



PATIENT

Gianna Gnudi

PRESENTING CLINICAL SIGNS

Hypercalcemia, controlled renal function Current meds Mirataz applied to pinna SID Had a prev abd u/s 1/22/26

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Ionized Ca 1.61 Ca 11.7 Chol 282

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DLH

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 no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

FS

Both kidneys exhibited asymmetrical margination and borderline subnormal size. Variable to mild thickened cortex, loss of corticomedullary border demarcation and mild reduced medullary volume were present. Areas of medullary mineral and subjective cortical infarcts were present. The left kidney measured 3.2 cm in length. The right kidney measured 2.6 cm in length.

AGE

5

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

9.7

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

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

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid without obstruction to pyloric outflow. The pylorus wall measured 0.29 cm in width.

INVOICE
24764

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 0.20 cm in width.

DATE
05/09/2026



PATIENT

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

Gianna Gnudi

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.

SPECIES

Feline

Free Abdomen

BREED

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

DLH

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

- Non-specific bilateral chronic renal changes- renal dysplasia given age of patient, non-specific nephritis, early onset chronic kidney disease, all potentials

FS

AGE

5

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal neoplastic criteria as a cause of hypercalcemia. Assessment of systemic BP and coagulation profile given renal presentation exhibiting evidence of cortical infarcts and correlation with UA is recommended, if not recently done. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. CKD therapy with monitoring of renal parameters is recommended.

