



PATIENT

Nube Plackett

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

11 Years

WEIGHT

6.10 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Anne Todd

INVOICE

13139

DATE

01/13/26

PRESENTING CLINICAL SIGNS

Hematuria since December 2025, off of antibiotics but trial of Enrofloxacin (owner only gave a few days' worth) -Firm mass below left eye -Coughing episodes recently -Stranguria (difficult to collect cysto due to constant straining) -weight loss (2lbs since summer) Current Medications: -None

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): -T4: WNL - CBC/Chem: declined, previously performed by rDVM this fall, WNL Radiographic Findings (if applicable): Mass noted under left eye

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine prohibiting full evaluation of the urinary bladder wall. The trigone, cystourethral junction and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. The subjective generalized thickened urinary bladder wall measured 0.37 cm wall width. Anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. An indistinct to noncontinuous hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 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 0.43 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

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.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of inflammation or edema. A solitary nonobstructive choleolith was visualized measuring 0.90 cm in diameter. The common bile duct was not visualized.

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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.

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The intestinal walls demonstrated intact wall layers with intact thickened walls and altered 1:3 muscularis / mucosa ratio owing to thickened muscularis layer.

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

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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.

WEIGHT

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Free Abdomen

Intermittent mild to variably enlarged nonhomogenous mesenteric lymph nodes were visualized with an example measuring 2.3 cm in diameter. Intermittent scant pockets of peri-intestinal free fluid.

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ULTRASONOGRAPHIC FINDINGS

- Empty yet subjective thickened urinary bladder.
- Bilateral indistinct to subtle nonspecific renal medullary rim sign.
- Nonobstructive choleolith.
- Diffusely thickened small intestine exhibiting altered/inverted wall layering- IBD or other inflammatory enteropathy such as lymphoma, mast cell neoplasia or other granulomatous disease/FIP thought less likely.
- Intermittent primarily mild nonhomogenous mesenteric lymphadenopathy with scant peri-intestinal free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The urinary bladder suggests cystitis criteria with mild potential for urinary bladder neoplasia. Cholelithiasis in cats at times may coincide with hepatobiliary inflammation given short half-life of hepatic enzymes in cats.

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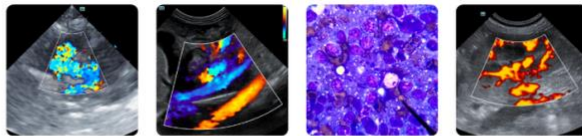
Correlation with hepatic enzyme assessment and if possible, urine culture and sensitivity on sterile urine sample is recommended. A GI panel to include PLI, TLI, cobalamin and folate is recommended. A definitive diagnosis would require full thickness intestinal biopsies for histopathology.

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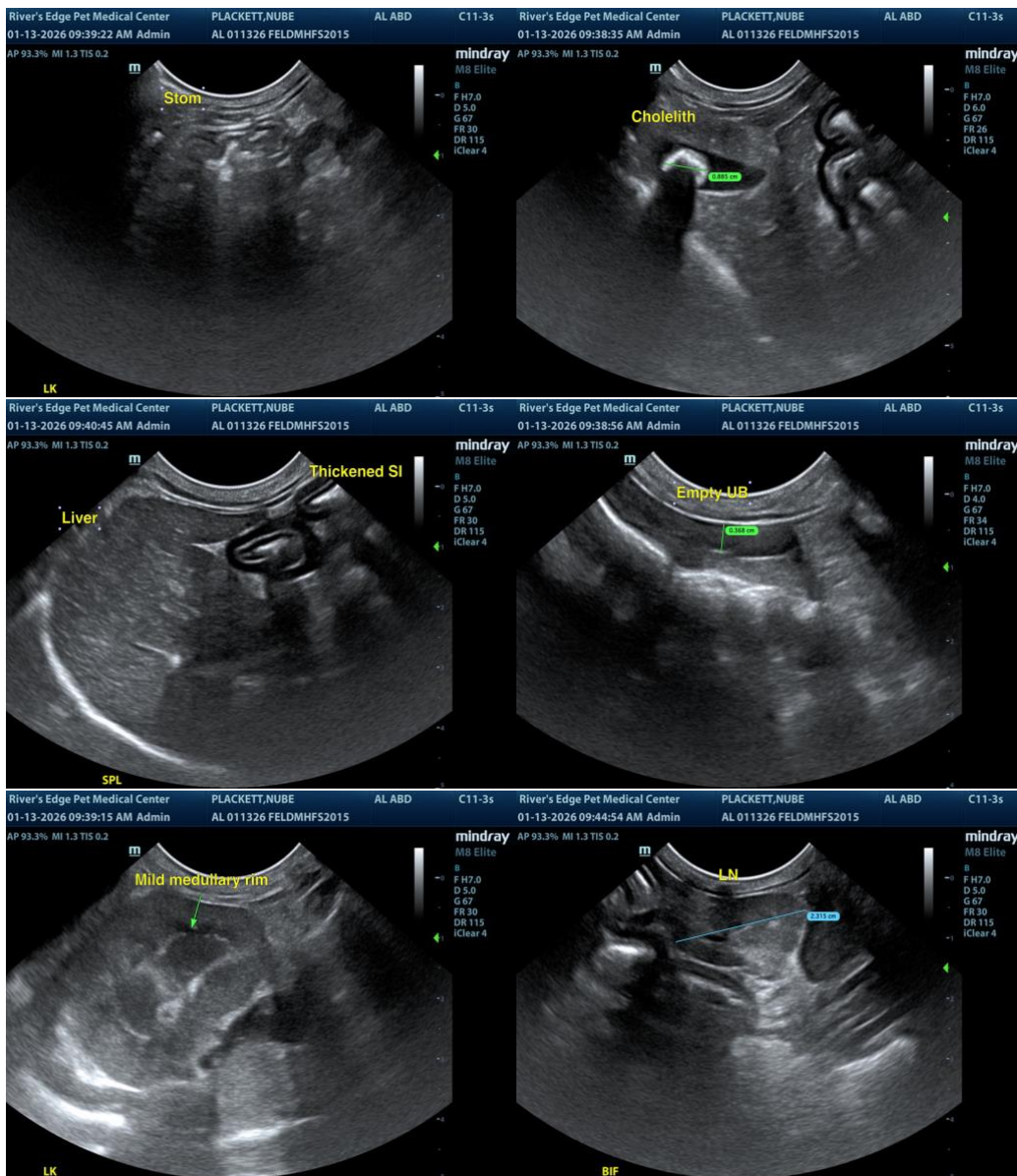
Dr. Anne Todd

