



**PATIENT**

Sonny Peters/Masero

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Van Nieuwal

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Van Nieuwal

**INVOICE**

16352

**DATE**

6/28/22

**PRESENTING CLINICAL SIGNS**

History: History of supposedly being non-responsive for 6 hours, got up and walked into living room then per owner. Kidney values very high and P severely dehydrated, no previous health concerns. Kidney values improving with IVF therapy but not normal yet.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present in both kidneys. The left kidney measured 3.9 cm in length. The right kidney measured 4.4 cm in length.

**Adrenal Glands**

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

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. The spleen measured 0.92 cm in width at the level of the hilus.

**Liver**

The liver was normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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**

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 gastric body wall measured 0.25 cm.

The visualized segments of small intestine exhibited intact wall layering and 1:3 muscularis/mucosa ratio and without evidence of mechanical/metabolic ileus. The small intestinal wall measured 0.20 cm.

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



**PATIENT**

**Pancreas**

Sonny Peters/Masero

The pancreas exhibited subjective mild prominent size. maintained symmetrical capsule contour and mildly hypoechoic to heterogeneous parenchyma compared to adjacent omentum.

**SPECIES**

**Free Abdomen**

Feline

No omental masses, lymphadenopathy or peritoneal effusion was present.

**BREED**

Siamese

**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes with minor pyelectasia
- Possible chronic active pancreatitis

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

13 Years

Subjectively, the kidneys did not appear to be end-stage. The minor pyelectasia present in both kidneys is suspected to be owing to IV fluid therapy and incidental. Some degree of potential pelvic scarring could be present. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Even though the kidneys exhibited mild changes expected for age and without evidence of significant nephropathy, prognosis is likely dependent upon continued renal response to IV fluid therapy. Potential for renotoxic insult could be considered, if clinically indicated.

**WEIGHT**

13 Pounds

Chronic active pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation and/or elevated Spec FPL.

**INTERPRETED BY**

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



**IMAGING PERFORMED BY**

Dr. Van Nieuwal

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Van Nieuwal



**INVOICE**

16352

**DATE**

6/28/22



**PATIENT**

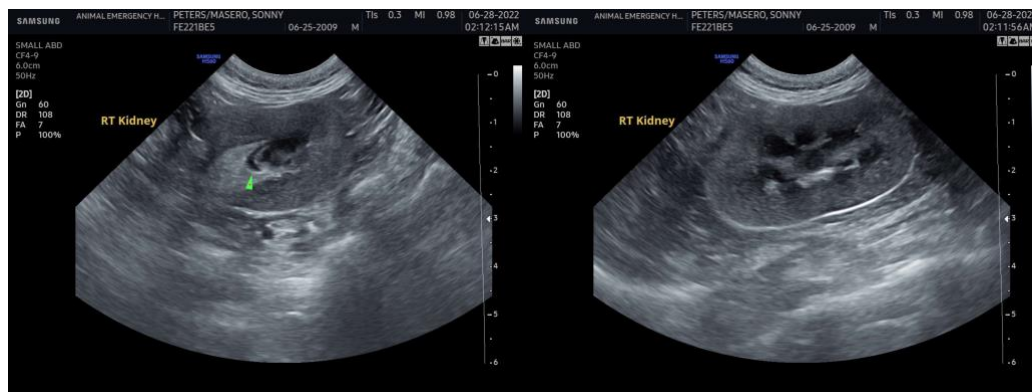
Sonny Peters/Masero

**SPECIES**

Feline

**BREED**

Siamese



**SEX**

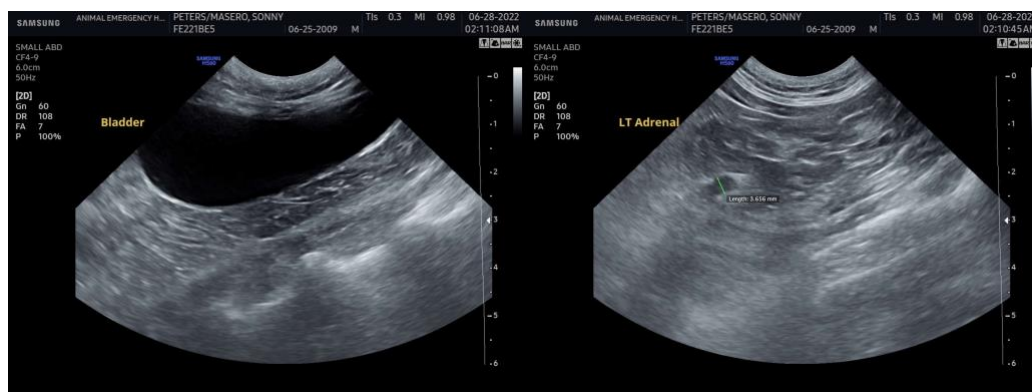
Neutered Male

**AGE**

13 Years

**WEIGHT**

13 Pounds



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Van Nieuwal

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Van Nieuwal

**INVOICE**

16352

**DATE**

6/28/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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