WEIGHT

9.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

24764

DATE

05/09/2026



PATIENT

Gianna Gnudi

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

5

WEIGHT

9.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

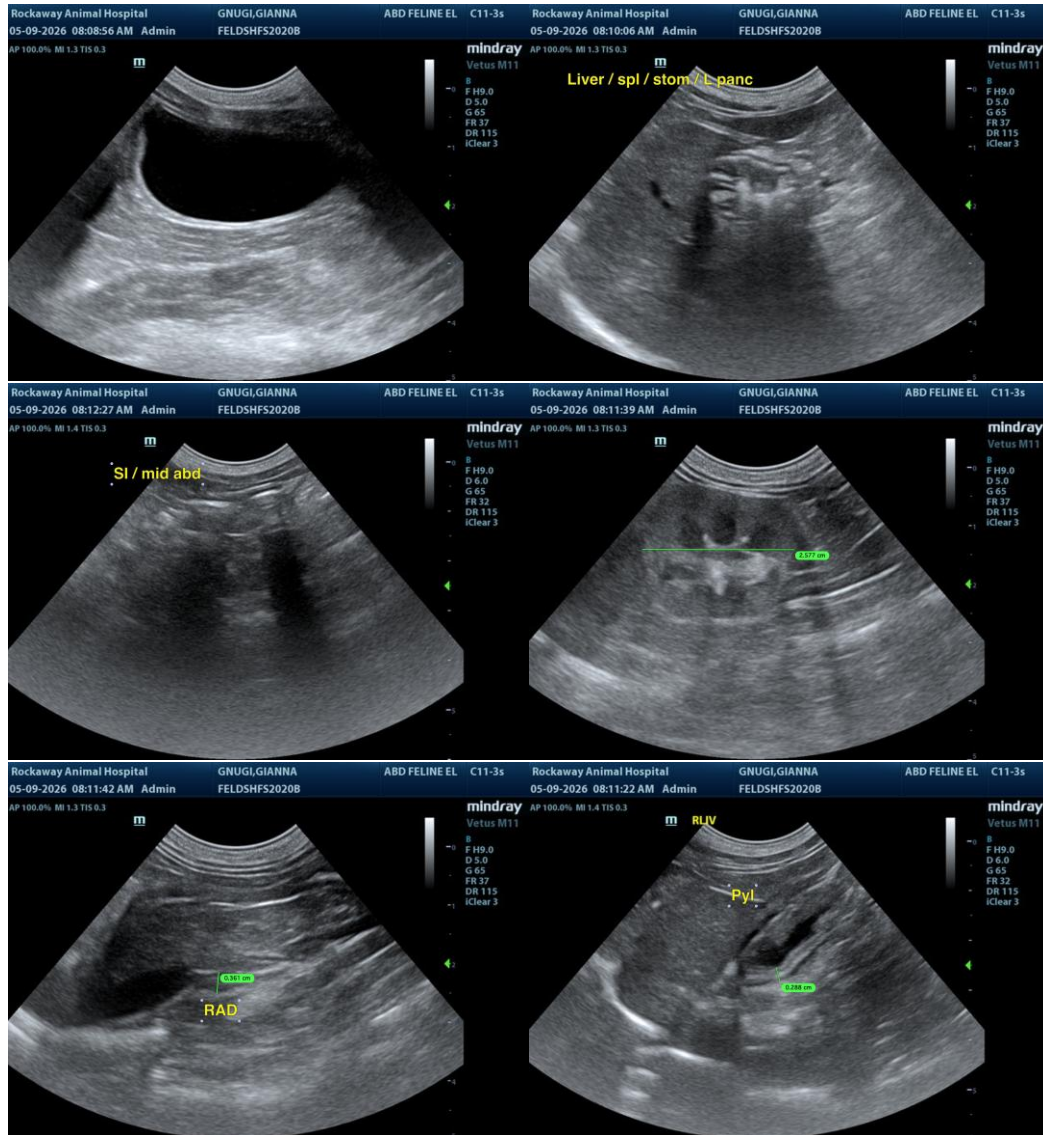
Dr Maniar

INVOICE

24764

DATE

05/09/2026





PATIENT

Gianna Gnudi

SPECIES

Feline

BREED

DLH

SEX

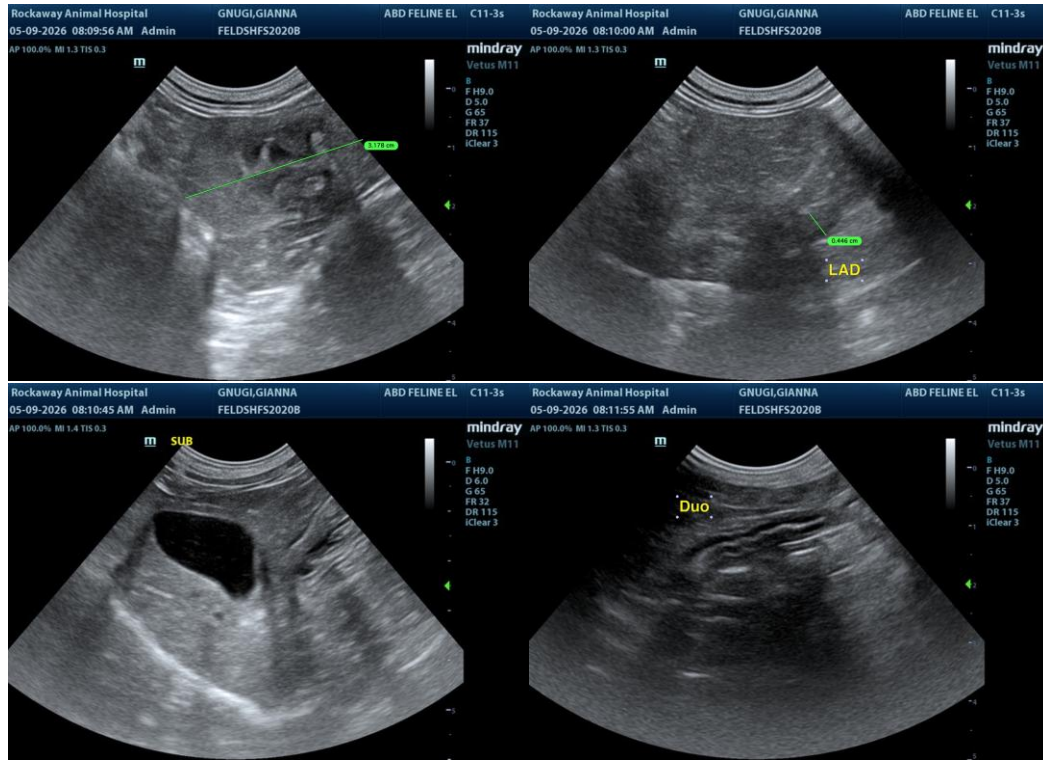
FS

AGE

5

WEIGHT

9.7



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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

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

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

24764

DATE

05/09/2026