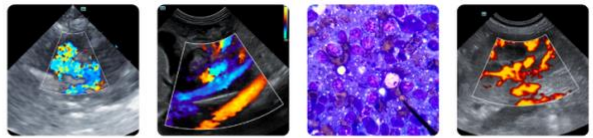
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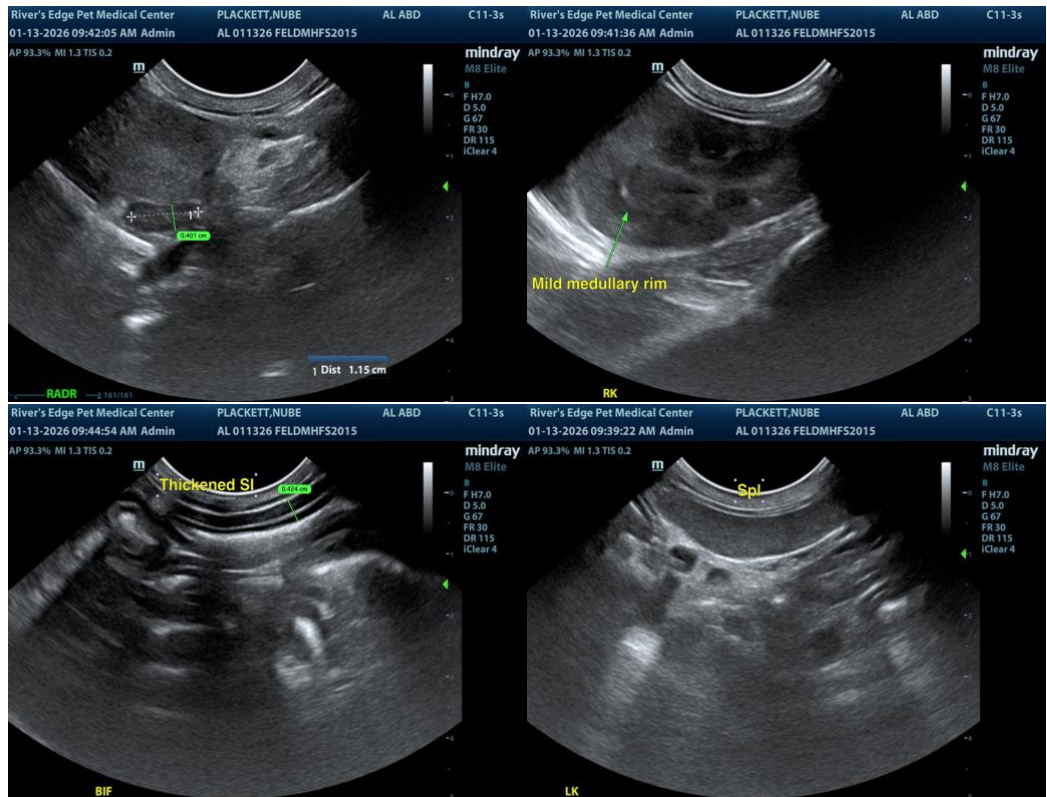
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com