



## PATIENT

Leo Mestanza

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

5.4 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Paul Kim

## HOSPITAL NAME

Ridgefield Park Animal  
Hospital

## REFERRING VET

Dr. Paul Kim

## INVOICE

13162

## DATE

01/14/26

## PRESENTING CLINICAL SIGNS

Submitted study contained 27 still images and 10 videos for review.

The patient presented to the hospital today due to a possible UTI, blood spotting on the floor, and patient is very thin

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was nondistended with urine prohibiting full evaluation of the urinary bladder wall. Subjective mild generalized thickened urinary bladder wall exhibiting symmetrical luminal surface contour and homogenous mural echogenicity. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no urine mineral, calculi or tumors. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Subnormal 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to focal areas of medullary mineral were visualized with no evidence of pyelectasia. The left kidney measured 2.4 cm in length. The right kidney measured 2.5 cm in length.

### Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.30 cm width.

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.

### Liver & Gallbladder

The liver was subjectively 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. Possible capsule deforming liver nodule was present measuring 0.70 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized.

### Gastrointestinal



**PATIENT**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta.

Leo Mestanza

**SPECIES**

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta/chyme to the level of the colon.

Feline

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

**BREED**

**Pancreas**

DSH

The area of the pancreas was indistinctly visualized yet overtly normal.

**SEX**

**Free Abdomen**

Spayed Female

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

13 Years

- Nondistended yet subjective mildly thickened urinary bladder wall- suggestive of cystitis.
- Possible liver nodule.
- Mild gallbladder debris.
- Bilateral chronic renal changes and subnormal renal size.
- Overtly normal gastrointestinal tract with nonshadowing gastrointestinal ingesta.

**WEIGHT**

5.4 pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Correlation with urinary workup including urine culture and sensitivity ideally on sterile urine sample is recommended. The possible liver nodule was nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, emerging neoplasia or other.

R. McKenzie Daniel, DVM, DABVP

Sonographic monitoring with consideration for (assuming normal clotting status and using a 25-gauge needle) nodule FNA cytology is suggested. A GI panel to include PLI, TLI, cobalamin, and folate and three view chest radiographs are suggested given reported decreased body condition or if evidence of gastrointestinal signs or chronic weight loss.

**IMAGING PERFORMED BY**

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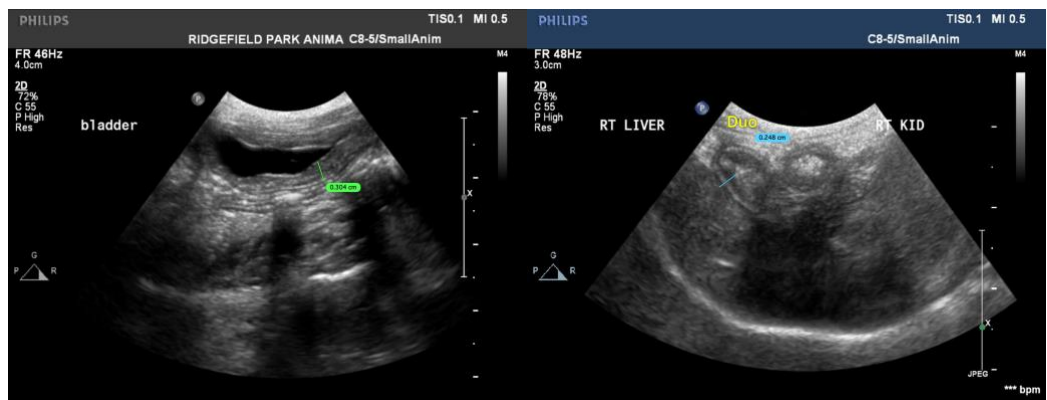
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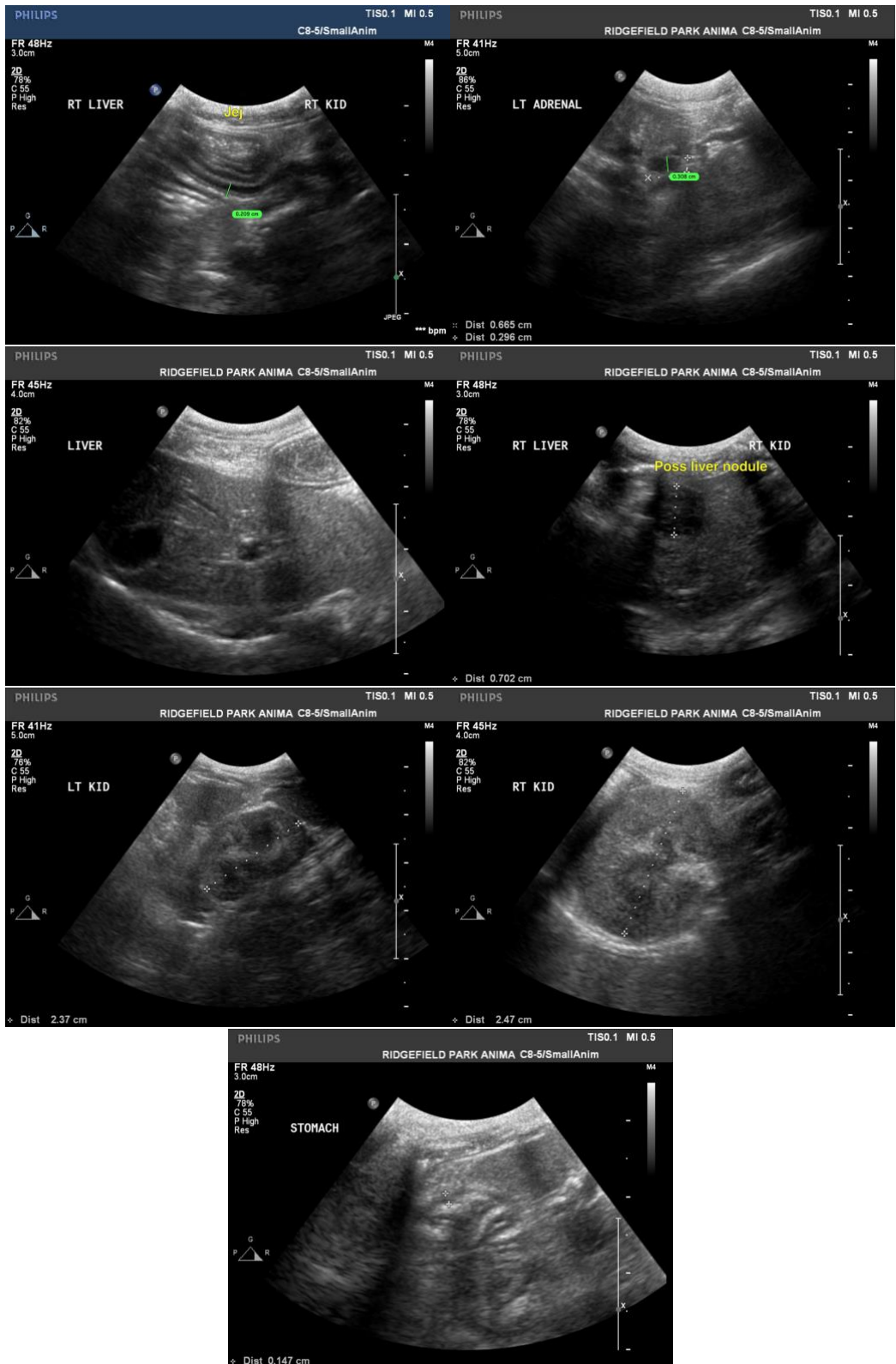
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)