



PATIENT

Lulu Seiders

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

17y 5m

WEIGHT

5.36

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Companion AH

INVOICE

12881

DATE

12/3/25

PRESENTING CLINICAL SIGNS

History: presents for ultrasound due to inappropriate urination in house. Exam at rdvm - u/a showed irregular cells, hematuria, treated with clavamox, recheck u/a persistent hematuria and wall lesion on bladder noted on their ultrasound. Patient has chronic hyperthyroid, is underweight, muscle wasted, heart murmur, arthritis, won't tolerate full extension of legs for ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder normal in size and tone with mildly thickened areas of the urinary bladder wall primarily noted in the dorsal urinary bladder with mild polyploid component. An example measured 0.35 cm width. No evidence of mineral or calculi present. The visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone.

Normal size and margination was present in the right kidney the left kidney exhibited mild subnormal size in comparison. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild medullary mineral was present. The left kidney measured 2.6 cm in length. The right kidney measured 3.1 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 0.28 cm The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.21 cm.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with non-homogeneous echotexture and moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Non-disruptive, non-homogeneous, hyperechoic intraparenchymal nodule present in the ventral liver measuring 1.2 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid.

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. Duodenum wall measured 0.22 cm and jejunum wall measured 0.21 cm.

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

Pancreas

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

Free Abdomen

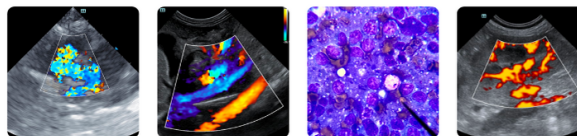
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Non-distended, focally thickened urinary bladder
- Bilateral chronic renal changes
- Non-homogeneous remodeled liver with intraparenchymal nodule
- Mild, non-obstructive common bile duct dilation
- Sonographically normal gastrointestinal tract
- Probable chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focally thickened urinary bladder wall may indicate inflammation, atypical polyps or emerging neoplasia. Cystospin cytology or free-catch urine sample to assess for atypical or neoplastic transitional cells in conjunction with urine C/S, ideally on sterile urine sample is recommended. Assuming normal clotting status and using 25-gauge needle, screening hepatic parenchyma and nodule FNA cytology could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate given underweight body condition and to assess for non-structural intestinal disease in correlation with probable chronic pancreatitis may be considered.



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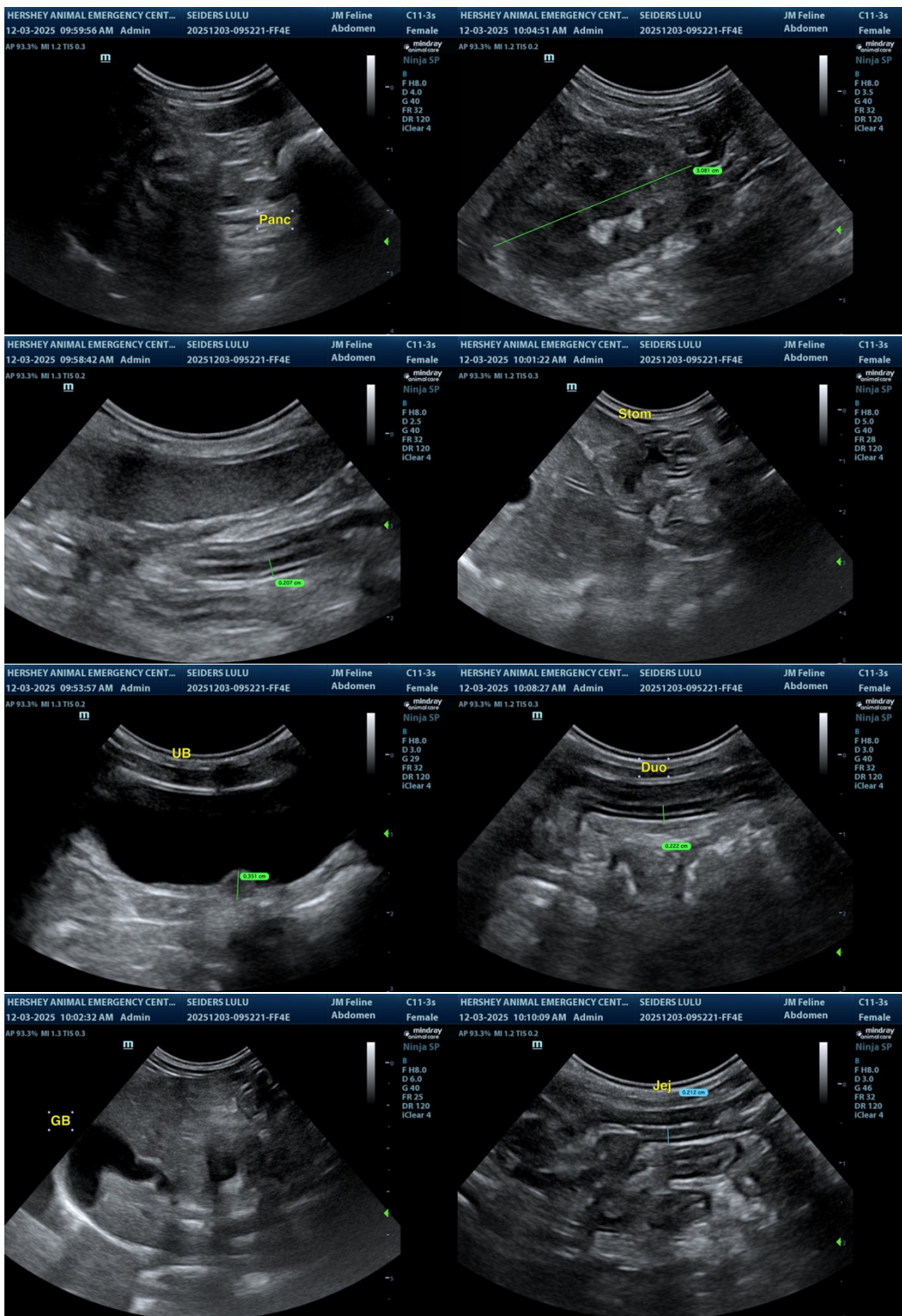
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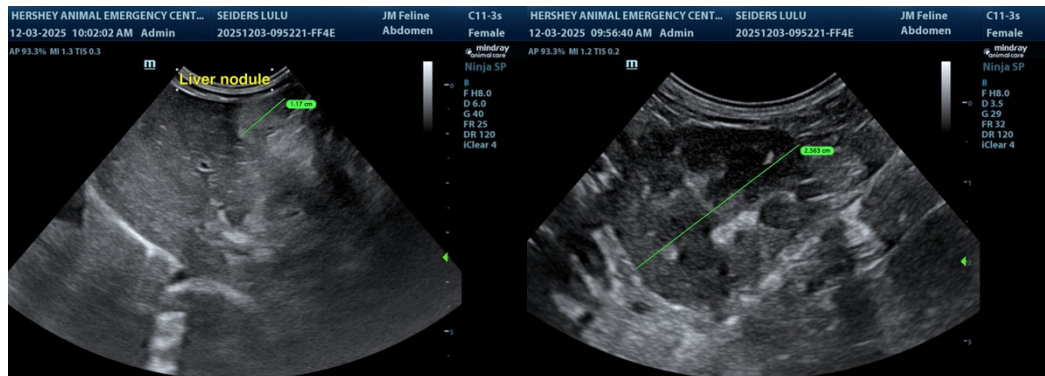
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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