

**PATIENT**

Amber Lachman

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

11

WEIGHT

3.93kg

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Laura Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Laura Bennett

INVOICE

23574

DATE

01/16/2026

PRESENTING CLINICAL SIGNS

last night started going in and out of the litter box with small production of urine. O noticed urine was pink tinged. Symptoms: frequent urination, in & out of litter box, pink tinged urine Gabapentin 100mg 1 po @ 7am for aggression

Abnormal PE/Chem/CBC/UA Results: General Appearance: Bright, alert and responsive. Fractious. Rest of exam performed while sedated. Oral Cavity: Tartar moderate to severe. Halitosis. Abdomen: Several prominent GI loops noted on palpation. No mass effects noted. Integument: Fleas

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in size and tone. Regional thickened ventral urinary bladder wall measuring ~ 3 cm length by 0.59 cm width. Maintained homogenous mural echogenicity and symmetrical luminal surface contour. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi.

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.25 cm in width. The ileocolic wall measured 0.32 cm in wall width.

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

Pancreas

The left pancreas was mildly prominent size with capsule asymmetry. Mild remodeled hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-distended urinary bladder with regional thickened ventral urinary bladder wall-most consistent with ventral cystitis, potential for neoplasia/ tumor less likely.
- Sonographically unremarkable gastrointestinal tract.
- Age-related renal changes.
- Mildly prominent remodeled pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S despite no bacteria to rule out underlying infection is suggested. Empirical therapy for cystitis with monitoring of urination pattern and as needed sonographic reassessment if persistent lower urinary tract signs is recommended. A spec fPL suggested if clinical signs suggestive of pancreatitis are present.

