

PATIENT

Chloe Aranibar

SPECIES

Feline

BREED

Persian

SEX

SF

AGE

9y

WEIGHT

7.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Rivera

INVOICE

10398

DATE

12/2/25

PRESENTING CLINICAL SIGNS

Owner reports hematuria first observed on Saturday, with recurrence noted Monday evening. No vomiting or diarrhea reported. Owner states Chloe is eating and drinking normally

Abnormal PE/Chem/CBC/UA Results: Abd/GI: Soft, non-painful. ~2cm, round, semi-firm growth just cranial to urinary bladder. No fluid wave palpated UA (cysto): WBC 3/hpf, RBC 5/hpf, no bacteria or crystals detected

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. The trigone and cystourethral junction were free of pathology. Anechoic urine was present in the lumen with no evidence of urine 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. The ventral urinary bladder wall width measured 0.20 cm. There is no evidence of urinary bladder tumors.

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 3.0 cm in length. The right kidney measured 3.2 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 0.39 cm width. No obvious pathology was noted 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 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>
Chloe Aranibar	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta or foreign material. Mild retained anechoic fluid was present.
SPECIES	
Feline	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. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.25 cm width.
BREED	
Persian	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
SF	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	
9y	<i>Free Abdomen</i>
WEIGHT	No visualized omental lymphadenopathy or pathology cranial to the urinary bladder. No evidence of peritoneal effusion was noted.
7.3	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary Findings</i>
	<ul style="list-style-type: none">• Sonographically normal urinary bladder and visible proximal urethra• Normal bilateral kidneys
IMAGING PERFORMED BY	<i>Secondary Findings</i>
Rivera	<ul style="list-style-type: none">• Mild retained gastric fluid
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
DPC Veterinary Hospital	There is no evidence of upper or lower urinary tract pathology as an obvious cause of the hematuria. Screening urine C/S on a sterile urine sample may be considered.
REFERRING VET	
Rivera	The mild retained gastric fluid is likely incidental, given no reported gastrointestinal signs and normal appetite.
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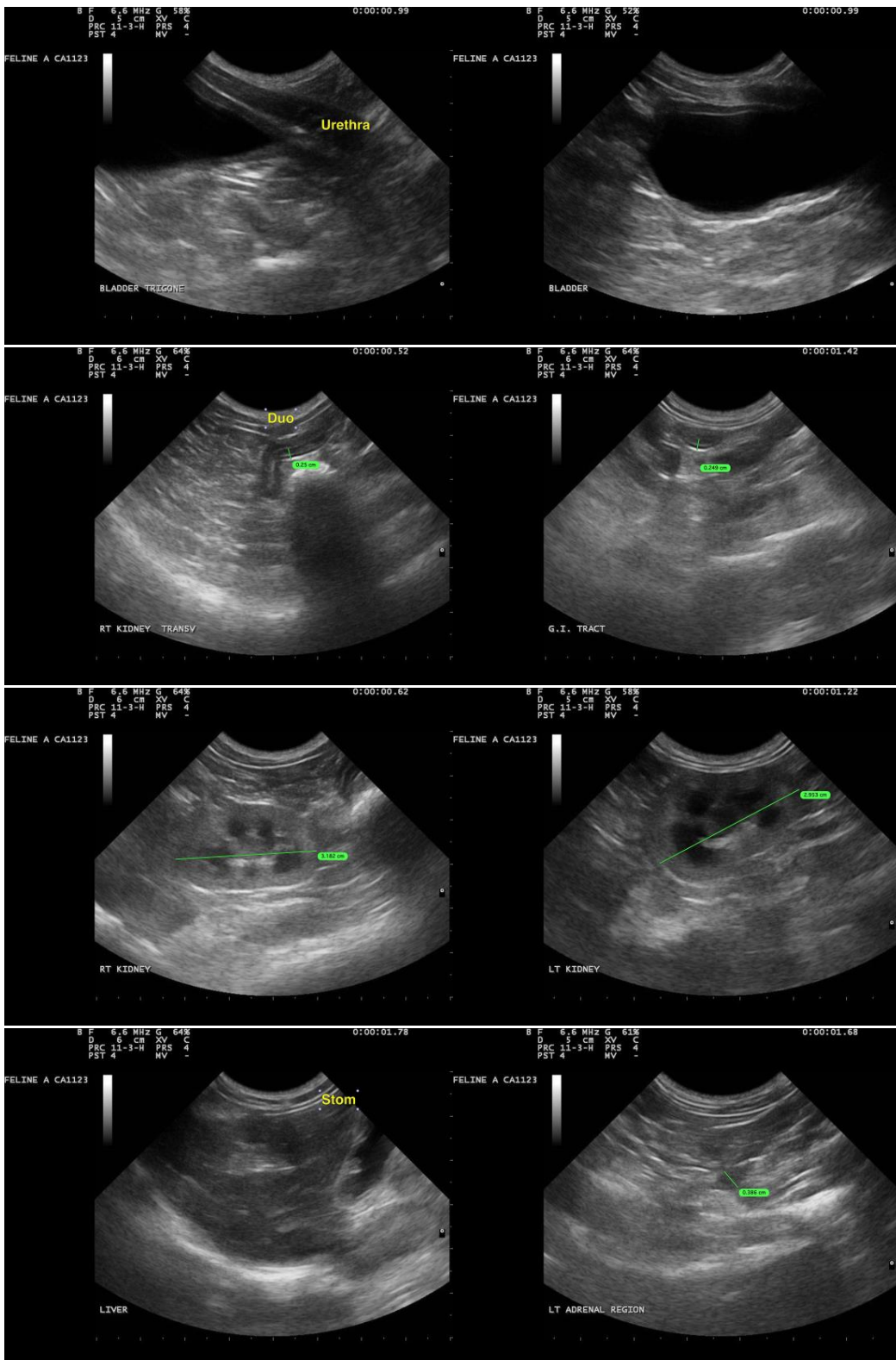
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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