



**PATIENT PRESENTING CLINICAL SIGNS**

Bruce Petrie Grade 3/6 heart murmur, elevated pro BNP. Bilaterally enlarged kidneys. Has been on Flovent.  
 Abnormal PE/Chem/CBC/UA Results: Please see attached lab results

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate to hyperechoic non-dependent sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

DSH

**SEX**

Borderline bilateral renomegaly with asymmetrical margination was present. 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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length.

MN

**AGE**

11yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

4.68kg

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.45 cm width. The right adrenal gland subjectively measured 0.35 cm width.

**Spleen**

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Crystal Hill

**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.

**HOSPITAL NAME**

Lock One Animal Hospital

**Gastrointestinal**

**REFERRING VET**

Salazar

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.

**INVOICE**

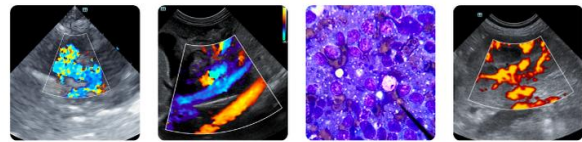
24918

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. The small intestinal wall measured 0.25 cm in width.

**DATE**

05/22/2026

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



**PATIENT**

**Pancreas**

Bruce Petrie

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.

**SPECIES**

**Free Abdomen**

Feline

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

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DSH

**Primary**

**SEX**

- Bilateral chronic renal changes with borderline renomegaly
- Mild urine sediment

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

11yr

The kidneys exhibited primarily chronic renal changes and borderline renomegaly which may suggest non-specific interstitial nephritis pattern without overt evidence of neoplastic criteria. Given no evidence of azotemia, monitoring of renal parameters, UA +/- C/S or UPC level if evidence of inflammatory sediment or non-inflammatory proteinuria for baseline renal staging is suggested.

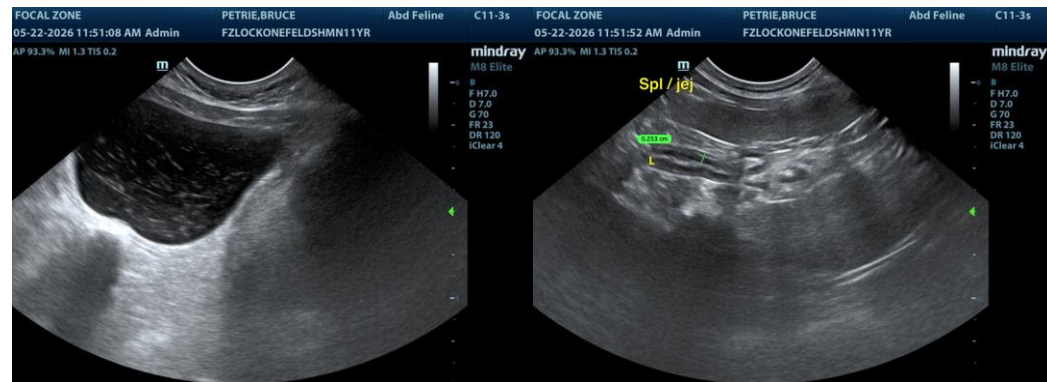
**WEIGHT**

4.68kg

CKD therapy indicated if decreased USG or emerging azotemia. Sonographic monitoring of the kidneys if concern for progressive renomegaly is recommended.

**INTERPRETED BY**

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(Canine and Feline)



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Hospital

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**DATE**

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**PATIENT**

Bruce Petrie

**SPECIES**

Feline

**BREED**

DSH

**SEX**

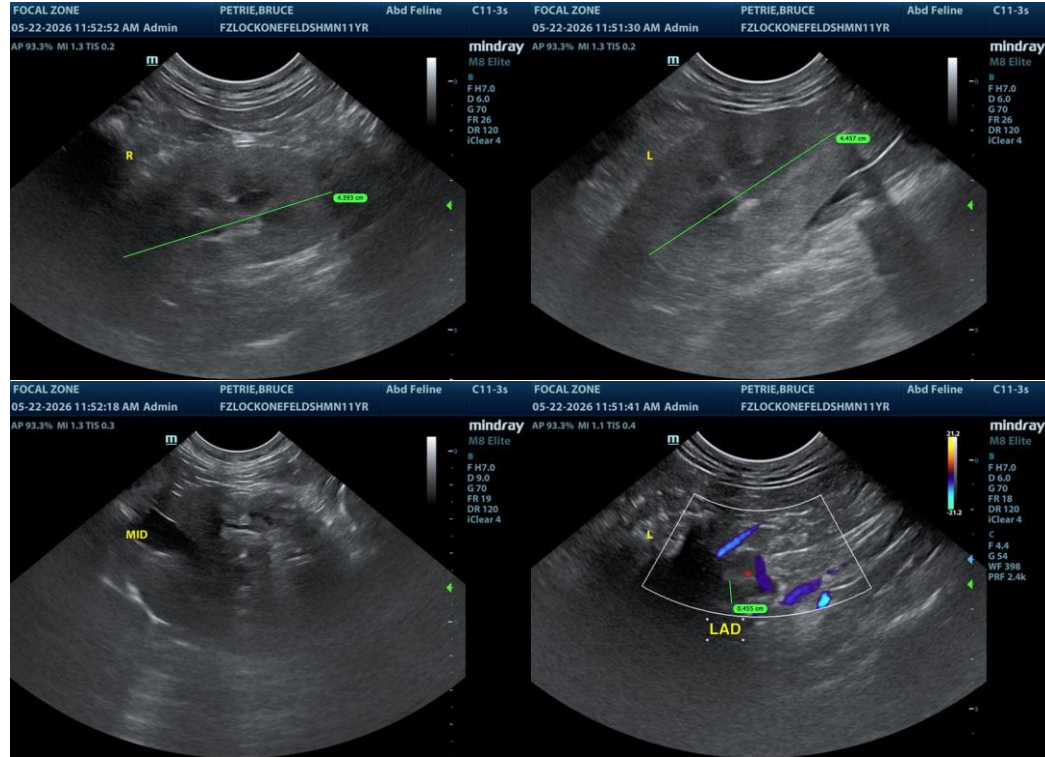
MN

**AGE**

11yr

**WEIGHT**

4.68kg



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.

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