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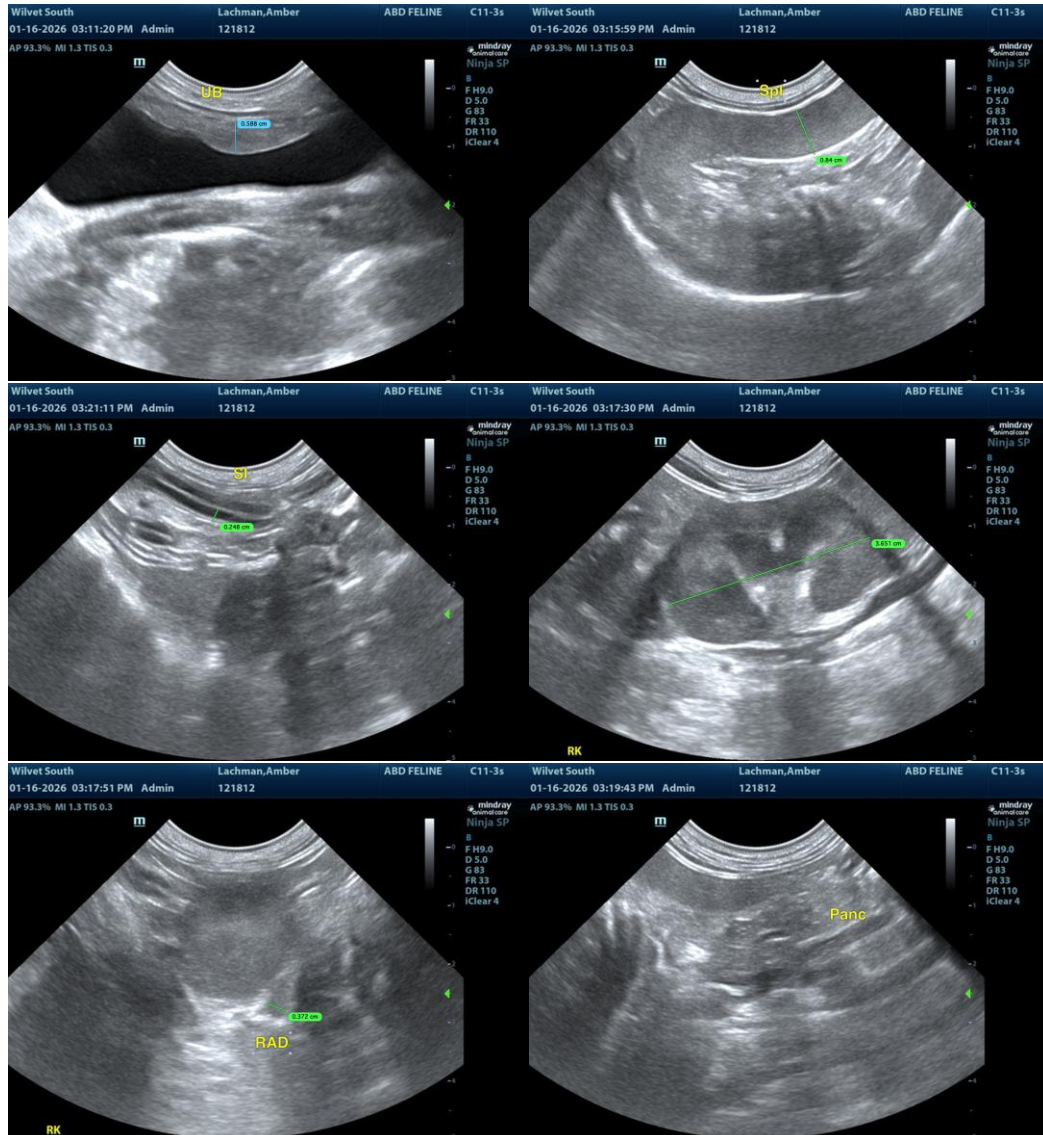
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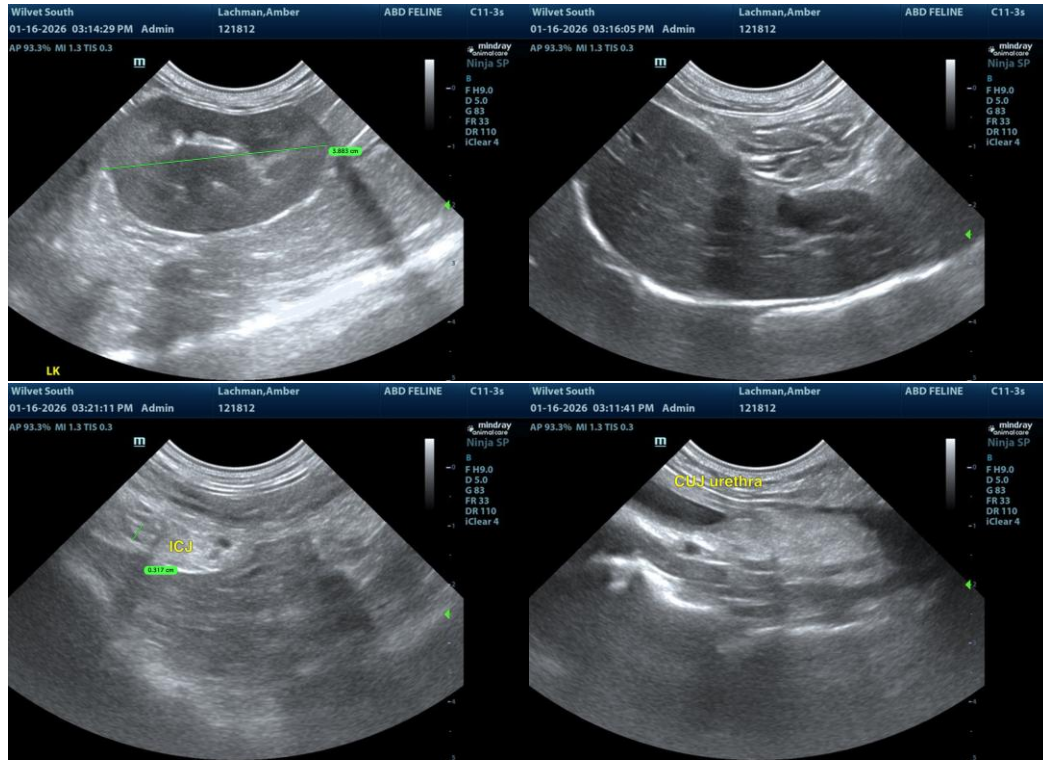
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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