



PATIENT

Yoshi Francis

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10yr

WEIGHT

13.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

23644

DATE

01/20/2026

PRESENTING CLINICAL SIGNS

- Primary reason for the ultrasound is to investigate chronic on and off soft stools - currently stools have been formed
- AUS in October 2025 revealed - 10/9/25 - TUFTS: Broad-based urinary bladder mass (apex); Hyperechoic kidneys. Right nephrolithiasis. Focal mild thickening of the colon and submucosal lymphoid tissue. Right adrenal nodule. Hyperechoic liver nodules. Full report not available
- Bladder tumor removed with close/incomplete margins in November 2025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Mild anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both 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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Left kidney areas of medullary mineral. Right kidney non-obstructive renoliths. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland exhibited symmetrical enlargement with maintained homogenous non-mineralized parenchyma measuring 0.88 cm in diameter.

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. Previously noted hyperechoic splenic nodules not definitively visualized. The spleen measured 1.0 cm in width at the level of the mid spleen.

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



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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 contained segmental mild non-shadowing ingesta with no signs of obstruction or foreign material. The small intestinal wall measured 0.22 cm in width.

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Overtly normal intact visible colon wall layers were present. The colon contained semi-formed/ soft fecal matter and was overall non-distended in size. An example of the transverse colon wall measured 0.21 cm in width; an example of descending colon wall measured 0.26 cm in width.

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Pancreas

The left pancreas was normal in size with mild asymmetrical contour and non-homogenous mildly remodeled parenchyma. No evidence of peripancreatic or omental inflammation or reactivity.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract with mild non-shadowing intestinal ingesta
- Overtly normal visible colon wall with generalized semi formed/ soft fecal matter
- Possible mild left limb chronic pancreatitis
- Chronic renal changes exhibiting medullary mineral /renoliths
- Right adrenomegaly
- Sonographically unremarkable non-urine distended bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of recurrence of urinary bladder tumor. Definitive evidence of colon mural pathology was not obvious. A GI panel to include PLI/TLI/Cobalamin/Folate as well as diarrhea PCR panel could be considered.

Empirically, dietary trial with possible long-term dietary therapy, high colony count probiotics such as Provable, cobalamin supplementation pending assessment of cobalamin level, and if clinically applicable, empirical deworming may be considered. Serial monitoring of systemic BP and serum potassium levels for evidence of hypertension or hypokalemia associated with the right adrenomegaly is recommended.

