



PATIENT

Baby Girl Padgett

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

3.01 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Massett

HOSPITAL NAME

AEH Volusia

REFERRING VET

Dr. Massett

INVOICE

35572

DATE

11/23/25

PRESENTING CLINICAL SIGNS

History: Patient presented for trouble urinating. Owner states that earlier this evening she noticed the patient trying to urinate on some christmas presents, the owner was able to move her away from the area but then shortly after noticed the patient going in and out of her litter box unable to produce urine. Owner states patient is straining to urinate but nothing is coming out. Patient not UTD on vaccines. No prior medical concerns. Current medications: None.

Abnormal PE/Chem/CBC/UA Results: Blood work shows elevation in kidney values and a K+ of 2.8 Urinalysis shows severe UTI, TNTC WBC, no crystals or casts seen but large amount of multinucleated lymphocytes Please see all attached diagnostic results.

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 5.0 mm.

The left kidney is of subnormal size, and the right kidney is of normal size. Both are of normal shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.0 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. The left adrenal gland height is 2.8 mm at the caudal pole. The right adrenal gland height 2.8 mm at the caudal pole.

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 7.4 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. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal



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The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. 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.

The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction is not visualized.

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.

Free Abdomen

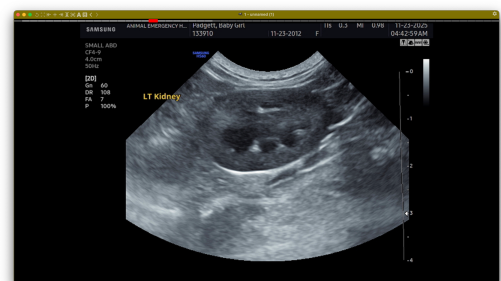
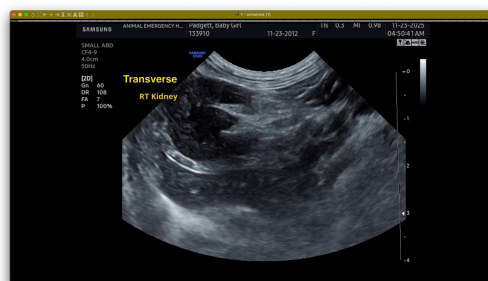
There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

- Subnormal left kidney size, with otherwise normal architecture, typical of chronic degenerative change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the left kidney is likely due to chronic, age-related degeneration, and not related to the current symptoms. Although the bladder appears normal, the symptoms and urinalysis findings would support the likelihood of a bacterial urinary tract infection. Urine culture would be recommended, with empiric antibiotic treatment, such as amoxicillin, pending results. The finding of numerous lymphocytes, particularly multinucleate lymphocytes, on a urinalysis would be a rare finding. Thus, pathologist review of urine sediment and CBC would also be recommended to further investigate.





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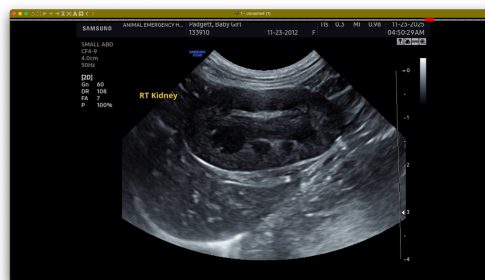
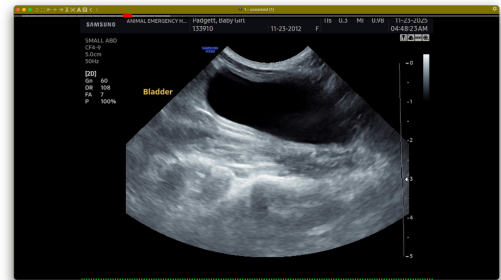
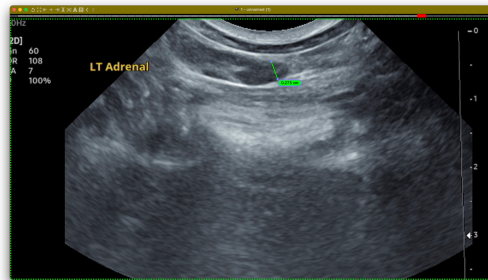
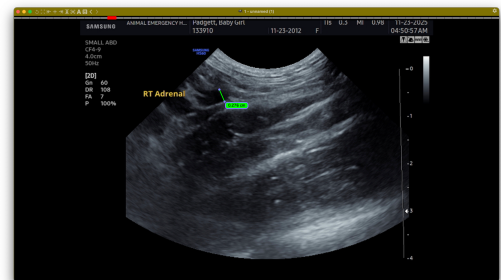
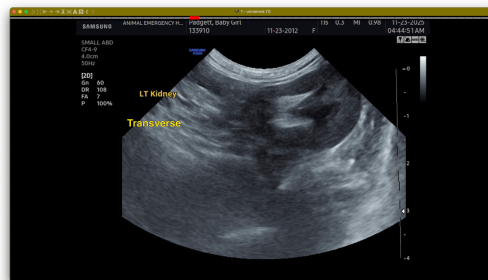
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com