



PATIENT

Miami Segó

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

16 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Giuliani

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Giuliani

INVOICE

13611

DATE

02/06/26

PRESENTING CLINICAL SIGNS

- Conflicting history from owners: one says constipation and has been giving MiraLAX, other says not urinating. O noting blood dripping from hind end. UA showed blood, but no infection.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented normal in size and tone with diffusely to irregularly thickened urinary bladder wall exhibiting primarily homogenous mural echogenicity and asymmetrical luminal surface contour. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild anechoic urine was present in the lumen with mild particulate urine sediment. No visualized macro calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted. The urinary bladder wall measured 0.57 cm wall width.

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. Mild medullary mineral was present bilaterally. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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

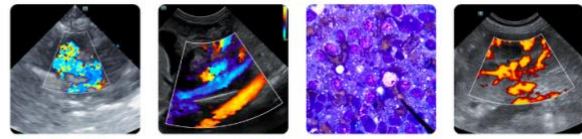
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta and lumen gas without signs of 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.



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Normal visible colon wall layers were present. The colon was nondistended with formed fecal matter 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

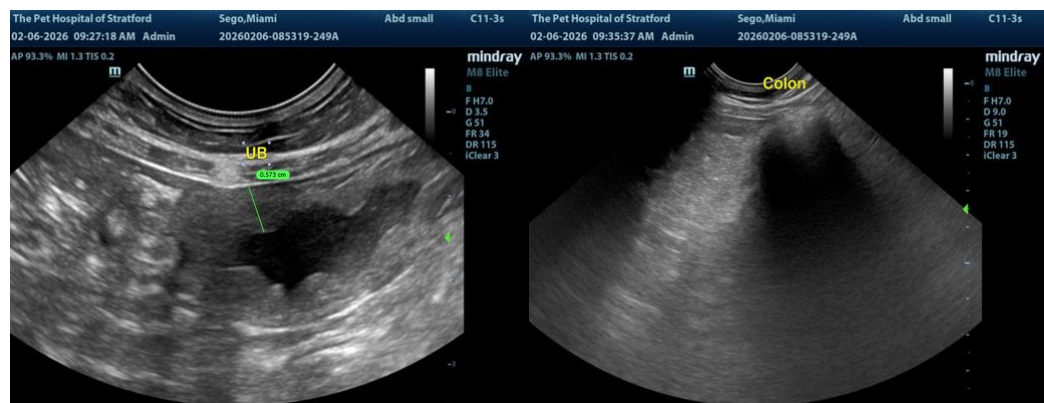
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Irregularly thickened urinary bladder with mild urine sediment.
- Sonographically normal gastrointestinal tract with gastric ingesta and nondistended colon with formed fecal matter- gastric ingesta consistent with food echogenicity.
- Age-related renal changes with mild medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Significant generalized cystitis is probable, although a diffused urinary bladder tumor cannot be definitively excluded. Correlation with urinalysis, urine culture and sensitivity, ideally on sterile urine sample and cytospin cytology of urine to assess for evidence of atypical transitional cells is recommended. No evidence of colon over-distention/constipation or mural pathology as a contributing factor. Empirical therapy for significant idiopathic cystitis, pending additional diagnostics, is recommended.





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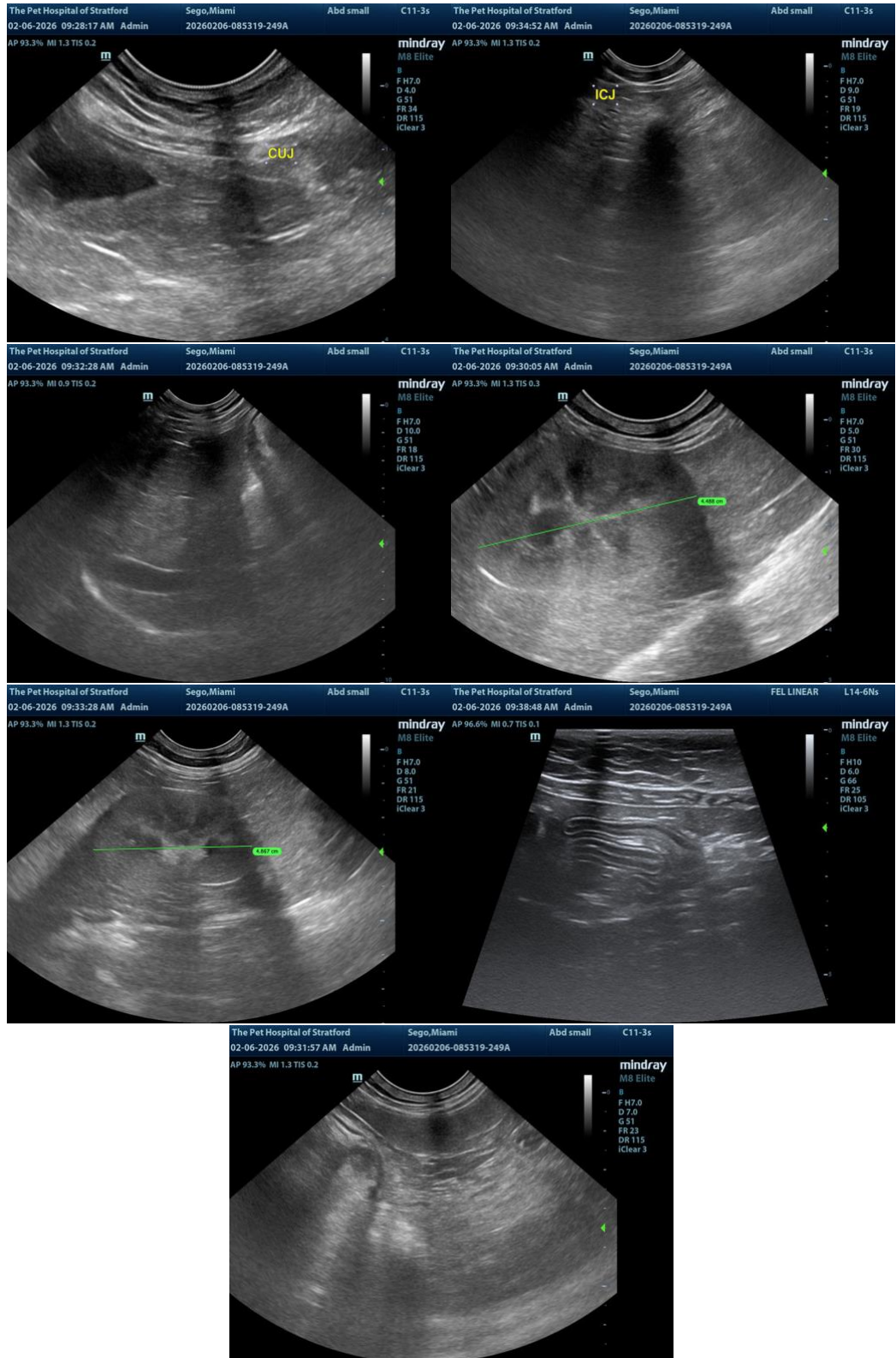
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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