



PATIENT

Marshmellow Perez

SPECIES

Feline

BREED

Persian

SEX

Neutered Male

AGE

10 Years

WEIGHT

9.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rami Henin

HOSPITAL NAME

Maspeth Animal
Hospital

REFERRING VET

Dr. Rami Henin

INVOICE

16490

DATE

05/22/26

PRESENTING CLINICAL SIGNS

P is presented for lethargy and anorexia Blood test shows BUN 131- Creatinine 11 . Xrays shows enlarged left kidneys.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent moderate 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.

Enlarged renal size with asymmetrical margination was present in the left kidney. The renal cortex presented variably thickened in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. Medullary to pelvic renoliths with mild to moderate hydronephrosis. Left ureter was not definitively visualized. Associated left retroperitoneal hyperechogenicity without obvious effusion. The left kidney measured 5.1 cm in length. Cortical infarcts were present.

Subnormal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. Mild non-uniform hyperechoic cortex with enhanced to indistinct corticomedullary border demarcation. Subjective mildly reduced medullary volume. The right kidney measured 2.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was not definitively visualized potentially owing to splenic volume contraction or displacement.

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 mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented moderately distended with gas and nonshadowing chyme/fluid without obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental to generalized ileus pattern is present without obstruction or foreign material. The small intestine wall measured 0.22 cm wall width.



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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

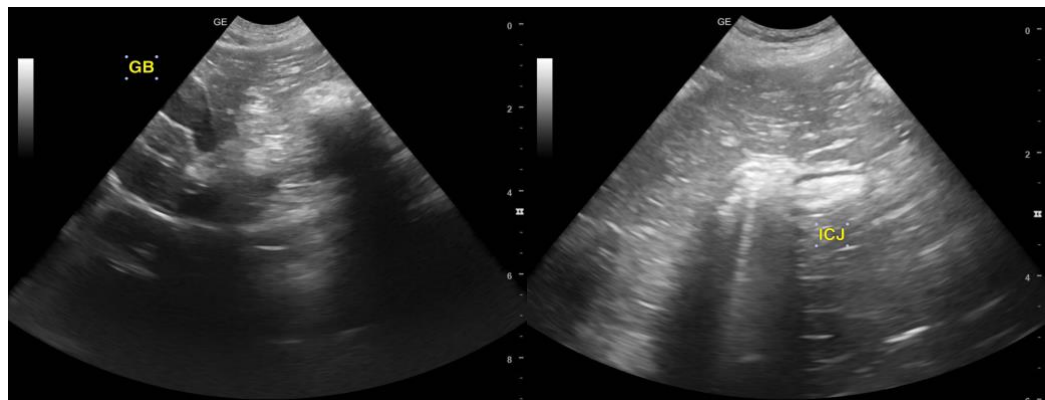
ULTRASONOGRAPHIC FINDINGS

- Left renomegaly with chronic degenerative changes, cortical infarcts and probable obstructive renolithiasis.
- Subnormal right kidney exhibiting moderate chronic renal changes.
- Urine sediment.
- Generalized mild nonobstructive gastrointestinal ileus.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left kidney nonspecific nephritis with potential for concurrent compensatory hypertrophy and probable obstructive renolithiasis in conjunction with subnormal right kidney size are all potentials. Left kidney neoplastic criteria is considered less likely. Correlation with urinary workup including urine culture/sensitivity or baseline UPC level if clinically indicated is recommended.

Therapy for chronic renal failure with serial sonographic monitoring of the left kidney for evidence of progressive obstructive renolithiasis and hydronephrosis is indicated. Concurrent gastrointestinal support is recommended.





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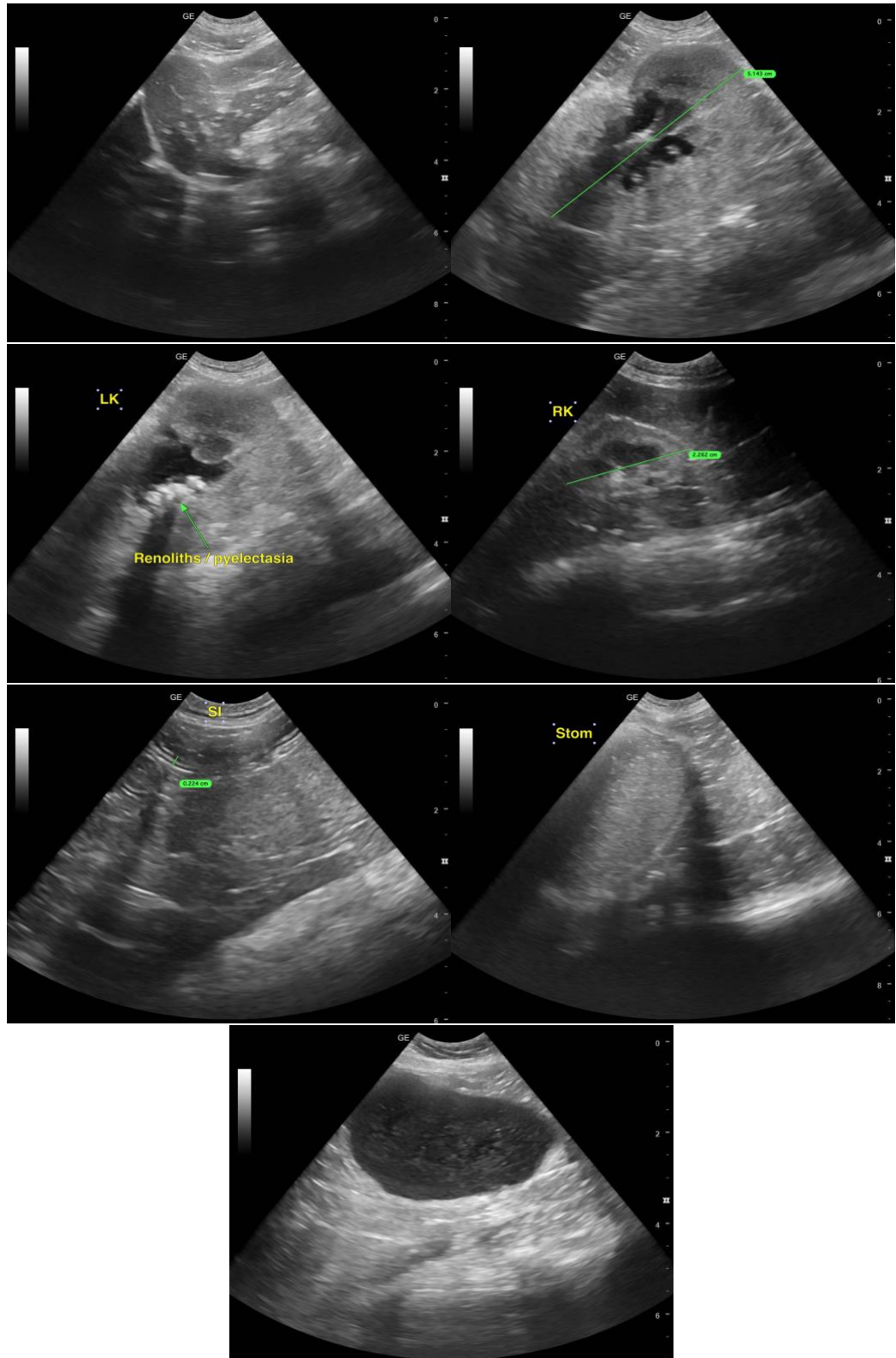
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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