



PATIENT

Merlin Welch

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14yr

WEIGHT

6.9

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Christina Wagner

HOSPITAL NAME

Angeles Clinic for
Animals

REFERRING VET

Reyana Zuber

INVOICE 23638

DATE
01/20/2026

PRESENTING CLINICAL SIGNS

- Approx 3 week duration hematuria, straining to urinate. Was treated with abx and meloxicam, improved. Has been off meds for about 10 days.
- Diagnosed Hyperthyroidism about 3 weeks ago, currently on Felanorm
- Abnormal PE/Chem/CBC/UA Results: Unfortunately this was the first time we have seen pet and we did not have access to labs done at other clinics at time of ultrasound. We palpated a very firm bladder and proceeded with ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Markedly thickened generalized urinary bladder wall primarily involving the ventral and apical urinary bladder wall. The ventroapical bladder wall measured 1.1 cm wall width. The area of thickened bladder wall measured ~ 3.6 cm x 1.6 cm. Mild anechoic urine was present with mild particulate urine sediment. No evidence of mineral or calculi. Non-obstructive dilated cystourethral junction with overtly normal proximal urethral structure and tone to a depth of 2 cm. Mild pericystic inflammation was present.

Normal left renal size with asymmetrical margination was present in the kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate to marked loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Right kidney medullary renoliths with subnormal right kidney size compared to the left. The left kidney measured 4.6 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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 borderline to mildly enlarged in size. 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.

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

Pancreas

The left pancreas was normal in size with capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No visualized overt lymphadenopathy was present.

Minor pockets of peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Urinary bladder mass with pericystic inflammation
- Chronic renal changes with right kidney renoliths
- Subjective borderline/ mild hepatomegaly
- Suspect chronic pancreatitis
- Minor peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential severe cystitis not definitively excluded yet urinary bladder neoplastic criteria is considered probable. Further assessment may include cytospin cytology of free catch urine sample to assess for atypical or neoplastic transitional cells in conjunction with urine C/S.

Three view chest radiographs, assessment of hepatic enzyme levels and spec FPL if clinical signs consistent with hepatopathy or chronic pancreatitis is recommended.



