



PATIENT

Mia Nygard

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

14

WEIGHT

5

INTERPRETED BY

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

IMAGING PERFORMED BY

Hunt

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Hunt

INVOICE
24955

DATE
05/26/2026

PRESENTING CLINICAL SIGNS

Yeah it's been a diabetic for several years. Has had recurrent urinary infections that have cultured out a bacteria it's only nitrofurantoin being susceptible in the past. Yes appetite is great very losing weight. Suspect something's interfering let's see diabetes as to the infection again. Culture again sent out today. Looking at the ultrasound the left kidney looks bigger than the right there appears to be possibly a pyelonephritis case here.

Abnormal PE/Chem/CBC/UA Results: Blood work normal except for glucose being elevated and white count being 20 1000 with a left shift. Urinalysis is a 10 45 spec rev with tons of bacteria and white blood cells. Rods.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 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. Minor left kidney pyelectasia was present. Bilateral areas of focal to minor medullary mineral were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 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 presented increased in size. The parenchyma of the liver was subjectively mildly increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical to rounded in margination. A solitary non-capsule deforming cystic nodule was present adjacent to the gallbladder measuring 1.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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.

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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.

Pancreas

BREED

The area of the pancreas was sonographically normal.

DLH

Free Abdomen

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

SEX

ULTRASONOGRAPHIC FINDINGS

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- Sonographically normal visible urinary bladder with urine sediment
- Chronic renal changes exhibiting medullary mineral and minor left kidney pyelectasia
- Probable diabetic hepatopathy pattern with small non-disruptive biliary cyst adenoma vs small complex hepatic cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious visible lower urinary tract pathology i.e. mass or calculus as a nidus for recurrent infection. Mild left kidney pyelectasia owing to chronic renal changes, pelvic scarring potentially secondary to previous calculi passage or possible low grade pyelonephritis possible. Correlation with recheck urine C/S if not recently done is suggested. Sonographic monitoring of the left kidney for evidence of progressive pyelectasia indicated. If present, persistent glucosuria may be a contributing factor. Some or all the following may be considered if evidence of diabetic dysregulation. This is a suggestive checkoff list when faced with an unregulated diabetic patient:

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- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia

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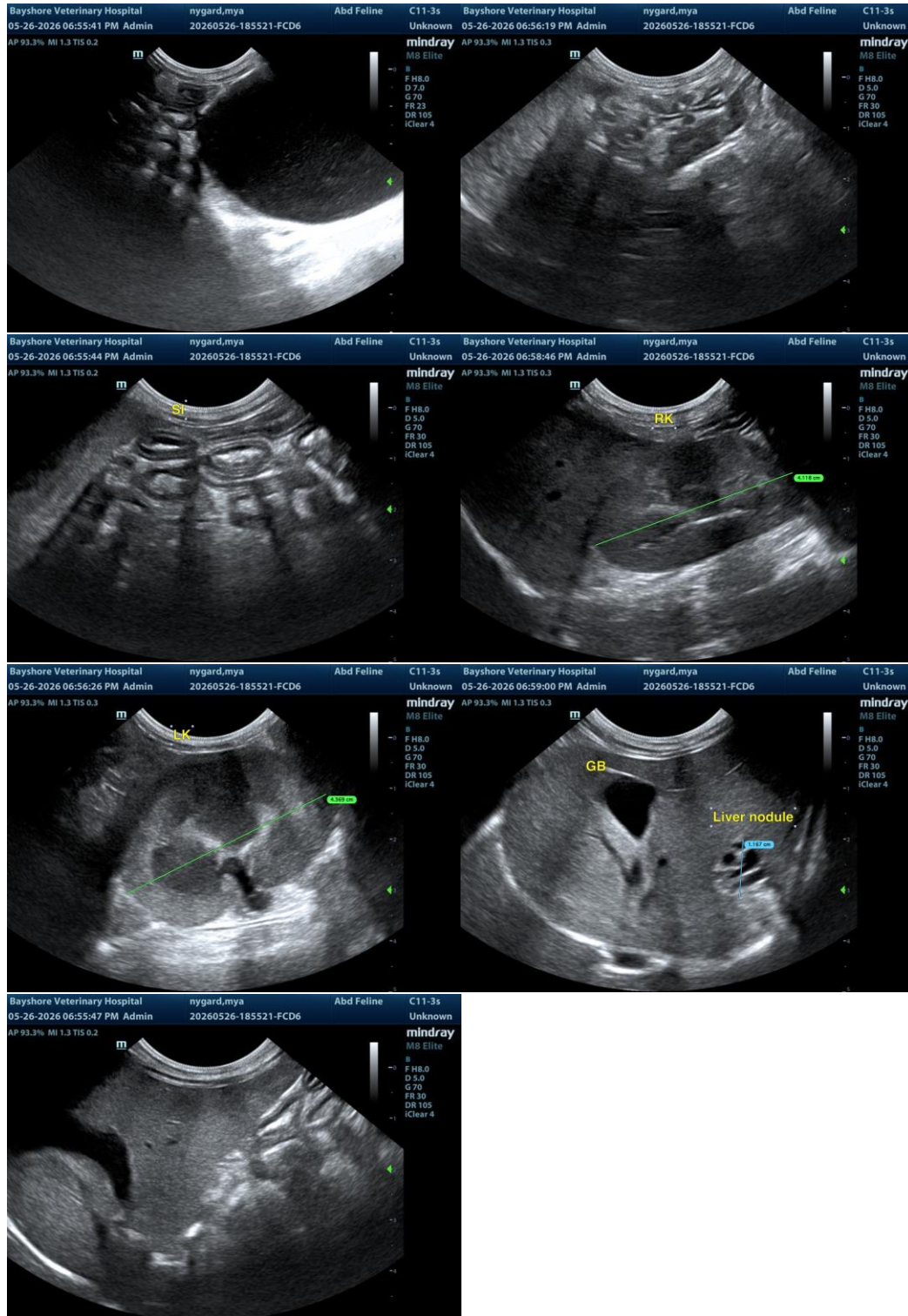
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- Diffuse liver disease





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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.

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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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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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