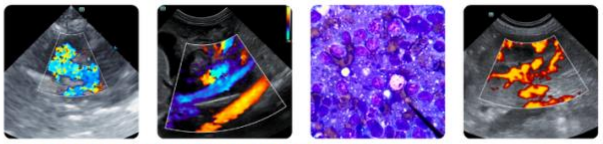

PATIENT

Sven Snow

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael Schacher

HOSPITAL NAME

Emergency Veterinarians of Idaho LLC

REFERRING VET

Dr. Michael Schacher

INVOICE

16386

DATE

05/20/26

PRESENTING CLINICAL SIGNS

Painful abdomen, unremarkable x-rays

Abnormal PE/Chem/CBC/UA Results: TP 9.2, Glob 6.1, Chol 229, otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The left kidney presented mildly enlarged in size with asymmetrical contour and possible indistinct cortical infarcts. 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 with nonobstructive medullary renolithiasis. The left kidney measured 5.1 cm in length. No evidence of pyelectasia.

Subnormal renal size (compared to the left kidney) with asymmetrical margination was present in the right kidney. 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. Marked loss of corticomedullary border demarcation was also present. The right kidney measured 3.3 cm in length. Areas of medullary mineral were present. No evidence of pyelectasia.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width.

The right adrenal gland was 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 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

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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.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

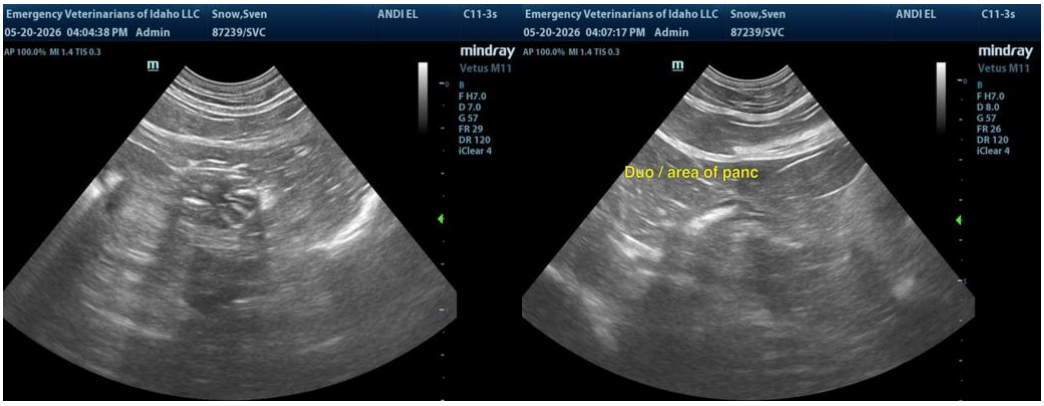
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with mild urine sediment.
- Bilateral chronic renal changes exhibiting mild left renomegaly and non-obstructive renolithiasis, subnormal right kidney size with mild medullary mineral.
- Normal gastrointestinal tract.
- Normal area of pancreas
- Sonographically normal spleen/liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the kidneys, no evidence of visceral pathology as a definitive cause of the patient's reported abdominal pain. Full urinary workup including urinalysis, culture/sensitivity if evidence of inflammatory sediment or UPC if non-inflammatory proteinuria is recommended. A spec fPL could be considered to assess for evidence of mild pancreatitis which may present sonographically normal and if concurrent gastrointestinal signs. No evidence of neoplastic criteria or pancreatitis as an obvious contributing factor or cause of the hyperglobulinemia. Three view chest radiographs and consideration for protein electrophoresis could be considered. Correlation with musculoskeletal examination to rule out potential referred abdominal pain is recommended.



