



PATIENT

Beckham
Druckenmiller

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14yr

WEIGHT

7.68kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary
Hospital

REFERRING VET

Abby Gerenser

INVOICE

24859

DATE

05/18/2026

PRESENTING CLINICAL SIGNS

Patient has hx of CKD and associated hypertension managed on 0.625 mg Amlodipine and canned renal rx diet.

Creatinine at 2.9 when last checked last August, recent recheck showed increase in creatinine up to 3.8.

Patient is otherwise acting normally at home with good appetite and not other concerns.

Abnormal PE/Chem/CBC/UA Results: Worsening of elevated creatinine, elevated SDMA, hypercholesterolemia, inappropriate USG Labwork attached to see comparison between recent labwork and last

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 mild to moderate non-dependent particulate sediment. 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of left kidney mild medullary mineral present. The left kidney measured 3.4 cm in length. The right kidney measured 4.5 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 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.



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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.

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

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic renal changes with mild left kidney medullary mineral
- Mild to moderate urine sediment
- Normal gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Sonographically the kidneys did not exhibit significant chronic disease, although progressive microscopic renal disease is possible in conjunction with progressive azotemia and decreased USG. CKD therapy is indicated with clinical monitoring. Urine C/S recommended if evidence of inflammatory sediment +/- UPC if non-inflammatory proteinuria for renal staging.

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Sonographic monitoring indicated if progressive azotemia or additional clinical signs.

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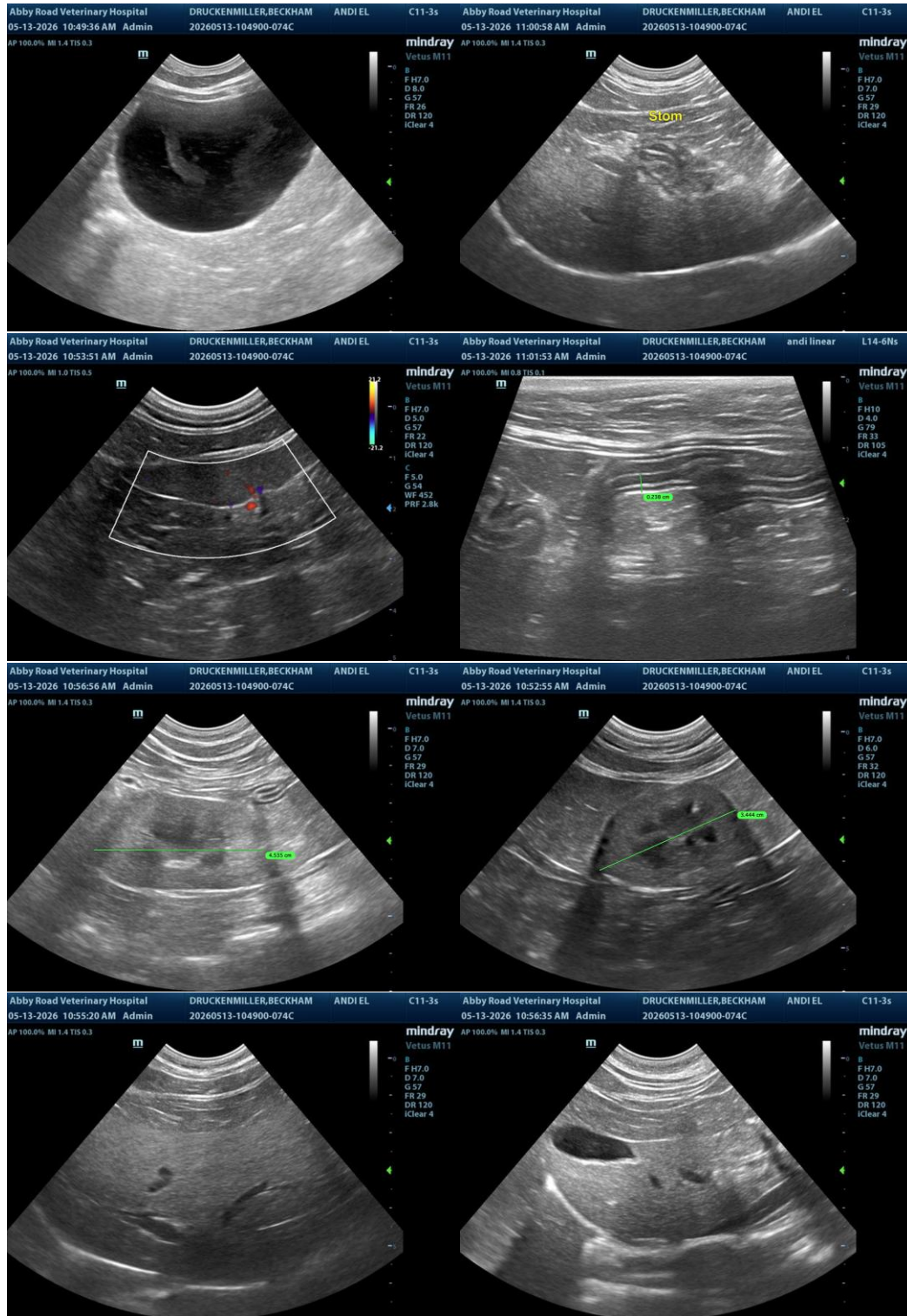
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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

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