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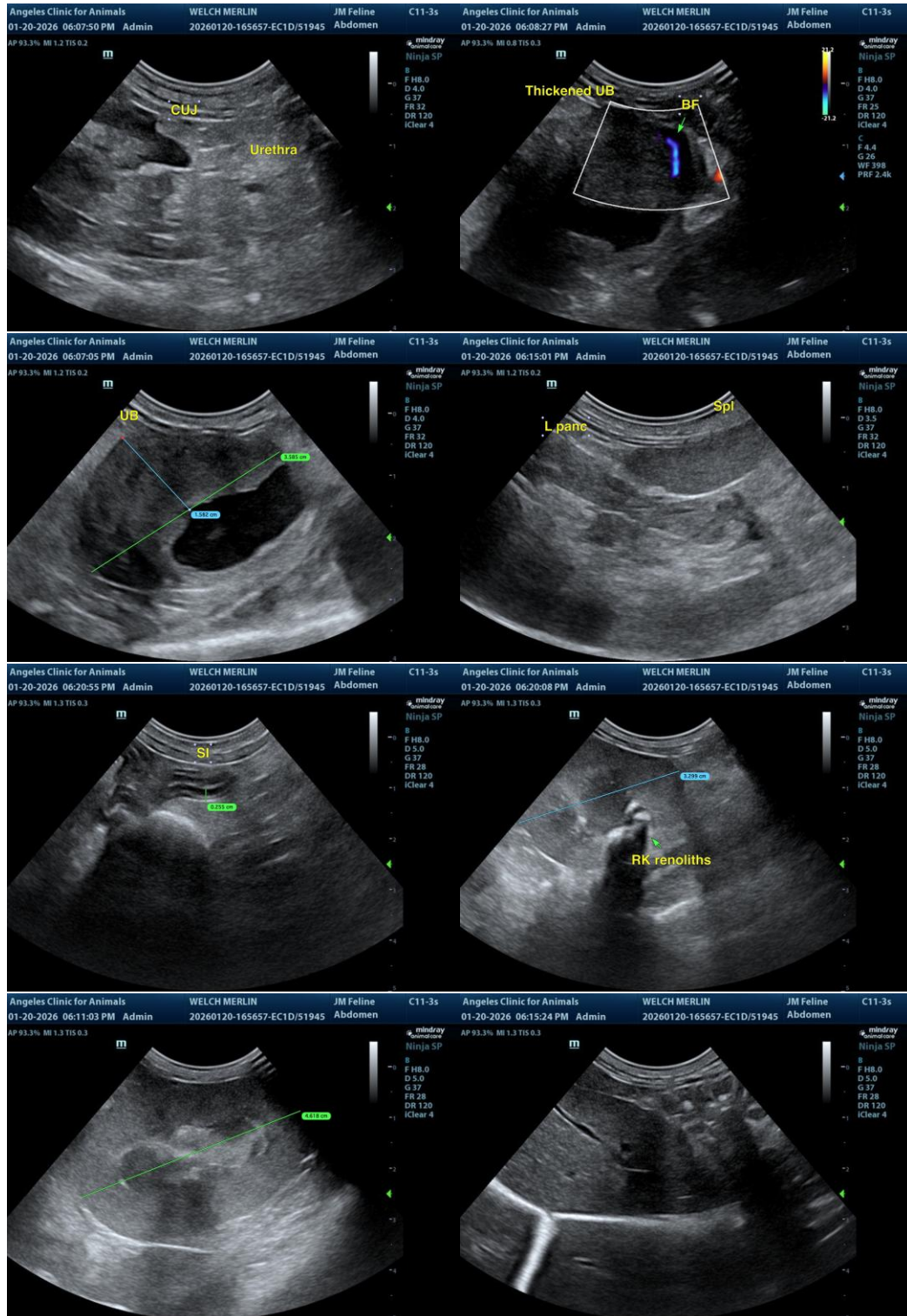
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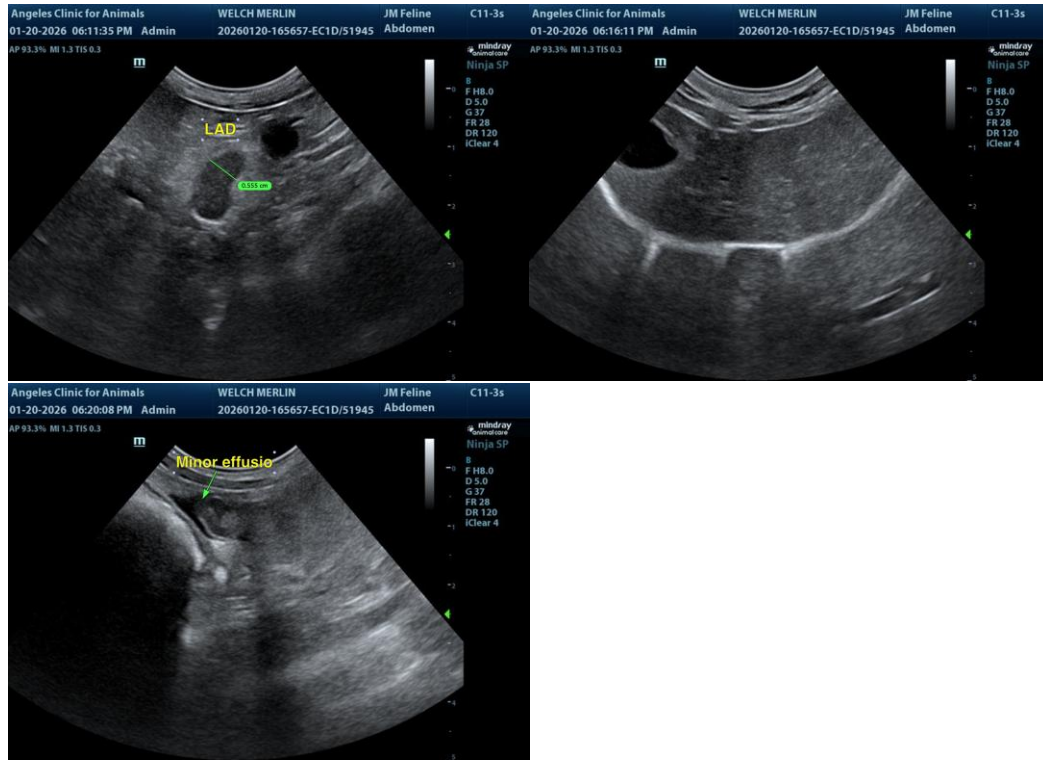
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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