



PATIENT

Libby George

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17y

WEIGHT

10.38 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus PH

REFERRING VET

Saum Hadi

INVOICE

13049

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: P presented for repeat UA/culture after treatment of UTI. Following treatment, symptoms (hematuria, stranguria) have resolved. Prior to cysto, a growth was seen associated with the bladder wall. AUS performed.

Abnormal PE/Chem/CBC/UA Results: USG: 1.014 Marked WBC, RBC seen prior to treatment of UTI. Culture showed E. coli. Last BW was in November, which showed NSF, including renal/liver values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. A small sessile based, dorsal urinary bladder mass was present extending into the urinary bladder lumen measuring ~1.0 cm in diameter. Minor particulate, non-dependent urine sediment. The trigone and cystourethral junction were free of pathology. The visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone.

The area of the aortic trifurcation was free of pathology.

Normal 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 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 3.1 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

No obvious 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 0.38 cm.

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

The liver was subjective mildly enlarged in size with symmetrical contour and homogeneous, mildly hypoechoic, hepatic parenchyma. Intermittent, discrete, hypoechoic intraparenchymal nodules were present with an example measuring 1.7 cm in diameter. A small deep mid liver thinly walled hepatic cyst was present. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.



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Empty small intestinal segments exhibited intact, mildly thickened wall with subjective mildly thickened muscularis layer. Duodenum wall measured 0.28 cm and jejunum wall measured 0.28 cm. Concurrent segmental, non-shadowing ingesta to the level of the colon.

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

Pancreas

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

Free Abdomen

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Possible right limb hypoechoic nodule vs overlying pancreatic or duodenal lymph node. No evidence of additional mesenteric lymphadenopathy or peritoneal effusion present.

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ULTRASONOGRAPHIC FINDINGS

- Small, sessile based dorsal urinary bladder mass
- Bilateral chronic renal changes
- Hypoechoic liver with discrete, hypoechoic intraparenchymal nodules
- Mild gallbladder debris
- Intact, mildly thickened small intestine with gastrointestinal ingesta
- Heterogeneous pancreas with possible right pancreatic limb nodule vs lymph node

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for emerging neoplastic urinary bladder mass warranted with potential for focal cystitis or polyp. Cytospin cytology and free catch urine sample to assess for atypical or neoplastic transitional cells in conjunction with monitoring of urinalysis as well as needed C/S is recommended. Recheck hepatic parameters with consideration for screening hepatic FNA cytology assuming normal clotting status and using 25-gauge needle. If gastrointestinal signs or weight loss are present, a GI panel to include PLI/TLI/Cobalamin/Folate to assess for chronic pancreatitis or intestinal disease.