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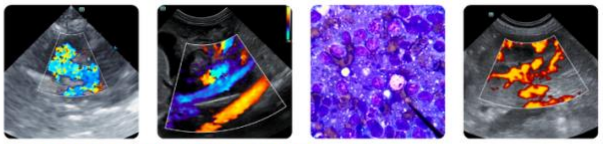

Clinical Sonography & Telecytology
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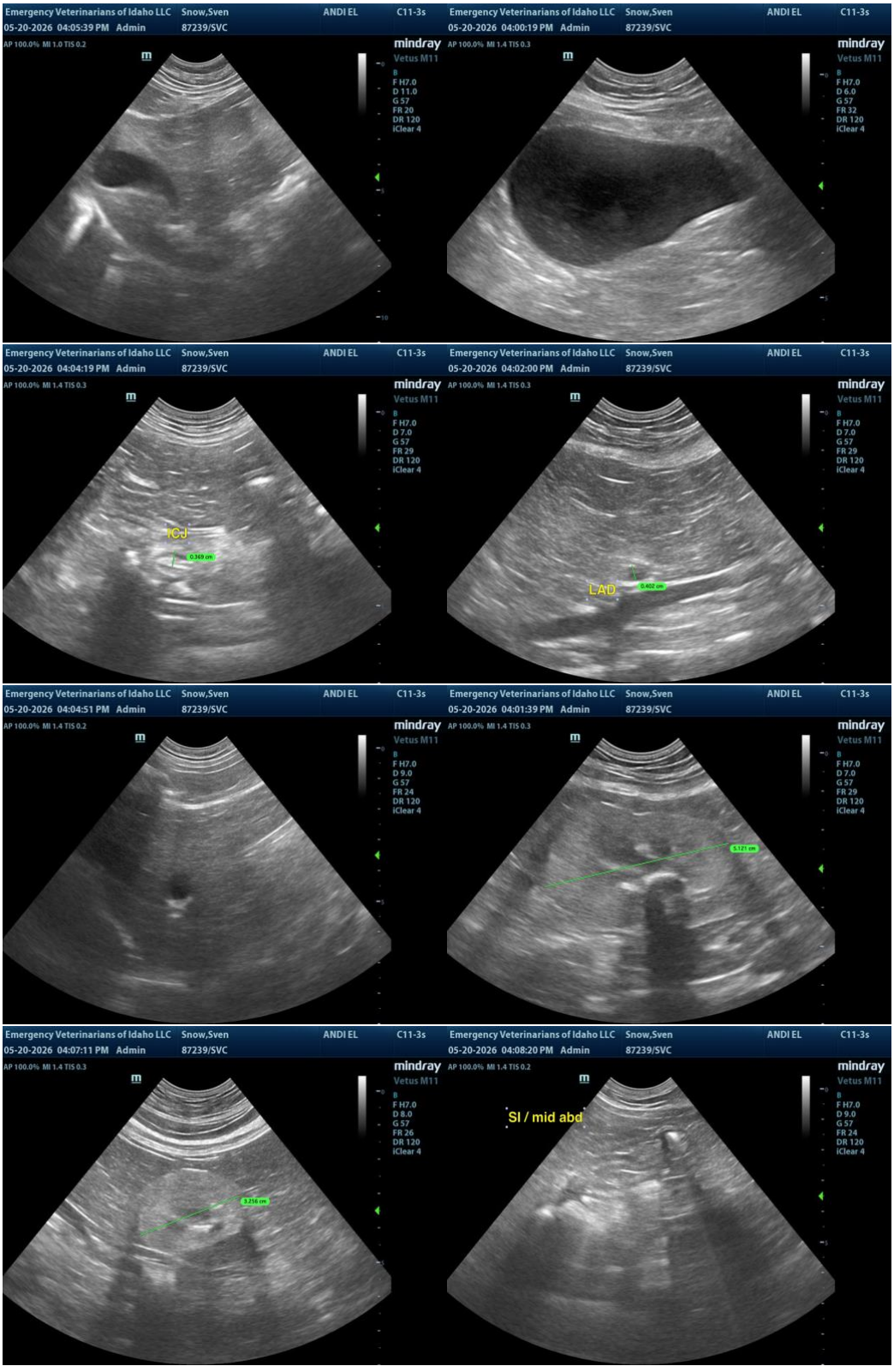

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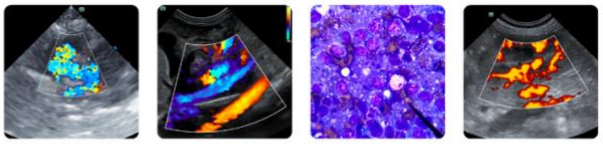

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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