CLINICAL SIGNS

P is a 15yr 7mo FS DSH presenting for azotemia. O reports that P has been vomiting once every couple of days and having urinary incontinence for the past 3 days (specifically at night).

Abnormal PE/Chem/CBC/UA Results: CKD

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.

Normal size and margination were present in the kidneys. 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. Bilateral areas of pinpoint medullary mineral and mild pyelectasia were present. The left kidney measured 2.9 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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 mild debris primarily in the gallbladder neck. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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 overall maintained muscularis/mucosa ratio. Mild segmental duodenojejunal corrugation with empty intestinal lumen to the level of the colon.

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



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Pancreas

The pancreas was prominent in size with capsule asymmetry and non-homogenous mild hypoechoic parenchyma. Mildly prominent pancreatic duct.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

BREED

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Primary

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- Bilateral chronic nephropathy exhibiting focal medullary mineral and mild pyelectasia
- Enteritis pattern
- Chronic to possible chronic active pancreatitis
- Mild gallbladder debris
- Sonographically normal urinary bladder and visible proximal urethra

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with urinary workup, including screening C/S and UPC level for renal staging is recommended. CKD therapy indicated with as needed gastrointestinal support. Chronic to possible chronic active pancreatitis is often associated with chronic renal disease in cats. Neurological assessment suggested if persistent or progressive urine incontinence.

