



PATIENT

Milo Bryant

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

12.5

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Aaron Lucas

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Dr. Ashleigh Bisset

INVOICE

12801

DATE

12/22/25

PRESENTING CLINICAL SIGNS

Milo is an 11y/o MN DSH who presented on 12/11 for inappropriate urination and hematuria. Patient also had an episode of diarrhea outside of the litterbox. Patient has a previous history of urinary obstruction from years ago and chronic barbering of cranial abdomen. On physical exam, patient very painful on cranial abdominal palpation. In the cranial abdomen, there is a mass effect and organomegaly. Unable to determine the source of the enlargement so placed an ultrasound probe to rule out enlarged urinary bladder. Urinary bladder was extremely thickened and irregular but normal in size. BW unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild to moderate thickened urinary bladder wall most notable in the ventral apical to dorsal apical wall with mild asymmetrical luminal surface contour. No evidence of mural mineralization or masses. Mild nondependent particulate urine sediment was present. Urinary bladder wall measured 0.42 cm. The urethra was normal in structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

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 indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.6 cm in length. The right kidney measured 4.5 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 0.35 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width at the caudal pole.

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 0.70 cm width level of the mid spleen.

Liver

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.

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 was empty with no signs of ileus, obstruction or foreign material. An example of the small intestine wall measured 0.24 cm wall width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild asymmetrical cystitis pattern with mild urine sediment.
- Bilateral chronic renal changes.
- Sonographically unremarkable gastrointestinal tract/colon.
- Normal area of pancreas.
- Sonographically normal liver/spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of mid to cranial abdomen pathology or masses. Mild to chronic pancreatitis if clinical signs are consistent with pancreatitis are present may present sonographically normal. Correlation with a spec fPL is suggested if clinically indicated. No evidence of urinary bladder neoplastic criteria or masses (which is thought less likely). Urine culture and sensitivity if inflammatory sediment or UPC if noninflammatory proteinuria +/- cytopsin cytology of free catch urine sample to assess for atypical transitional cells is recommended. Empirical therapy for cystitis with clinical and as needed sonographic monitoring if recurrent or progressive lower urinary tract signs is recommended.



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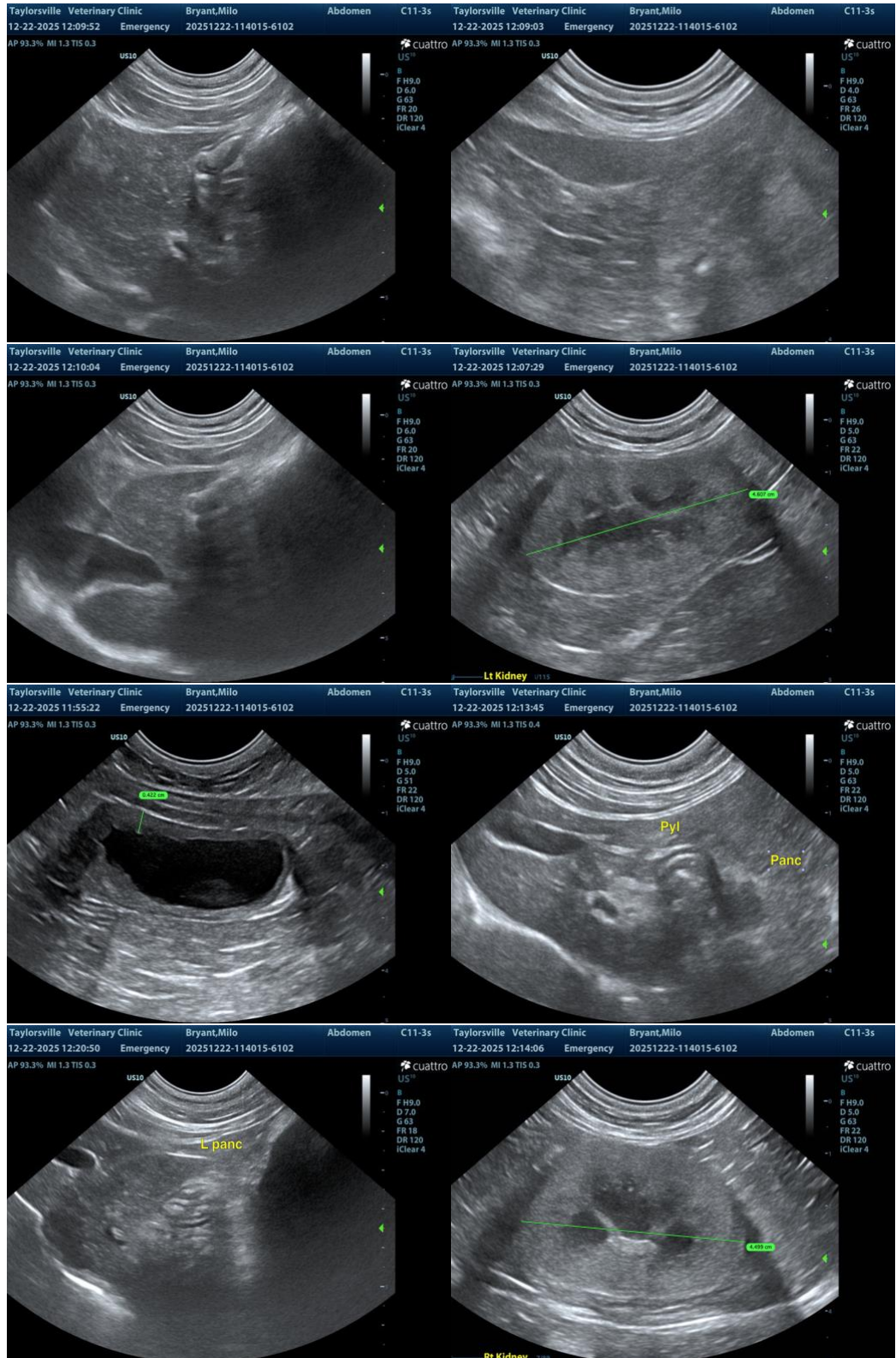
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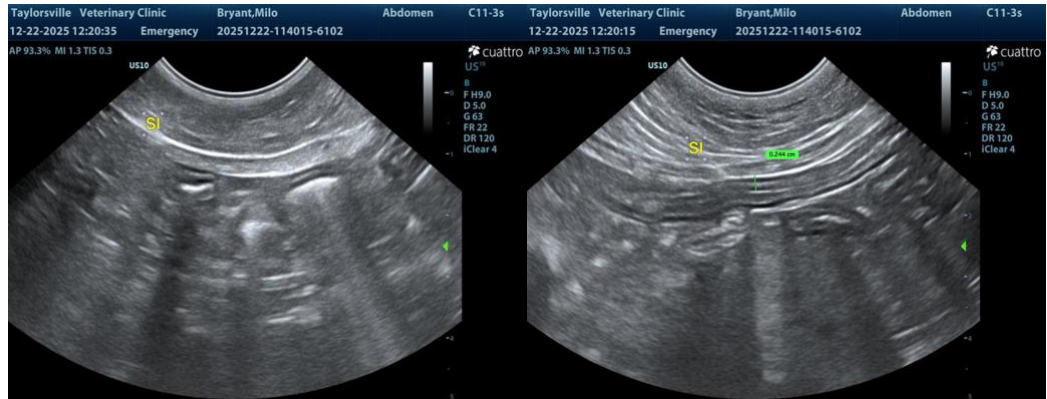
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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