



**PATIENT**

Geronimo Loveless

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

18.96 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Santa Clara Animal  
 Hospital

**REFERRING VET**

Dr. Pappas

**INVOICE**

13898

**DATE**

02/20/26

**PRESENTING CLINICAL SIGNS**

- Clinical Exam Findings: Pt presented 2/3/26 for inappropriate urination. PE: Tense abdomen, small bladder, fleas, obese; FIC suspected Rx: Gabapentin, buprenorphine. Pt urinary signs improved with symptomatic treatment. O would like to perform AUS to ensure no other pathologies present
- ABNORMAL Labwork Values: CBC: WNL Chem: Cl 113 UA: 3+ protein, 3+ blood, 20-30 wbc, >100rbc

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate nondependent particulate to focally hyperechoic sediment and mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

The kidneys were enlarged in size with primarily symmetrical contour. A normal 1:3 cortex / medulla ratio was maintained. Mild hyperechoic cortex echogenicity with enhanced corticomedullary border demarcation and no evidence of pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 6.1 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 0.30 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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. 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 was empty with no signs of ileus, obstruction or foreign material.

**SPECIES**

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.

Feline

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

**BREED**

**Pancreas**

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**

Neutered Male

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

7 Years

- Sonographically normal urinary bladder with moderate urine sediment and mild lumen mineral.
- Bilateral renomegaly exhibiting mild cortical hyperechogenicity.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

18.96 pounds

Aside from the kidneys and urinary bladder, no evidence of additional visceral pathology. The renomegaly and cortical hyperechogenicity noted in both kidneys is nonspecific with likely patient variant given patient's size with cortical fat deposition. Monitoring of renal parameters is suggested. Urine culture and sensitivity if inflammatory sediment, +/- UPC if non-inflammatory proteinuria is recommended. Continued empirical therapy for idiopathic cystitis which may include urinary diet if not instituted is recommended.

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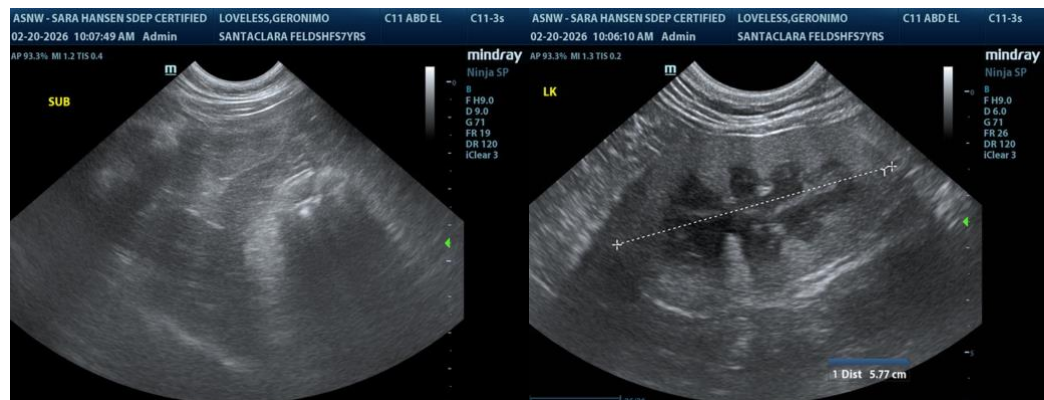
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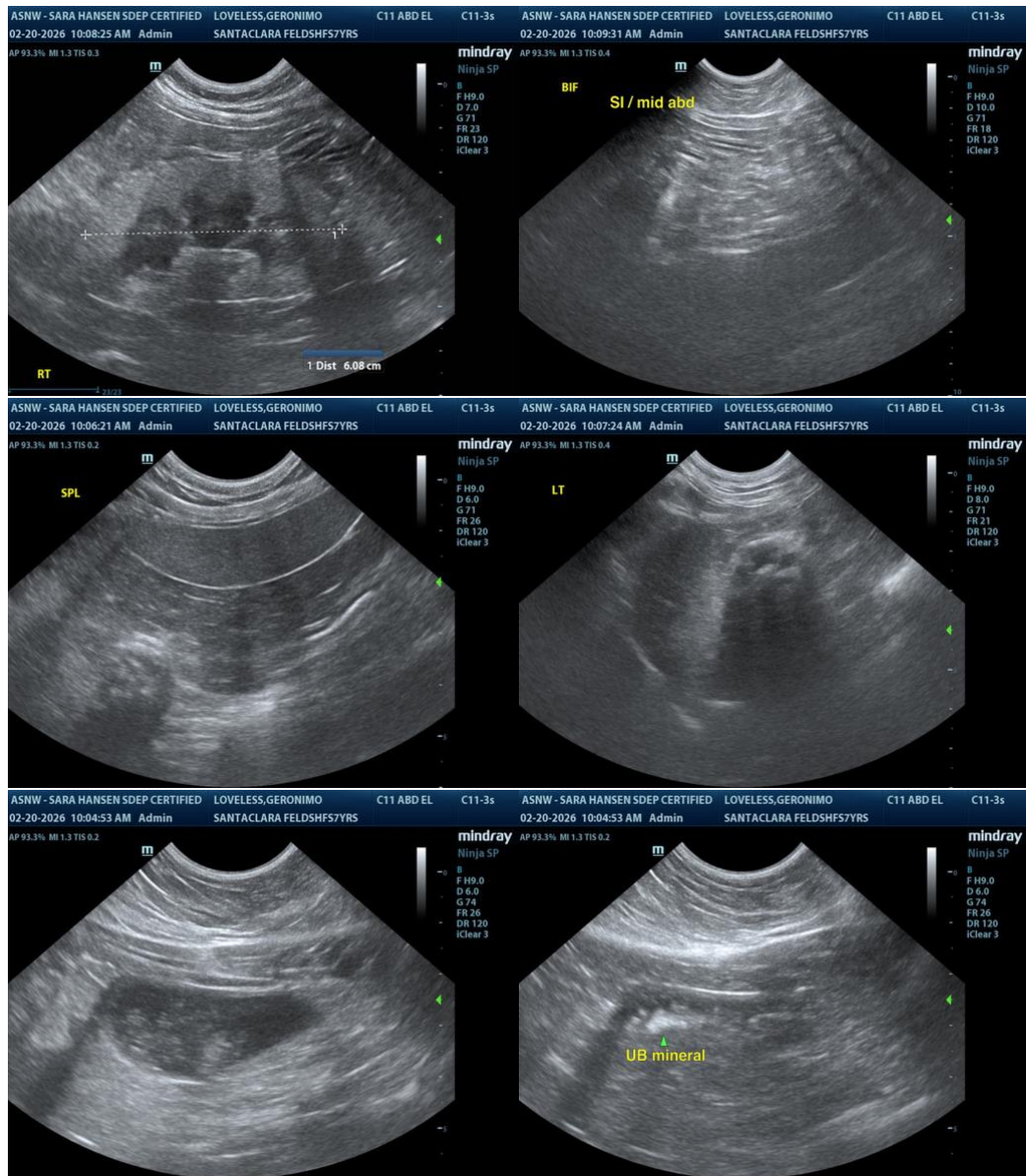
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)