



## PATIENT

Coffee Li

## SPECIES

Feline

## BREED

DSH

## SEX

M

## AGE

6

## WEIGHT

15.5lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Nader

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr Nader

## INVOICE

23908

## DATE

02/16/2026

## PRESENTING CLINICAL SIGNS

- Straining to urinate, seems to be in pain. unblocked twice last month, hiding
- Abnormal PE/Chem/CBC/UA Results: Only increase ALT value in chem. In urinalysis, high protein, blood, RBC, and struvite crystals are also present.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was non-distended in size with normal tone. The 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 moderate dependent lumen to accumulated mild heterogeneous sediment / mucus and mild dependent lumen mineral. Concurrent mild non-dependent particulate sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The area of the left adrenal gland was free of pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

### 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. 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



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

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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 mechanical/metabolic ileus, obstruction or foreign material.

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

## *Pancreas*

## BREED

DSH

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.

## SEX

## *Free Abdomen*

M

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

## AGE

6

## Primary

- Non-distended urinary bladder with moderate dependent to mild non-dependent accumulated sediment, mucus and mineral
- Normal bilateral kidneys
- Sonographically normal liver - consistent with low-grade benign hepatopathy

## WEIGHT

15.5lb

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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

Urine C/S ideally on sterile urine sample to assess for underlying infection is recommended. If no evidence of infection, mild idiopathic cystitis is probable. Manual manipulation of the urinary bladder to assess dispersion of accumulated sediment is recommended. No overt evidence of urinary bladder neoplastic criteria.

## IMAGING PERFORMED BY

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Urinary diet and empirical therapy for mild cystitis with clinical and as needed sonographic monitoring is recommended.

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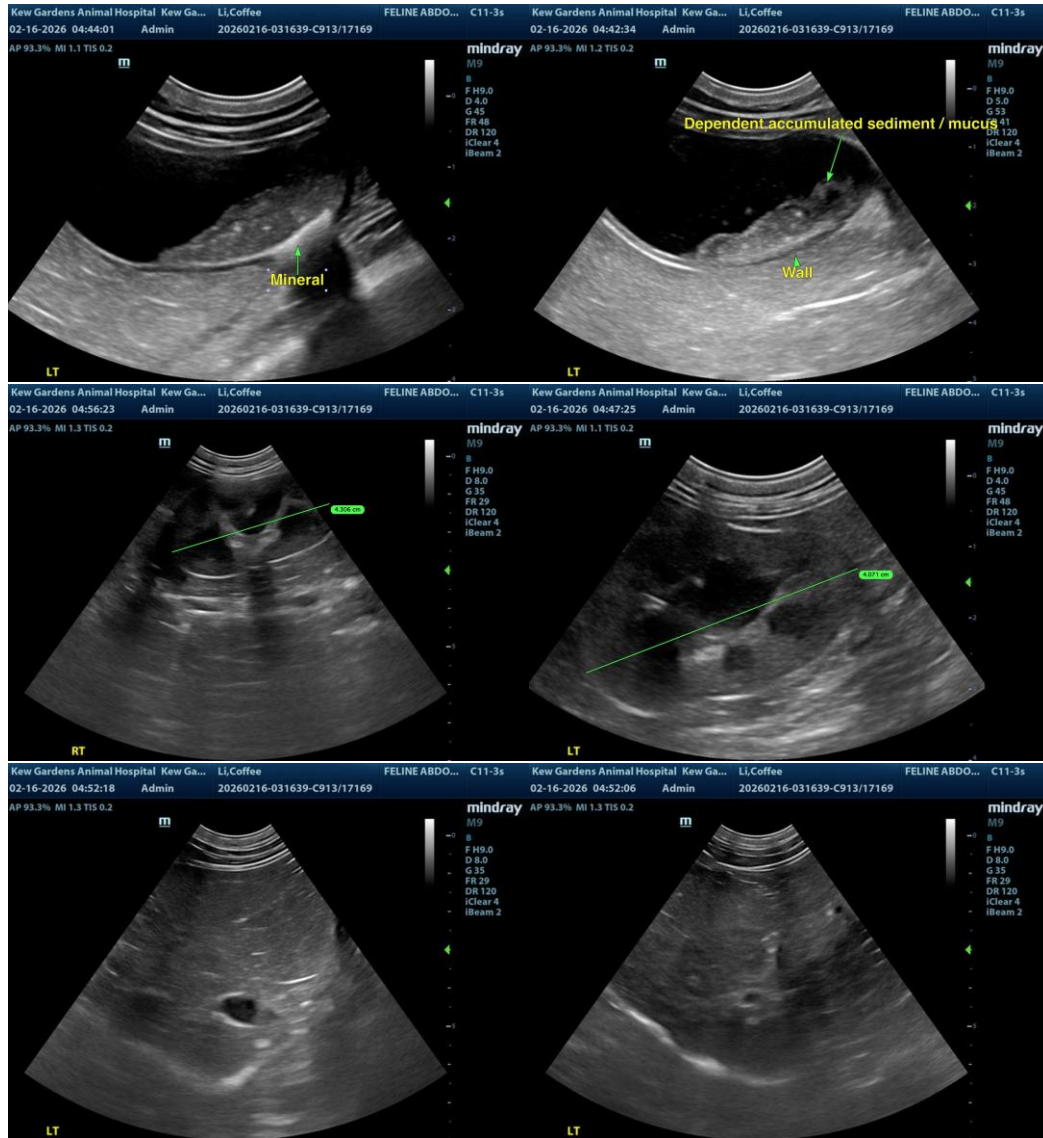
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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