



PATIENT

Spike Palmer-Kehma

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5

WEIGHT

25.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

23148

DATE

12/08/2025

PRESENTING CLINICAL SIGNS

re check from 8/27 -splenomegaly Hx of stranguria since resolved

Abnormal PE/Chem/CBC/UA Results: TP 9.1 ALB 4.2 GGT 7 U/A proteinuria hematuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Mildly enlarged size and symmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio with mild enhanced cortex echogenicity and corticomedullary border demarcation. No evidence of loss of corticomedullary architecture or pyelectasia. No evidence of left or right retroperitoneal inflammation. The left kidney measured 5.2 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited borderline enlargement (1.0-1.1 cm in width) with 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. Normal vascular volume. 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing non-shadowing ingesta/chyme with no signs of mechanical/metabolic ileus, obstruction or foreign material.
Spike Palmer-Kehma	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	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.
DSH	Free Abdomen
SEX	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
MN	ULTRASONOGRAPHIC FINDINGS
AGE	Primary
5	<ul style="list-style-type: none">Mild urine sedimentPrevious noted mild renomegaly exhibiting intact renal architectureBorderline splenomegaly exhibiting symmetrical contour and homogenous parenchyma
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
25.5	The spleen and bilateral kidneys did not overtly suggest neoplastic criteria. Potential for splenic and renal patient variant, mild splenic hyperplasia, hematopoiesis, borderline splenomegaly secondary to sedation if clinically indicated with bilateral non-specific nephritis not excluded.
INTERPRETED BY	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. As previously mentioned and assuming normal clotting status using 25ga needle, a screening splenic and accessible renal cortex FNA cytology could be considered for further assessment.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Jenn	
HOSPITAL NAME	
Rockaway Animal Hospital	
REFERRING VET	
Dr Maniar	
INVOICE	
23148	
DATE	
12/08/2025	



PATIENT

Spike Palmer-Kehma

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5

WEIGHT

25.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

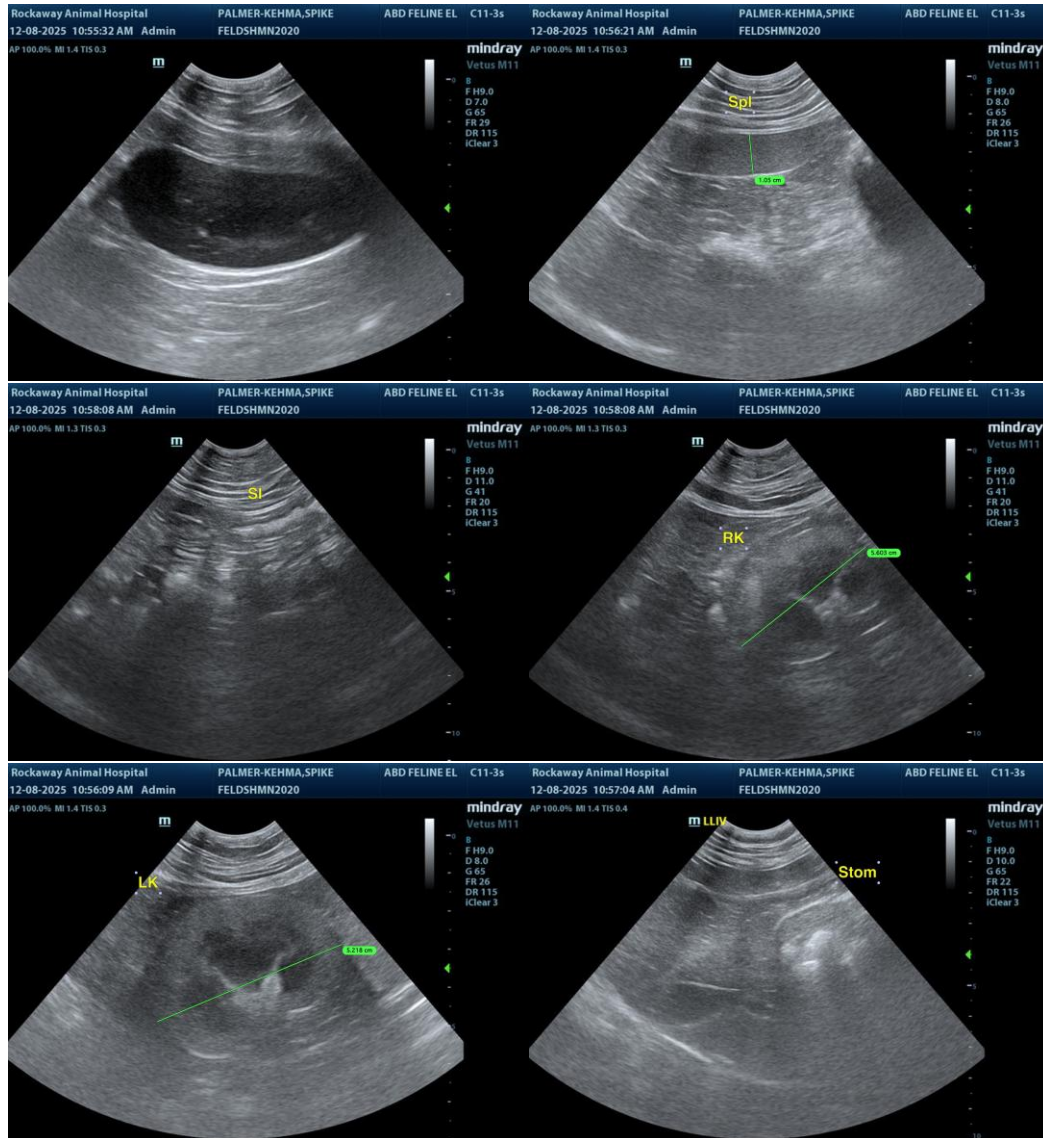
Dr Maniar

INVOICE

23148

DATE

12/08/2025



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