



PATIENT

Dandy Lion Mackenzie

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

3.66 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Chartrand

INVOICE

12691

DATE

12/15/25

PRESENTING CLINICAL SIGNS

November 18th: 4 day history of pink tinged urine with no straining to urinate and normal urine volume and pattern as well as normal drinking amount -Dec 10th recheck: Owner hadn't noticed any difference on the antibiotic, and cat wouldn't eat the food and appetite had decreased, and going to litterbox more than usual - Wt loss between the visits of 0.30kg Meds: November 18th Clavaseptin (62.5 mg) - 1 tab po q12h x 14d December 10th Gabapentin (25 mg) - 1/2 tab po q12h

Abnormal PE/Chem/CBC/UA Results: November 18th: Urinalysis ran: USG = 1.028 pH = 6.5 urine protein = 5 g/L blood = 250 ery/uL, TNTC RBC, some WBC, transitional cells in clumps, no bacteria, macrophages present Abdominal rads: possibly a little "fuzzy" in the trigone region but unsure, kidneys appeared more rounded, intestines seemed to be pushed more ventrally (ie: the kidneys seemed to take up more space than I'd expect CBC: mild non-regenerative anemia - 0.298 L/L (0.303-0.523) CHEM: CREA187 umol/L (71-212)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A nonhomogenous mass with asymmetrical margination was present in the dorsal trigone extending into the area of the cystourethral junction. No overt evidence of mineralization was noted. The mass measured 2.1 cm x 1.0 cm. The parenchyma of the mass was heterogeneous with focal echogenic foci and mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. Anechoic urine was present in the lumen with no mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. The urinary bladder was normal in overall size and tone. Normal appearing ventral apical urinary bladder wall measured 0.22 cm wall width. No evidence of obstruction to urine outflow. The urethra was overtly normal in tone to a depth of 2.0 cm.

A solitary mildly enlarged nonhomogenous medial iliac to sublumbar lymph node was visualized measuring 1.4 cm x 0.50 cm in diameter.

Normal size and margination was present in the kidneys. Mildly thickened hyperechoic cortex with mildly enhanced corticomedullary border demarcation. Pinpoint areas of medullary mineral were visualized with no evidence of pyelectasia. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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. The spleen measured 0.84 cm width level of the mid spleen.