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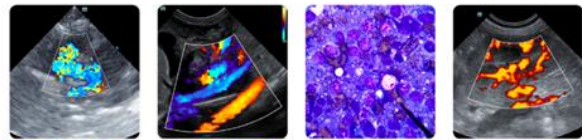
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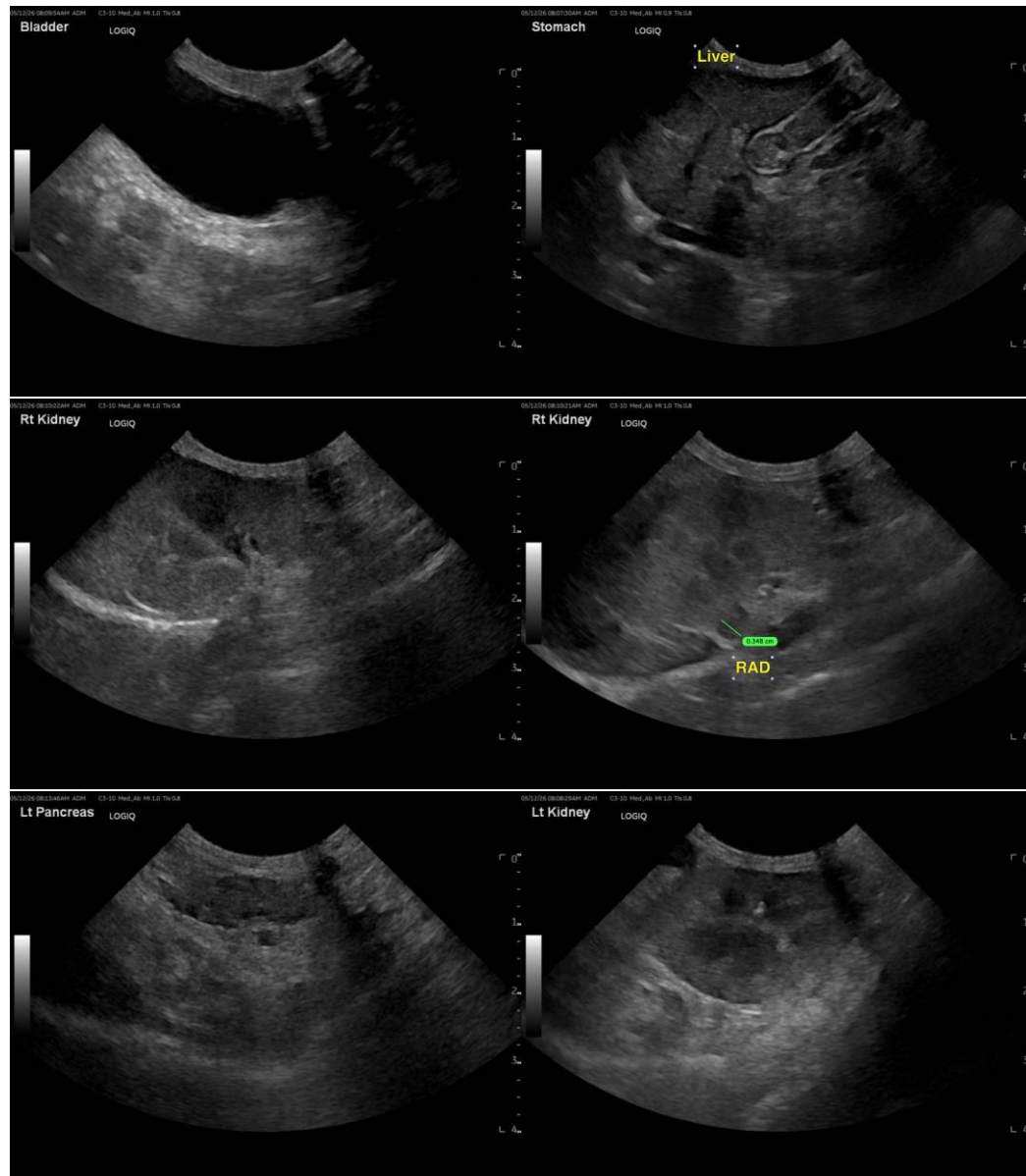
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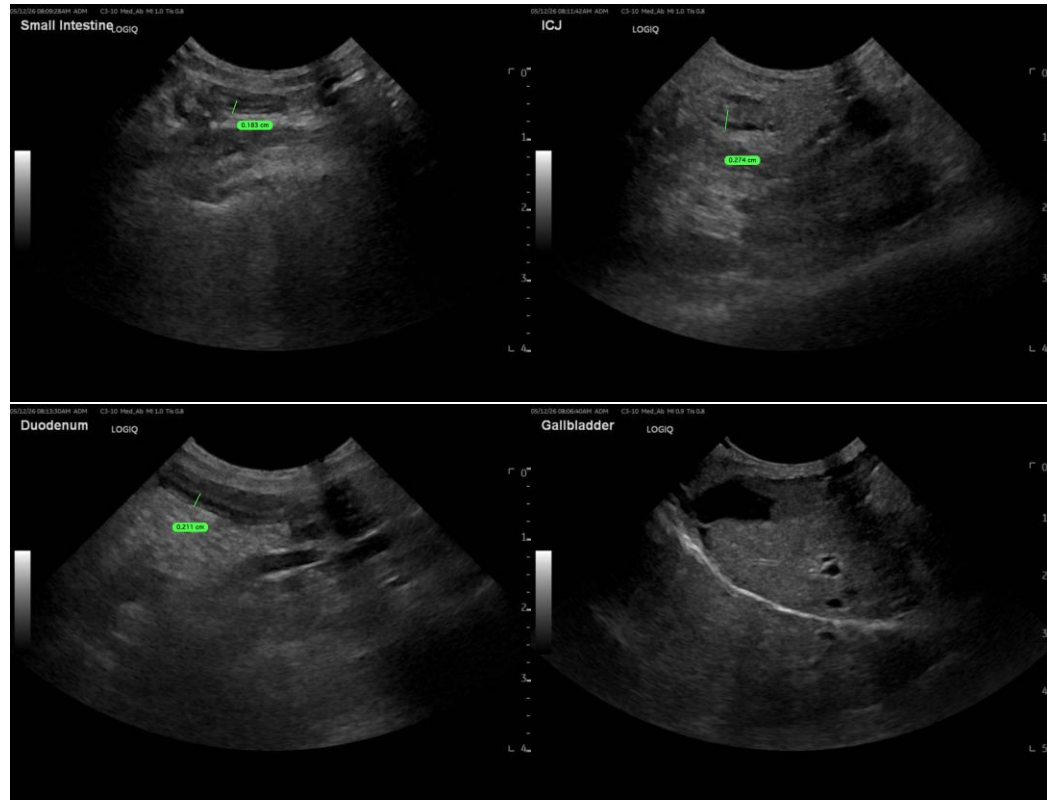
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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