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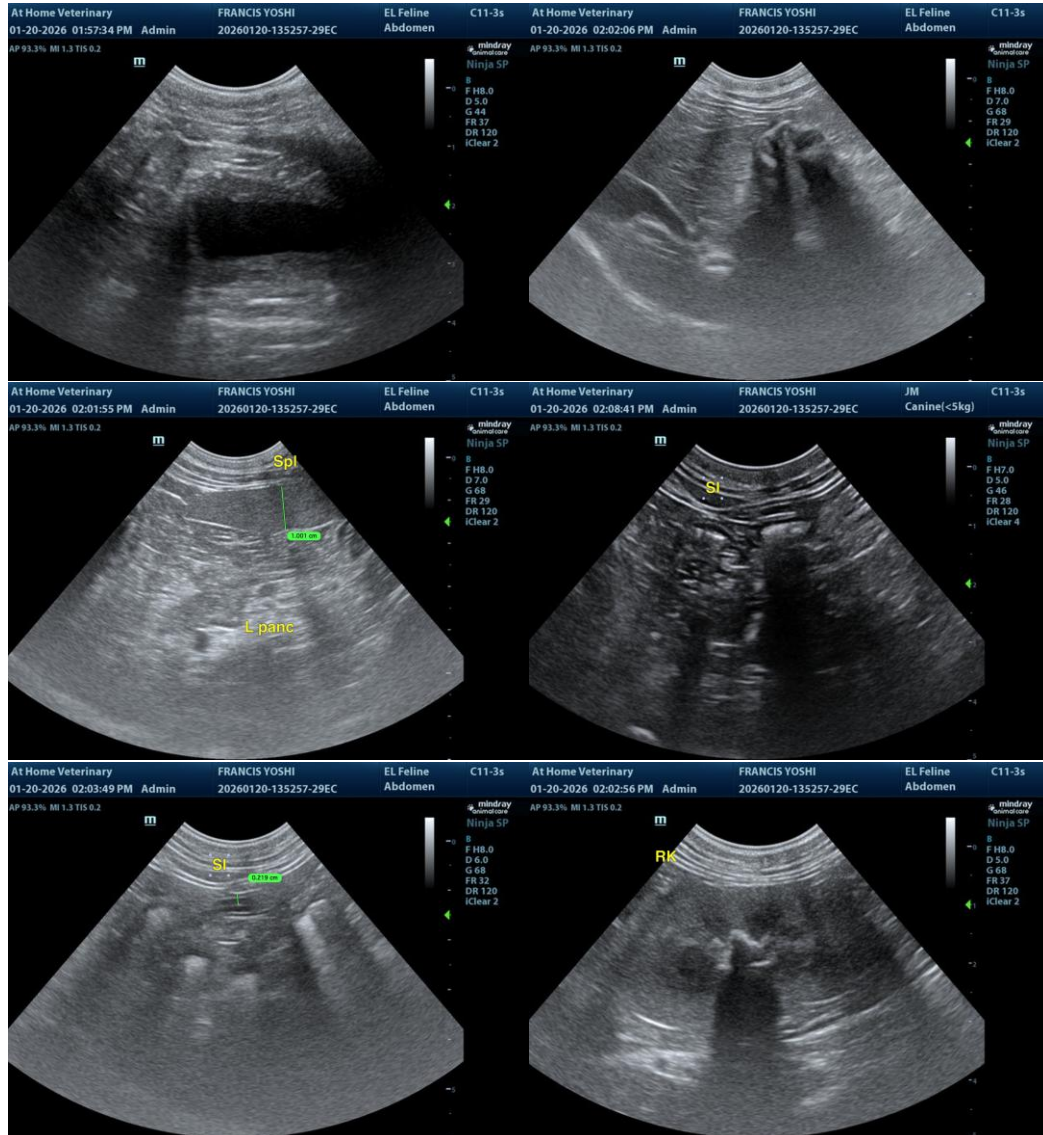
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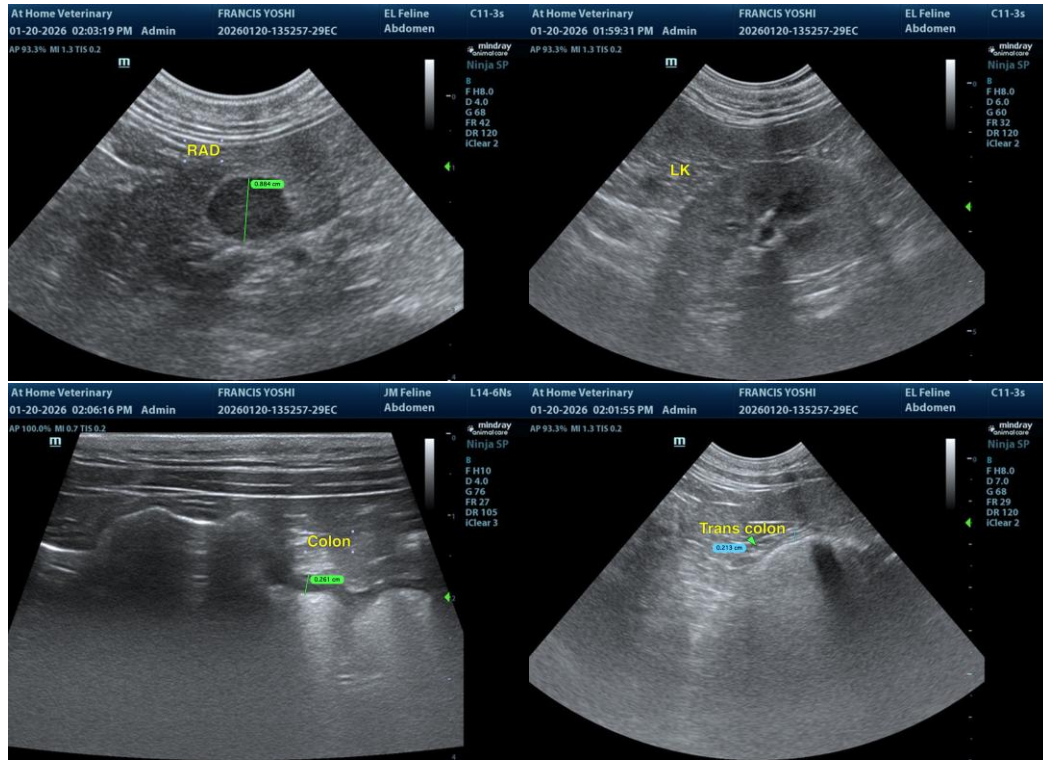
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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