Liver



PATIENT	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.
Dandy Lion Mackenzie	
SPECIES	Gastrointestinal
Feline	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing to distal progressively shadowing ingesta without signs of obstruction or foreign material.
BREED	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing ingesta was present. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.33 cm width.
DLH	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
Neutered Male	
AGE	Pancreas
14 Years	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 was evident.
WEIGHT	Free Abdomen
3.66 kg	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none">• Urinary bladder mass.• Bilateral chronic renal changes.• Sonographically unremarkable gastrointestinal tract with mild gastrointestinal ingesta.• Mild solitary medial iliac/sublumbar lymphadenopathy.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Carlie Koltek RVT	The urinary bladder mass is consistent with neoplastic criteria i.e. transitional cell carcinoma. Potential for regional inflammation, granuloma or other nonneoplastic etiology is considered less likely. Incidental reactive medial iliac or sublumbar hyperplasia, inflammation or early lymphatic metastasis is possible. Cytospin cytology of free catch urine sample with pathology assessment could be considered. No evidence of renal neoplastic criteria. Gastrointestinal ingesta is most consistent with food echogenicity. Concurrent GI panel to include PLI, TLI, cobalamin and folate and three view chest radiographs to assess for occult disease as a contributing factor to the mild weight loss may be considered.
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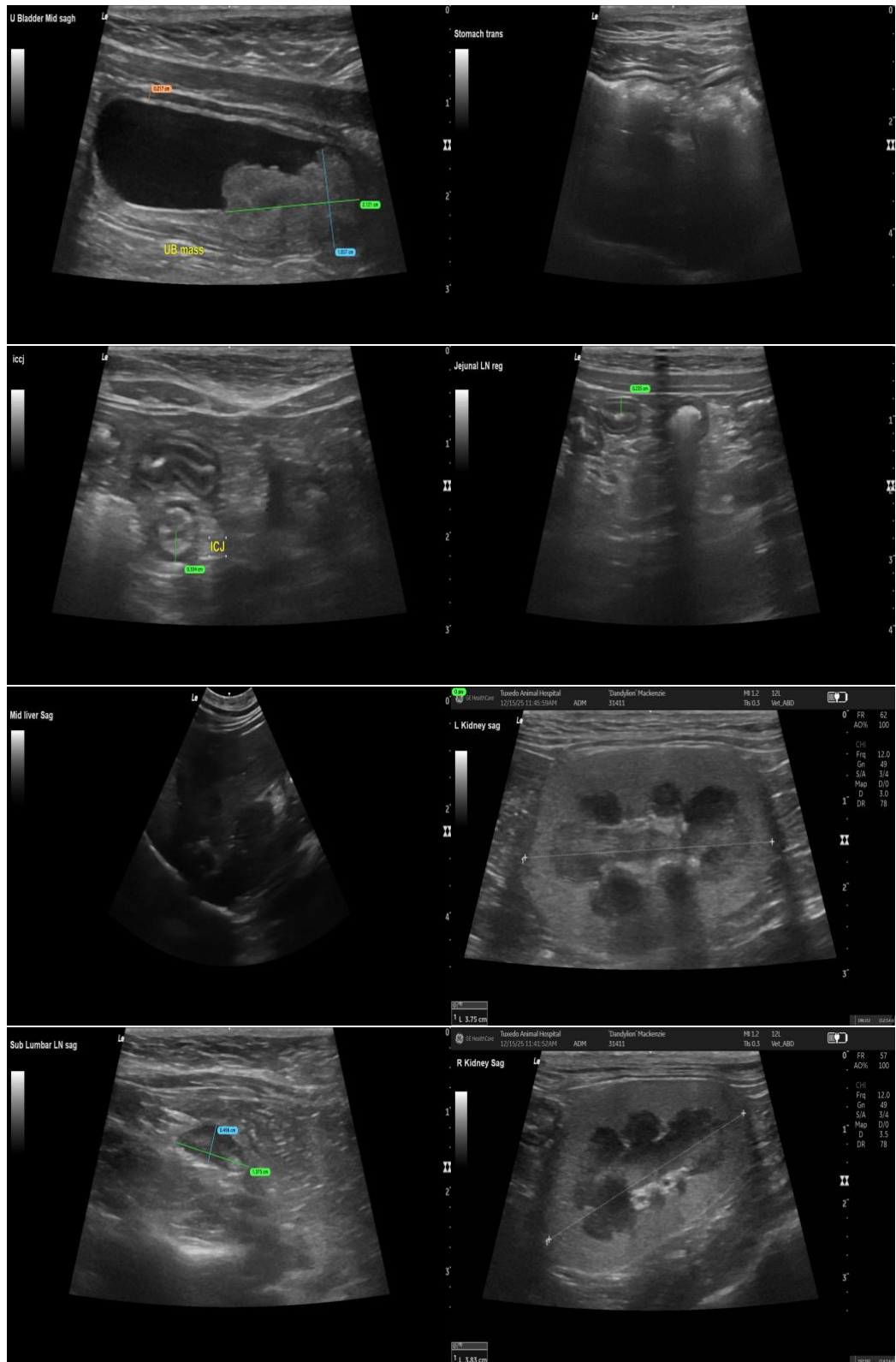
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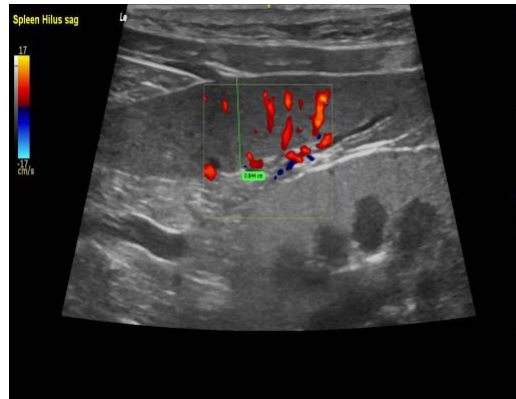
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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