



PATIENT

Daytona Grace

SPECIES

Feline

BREED

Russian Blue

SEX

Neutered Male

AGE

10 Years

WEIGHT

5 kg

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

13074

DATE

01/10/2026

PRESENTING CLINICAL SIGNS

Acute onset vomiting and bloody diarrhea with decreased appetite starting 1/8 EENT/oral: pink tacky mm, crt <2s; full mouth extraction (historical), will not allow sublingual examination H/L: grade II/VI heart murmur Musc: muscle atrophy down epaxials

U/A: USG (1.011) hgb (250ery/ul) pH (5) WBC (6/hpf) RBC (>50/hpf) Non-squamous (1-2/hpf) CBC/CHEM/EPOC: Lymphocytes (0.89) Glucose (176) SDMA (36) Creat (>13,6) BUN (>130) Phos (13.9) Globulin (5.3) Urine culture: pending 1/10 Updated diagnostics: EPOC: BUN >120 (H), Creat >15 (H), Bicarb 11.4 (L), pH 7.146 (L), Chloride 132 (H) PCV/TS: 33%/8.2/Clear PT/PTT: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm

The left kidney is diffusely enlarged, and the right kidney is subnormal in size and exhibit adequate cortico-medullary differentiation. There is mineralization present within the renal parenchyma. The renal pelvis and calyces are dilated within both kidneys. The proximal ureters are dilated. The left ureter can be traced up to 4.0 cm distally from the kidney, and there are multiple nephroliths seen within the left ureter. The left kidney is 5.5 cm in length. The right kidney is 2.9 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 3.8 mm. The right adrenal gland measured 3.4 mm.

Spleen

The spleen is borderline thickened, measuring 1.0 cm at the hilus. The capsular margins are regular and the parenchyma is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction is visualized and normal.

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Pancreas

The pancreas is isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the left kidney and ureter. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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PRIMARY FINDINGS

- Bilateral hydronephrosis with evidence of active obstruction in the left ureter.

WEIGHT

5 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in both kidneys are consistent with hydronephrosis secondary to ureteral obstruction. The changes in the right kidney may be more consistent with chronic scarring given the subnormal size and lack of active inflammation seen but the changes in the left kidney suggest active obstruction. Recommendations include:

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- ❖ Aggressive diuresis along with supportive care such as analgesia and appetite stimulants could be attempted.
- ❖ If the ureteral obstruction does not respond to medical management, then referral for stenting or subcutaneous ureteral bypass (SUB) is recommended. Alternately a nephrectomy could be considered.
- ❖ A high-moisture diet, such as canned food with added water, may help decrease stone formation.

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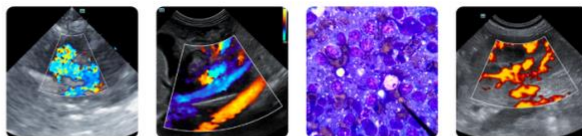
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com