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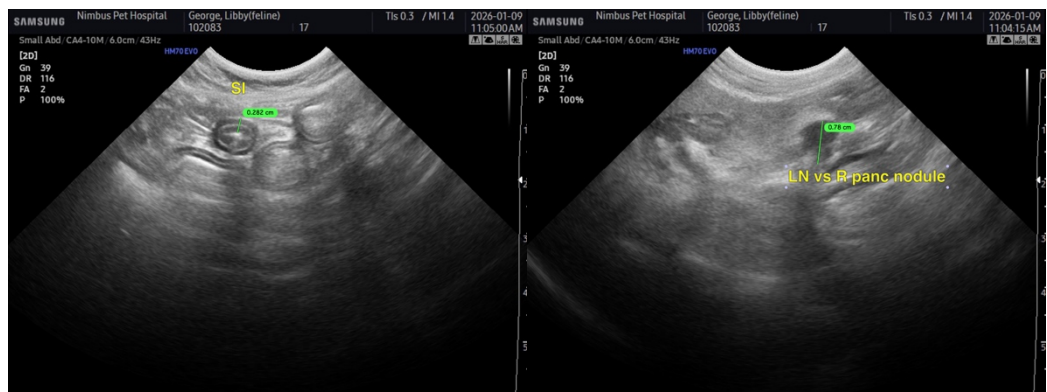
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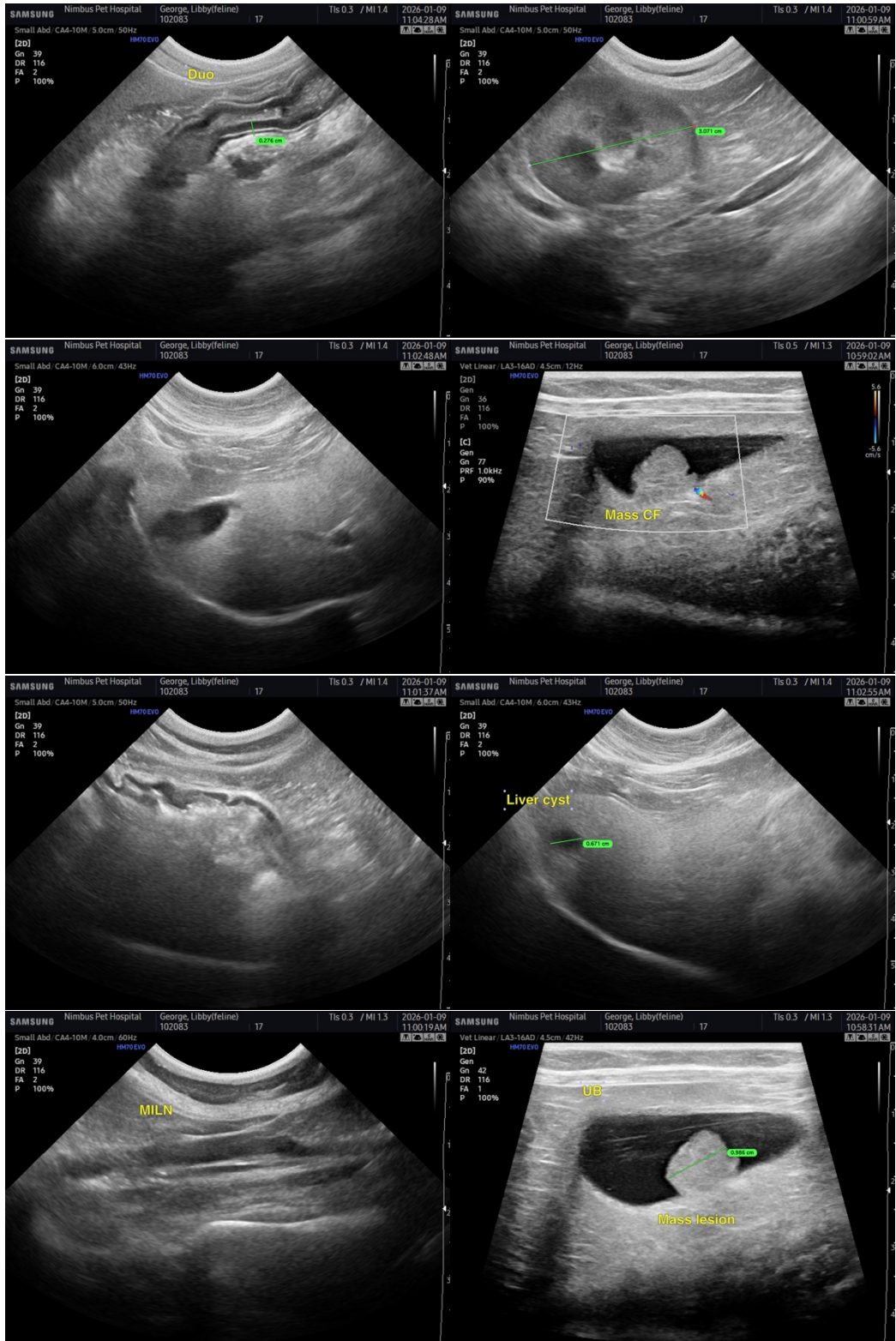
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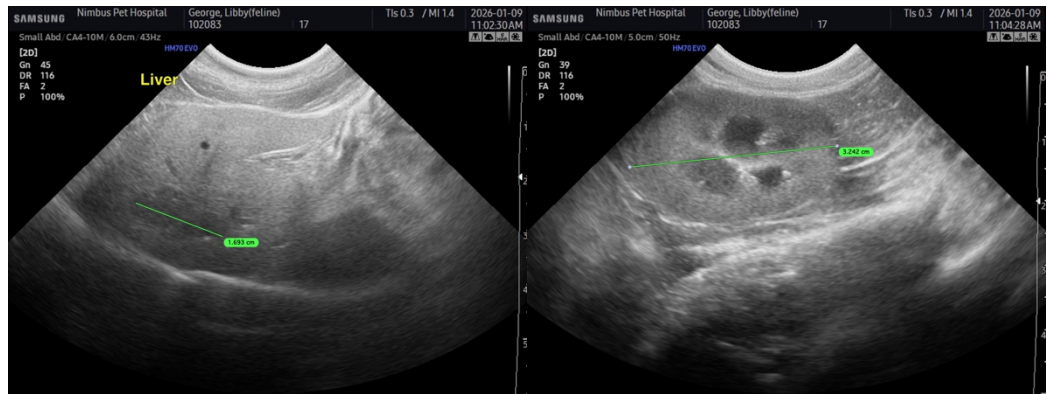
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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