



PATIENT

Kitty Wasielewski

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

9.9

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

13689

DATE

02/11/26

PRESENTING CLINICAL SIGNS

- difficulty urinating in/out of box.

Abnormal PE/Chem/CBC/UA Results: WBC 23.33 Glob 5.7 ALP >10

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with normal walls and without evidence of inflammation or tumors. The trigone and cystourethral junction were free of pathology. The urethra was normal in structure and tone to a depth of 2.0 cm. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of neoplastic mural changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild nonhomogenous hyperechoic cortex with indistinct corticomedullary border demarcation. No evidence of pyelectasia. The left kidney measured 3.6 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized with no obvious pathology.

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.

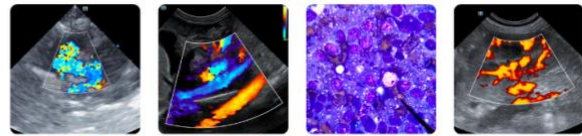
The gallbladder appeared to be divided into two compartments, both containing anechoic bile. The common bile duct was not visualized.

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 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.

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



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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

Primary Findings

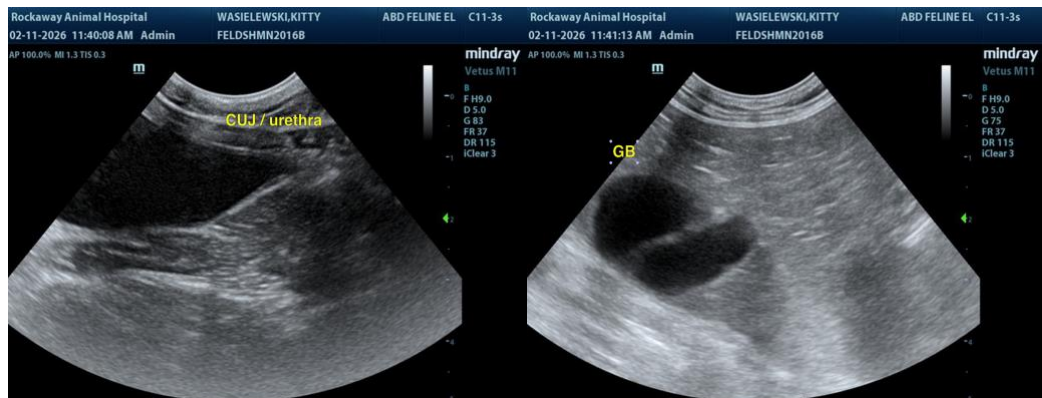
- Normal nondistended urinary bladder with mild urine sediment with normal visible proximal urethra.
- Mild age-related renal changes.

Secondary Findings

- Bi-lobed gallbladder- normal variant in a cat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract obstructive pathology i.e. cystitis, tumors, calculi, or urethral pathology. Correlation with urinalysis, +/- urine culture/sensitivity, if evidence of inflammatory sediment or UPC if non-inflammatory proteinuria. Neurological examination is suggested, if not done. Empirical therapy for possible mild idiopathic cystitis would be reasonable.





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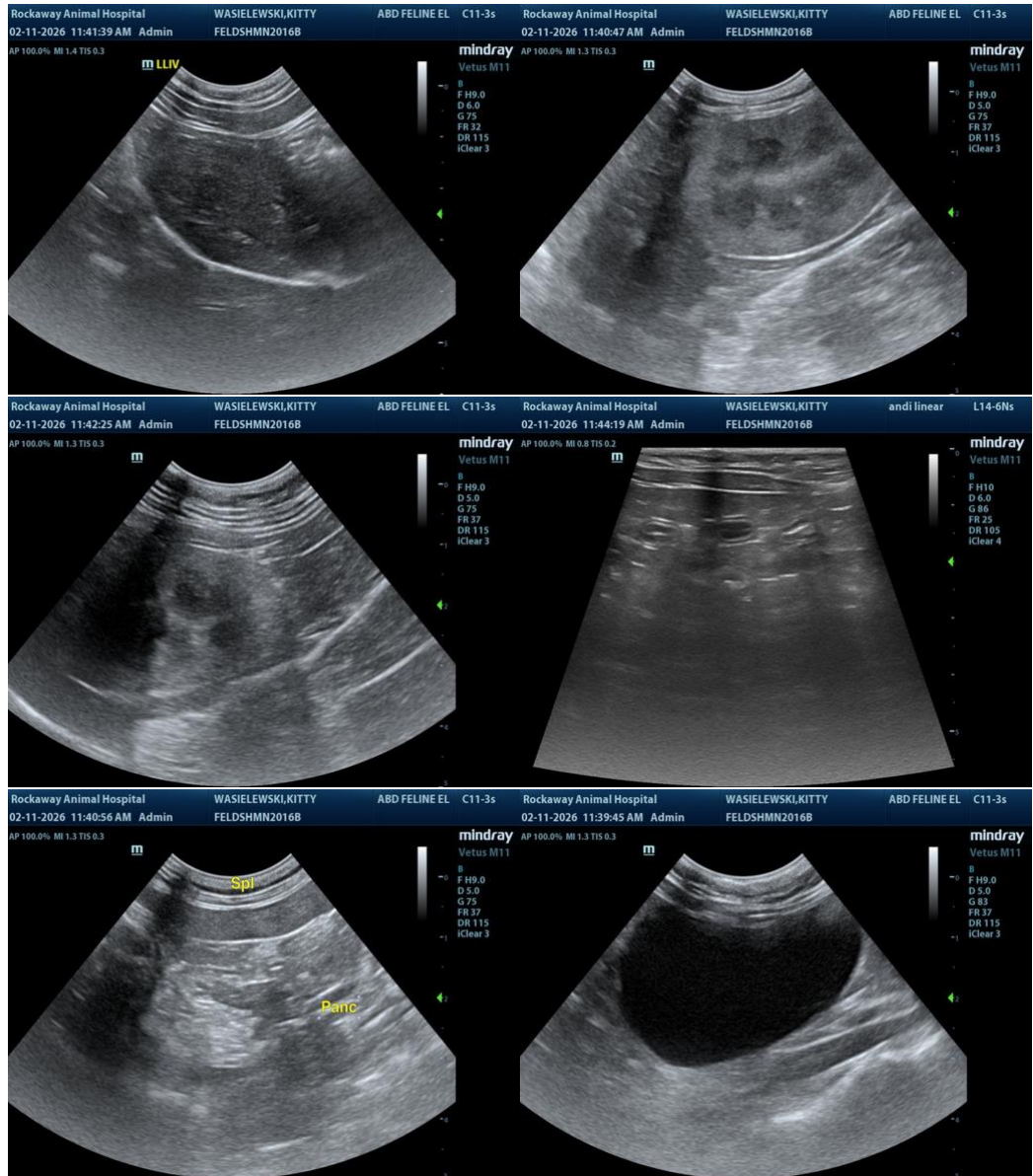
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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