



PATIENT

Vader George

SPECIES

Feline

BREED

Siamese

SEX

MN

AGE

9

WEIGHT

9.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockway AH

REFERRING VET

Dr. Maniar

INVOICE

10375

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Presents for owner thought possible blocked again Was here on 11/11 and was blocked , now still straining and in/out of box decreased urine output

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone, exhibiting normal urinary bladder wall without evidence of tumors or a significant cystitis pattern. Anechoic urine was present with nondependent particulate sediment and accumulated pinpoint mineral. There is no evidence of pathology at the level of the trigone or cystourethral junction. The urethra exhibited normal structure and tone to a depth of 3.0 cm.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

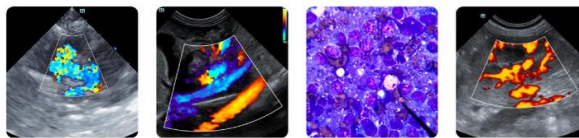
No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

The spleen exhibited overall normal size and symmetrical contour with primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, small, well-demarcated, nonobstructive, hyperechoic nodules were present throughout the cranial to caudal parenchyma, with an example measuring 0.2 cm diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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. 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.



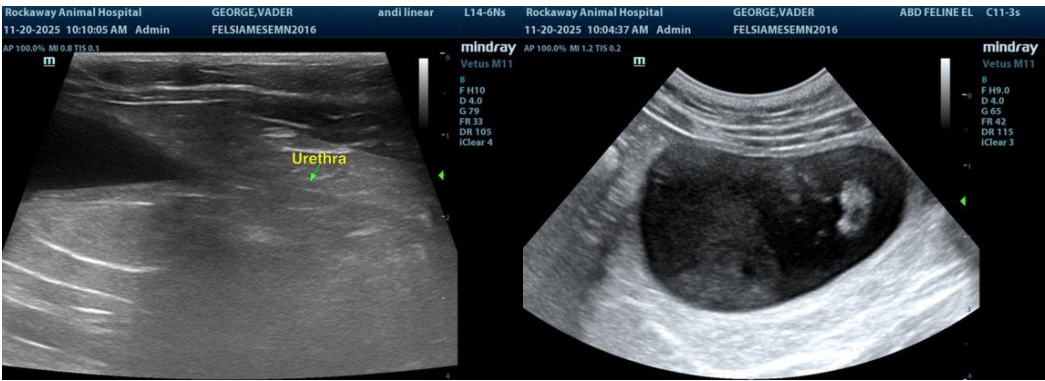
PATIENT	<i>Gastrointestinal</i>
Vader George	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Siamese	
SEX	<i>Pancreas</i>
MN	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
AGE	<i>Free Abdomen</i>
9	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
9.8	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> • Nondistended urinary bladder / proximal urethra with mild urine sediment / pinpoint mineral • Normal bilateral kidneys
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Secondary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Small hyperechoic splenic nodules - consistent with benign criteria i.e., small myelolipomas
Jenn	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
HOSPITAL NAME	Sonographically, no current evidence of urinary blockage. Suspect mild residual cystitis, given previous blockage. Continued supportive care, which may include urinary diet and clinical monitoring, is indicated. Recheck sonogram if evidence of recurrent blockage or progressive cystitis is noted.
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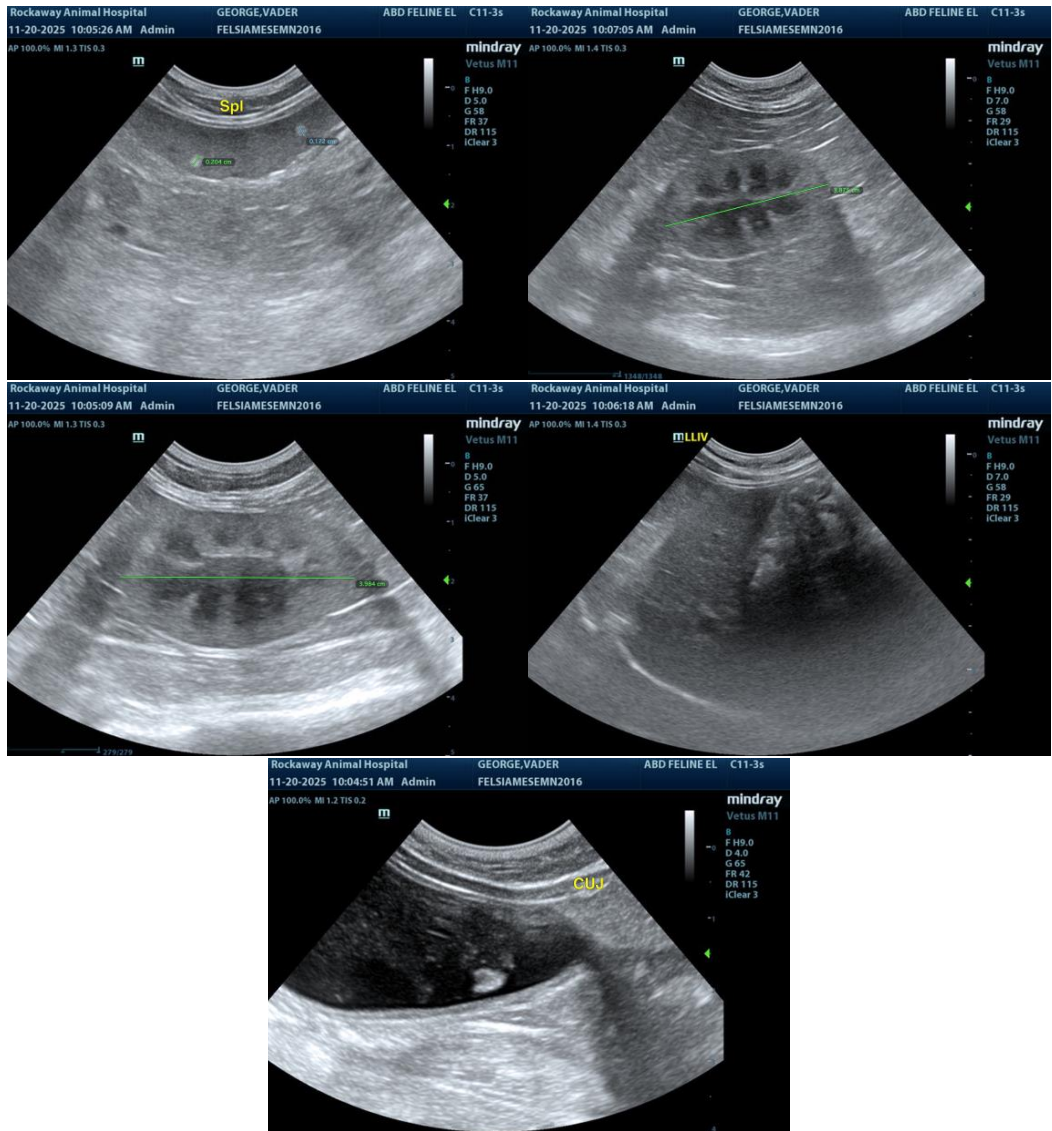
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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