



PATIENT

Ralphie Davis

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16 years

WEIGHT

9.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Eppler

INVOICE

10796

DATE

11/21/2025

PRESENTING CLINICAL SIGNS

11/18/25-Weight loss, underweight BCS 3/9. V+; PU/PD; dehydrated, cranial organomegally. R/O Triad syndrome. Current Meds: Lantus sq; Cerenia; Famotidine; Ampicillin.

Abnormal PE/Chem/CBC/UA Results: BG 401; Creat 2.5; BUN 43; ALP 247; ALT 170; GGT 8; TBil 05; Hct 33%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. 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.

Both kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. Infarcts are seen within the renal cortex of the right kidney. There is trace dilation of the renal pelvis, with anechoic contents in the left kidney. The renal pelvic fat is of normal echogenicity. There are multiple non-obstructive nephroliths present within the renal cortex of both kidneys. There is no evidence of hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.5 cm in length. The right kidney is 3.5 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. Left adrenal gland measures 4.3 mm, and the right adrenal gland measures 4.7 mm.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 6.9 mm.

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.

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, 1.1 mm, with intact wall layering. The ileocecal junction is visualized and normal.

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Pancreas

The areas of the limbs and body of the pancreas are 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 evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. 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 chronic renal changes with nephrolithiasis.
- Small amount of gallbladder sludge, which may be incidental, but which may also be seen in cats with cholangiohepatitis.

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9.1 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 DABVP (canine/feline
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Although the sludge in the gallbladder can be incidental in some cats, given the elevations in liver enzymes and the patient's clinical history, the presence of gallbladder sludge further supports the likelihood of cholangiohepatitis. Liver sampling would be necessary to confirm this diagnosis. Recommendations for empiric treatment would include:

- Initiation of liver support therapies such as SAME, Vitamin E and ursodiol
- Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluoroquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4-6 week total course of antibiotics is recommended.

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The appearance of the kidneys are consistent with chronic age related degenerative change, as well as chronic nephrolithiasis. Additional recommendations include:

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- Urinalysis with urine protein creatinine ratio, if not already performed.
- Blood pressure measurement.

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- Urine culture should also be considered, particularly if urine sediment is active.
- Dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines.

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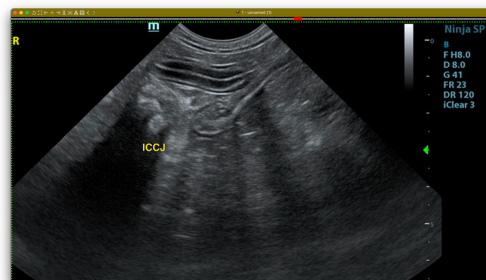
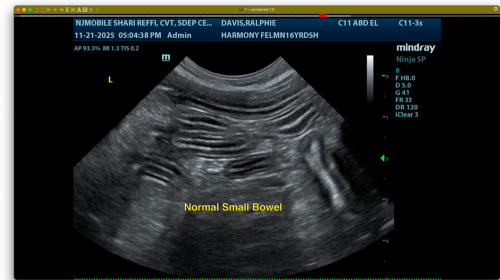
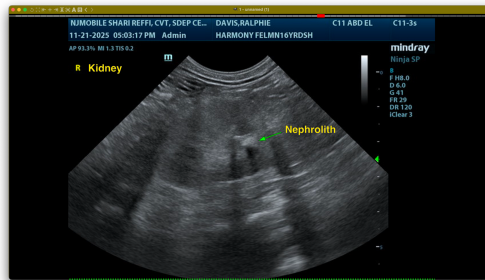
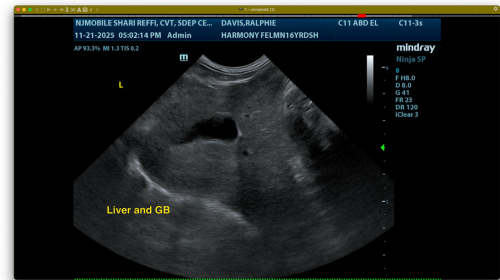
Dr. Epple

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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)

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