



**PATIENT**

Queen Pebbles Piter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

11 yrs

**WEIGHT**

10.57 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Becca Hamilton

**HOSPITAL NAME**

VCA Vitality Hospital  
Oregon

**REFERRING VET**

Dr. Surroz

**INVOICE**

12882

**DATE**

12/3/25

**PRESENTING CLINICAL SIGNS**

History: Hx of inappropriate elimination now happening again both urine and defecation last few days. Large clots of blood in urine. Concerned for possible Bladder Mass.

Meds: Was seen at ER and put on Clavamox, Gabapentin, Onsior.

Abnormal PE/Chem/CBC/UA Results: U/A showed few Rods, LG numbers of RBCs, WBCs and Epithelial cells. pending UA culture now.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder normal in size and tone exhibiting normal wall and without evidence of inflammation of tumors. The trigone and cystourethral junction were free of pathology. The visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, primarily dependent, echogenic to particulate sediment was present without evidence of mineral or calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the uterine remnant was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild 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 3.9 cm in length. The right kidney measured 4.1 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 0.40 cm. The right adrenal gland was indistinctly visualized with no overt pathology and subjectively measuring 0.40 cm.

**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**

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.



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**Gastrointestinal**

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 intestinal walls demonstrated intact mildly thickened wall layers with mildly thickened muscularis layer and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Small intestine wall measured 0.30 cm.

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

**Pancreas**

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.

**Free Abdomen**

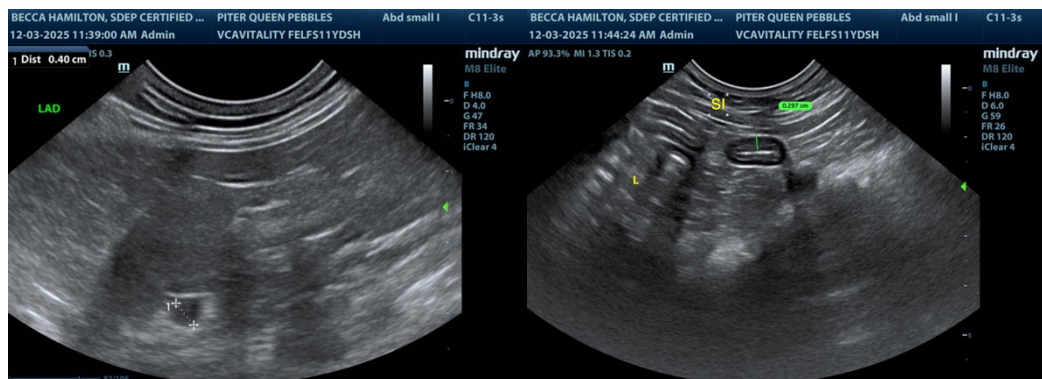
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Normal urinary bladder, visible proximal urethra with mild urine sediment
- Mild chronic renal changes with mild medullary mineral
- Sonographically normal colon
- Intact thickened small intestine wall

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Correlation with pending urine C/S is recommended. No evidence of upper or lower urinary tract calculi or tumors. The intact mildly thickened small intestine is nonspecific without reported gastrointestinal signs. Patient variant or emerging to low-grade enteropathy, i.e. IBD, emerging intestinal round cell neoplasia such as lymphoma may present in a similar sonographic manner. Monitoring for gastrointestinal signs or weight loss going forward with as needed sonographic reassessment is recommended.





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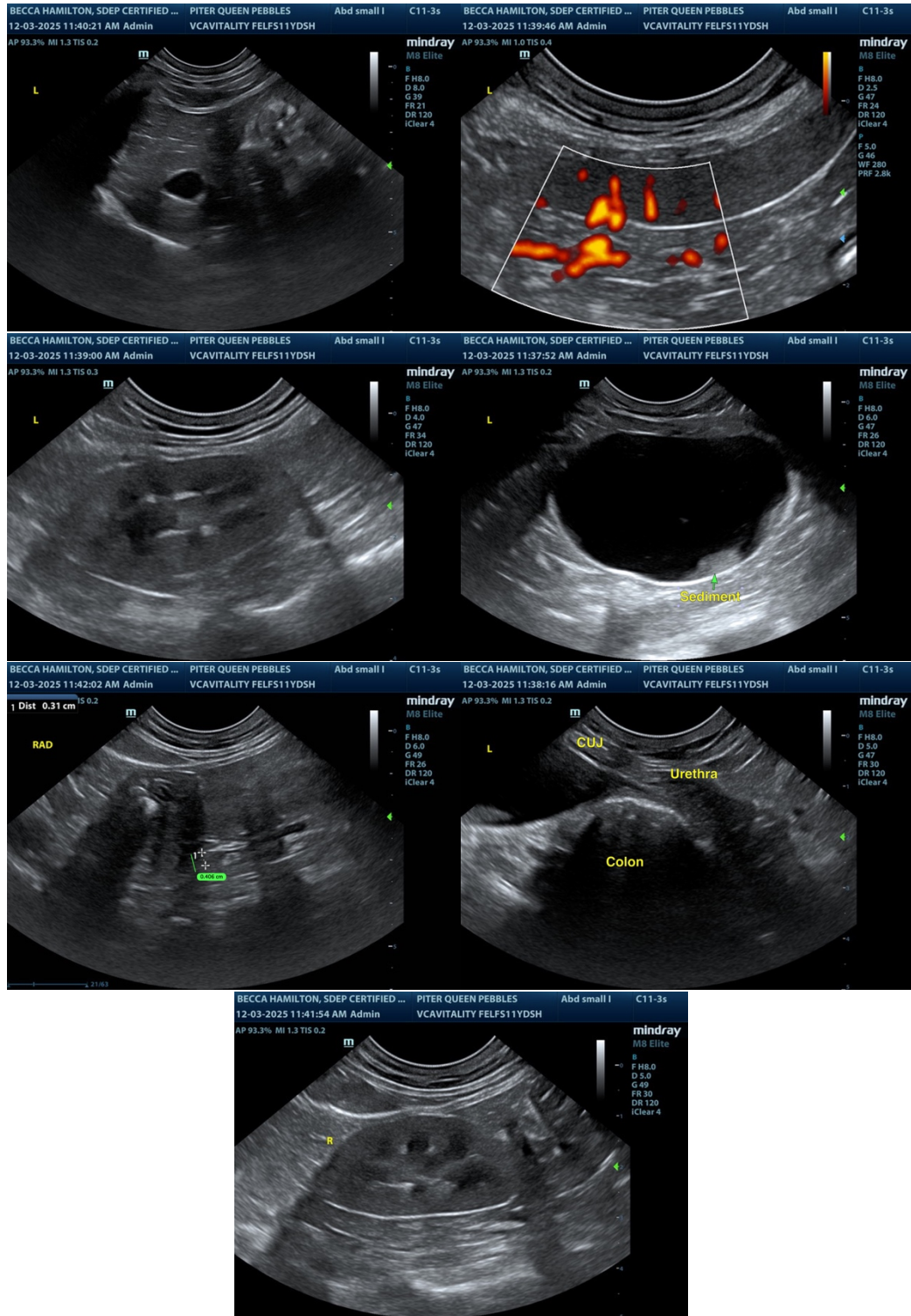
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)