



## PATIENT

Pinky Roman

## PRESENTING CLINICAL SIGNS

- decreased appetite , urinating outside box, decreased urine out out unable to catch urine sample yet

## SPECIES

Abnormal PE/Chem/CBC/UA Results: GGT 13

Feline

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## BREED

### Urinary System

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3 cm. Mild nonuniform thickening of the urinary bladder wall was present. A solitary calculus measuring 0.9 cm in diameter was present in the dependent lumen. Thickened ventral to ventroapical urinary bladder wall measured 0.5-0.6 cm wall width. Concurrent mild to moderate non-dependent particulate urine sediment was present.

SEX

FS

AGE

3

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 3.8 cm in length. The right kidney measured 3.8 cm in length.

WEIGHT

6.5

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

## INTERPRETED BY

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

### 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.

## IMAGING PERFORMED BY

Jenn

### Liver/Gallbladder

## HOSPITAL NAME

Rockaway Animal  
Hospital

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.

## REFERRING VET

Dr Maniar

### 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.

## INVOICE

24210

## DATE

03/16/2026



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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.

## SPECIES

Feline

### *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.

## BREED

DSH

### *Free Abdomen*

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

## SEX

FS

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Urinary bladder calculus/ sediment with ventroapical cystitis pattern
- Normal bilateral kidneys
- Normal gastrointestinal tract
- Normal liver /gallbladder

## AGE

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## WEIGHT

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy with calculus analysis, concurrent urine C/S +/- biopsy of the urinary bladder wall for histopathology and tissue C/S is recommended. No evidence of gastrointestinal or hepatobiliary pathology. Gastrointestinal support is indicated.

## INTERPRETED BY

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

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**REFERRING VET**

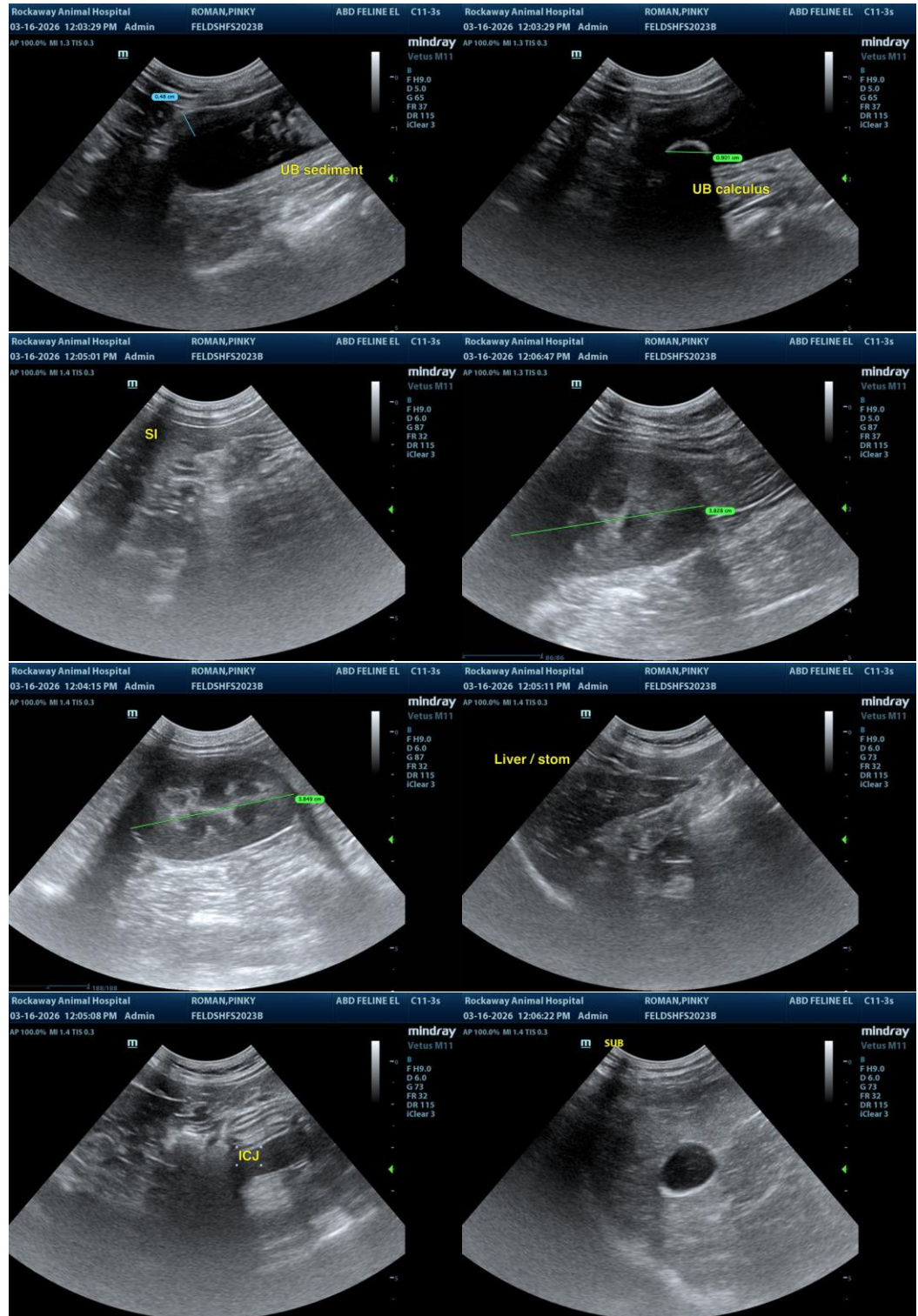
Dr Maniar

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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.

## SPECIES

Feline

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.

## BREED

DSH

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[info@sonopath.com](mailto:info@sonopath.com)

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FS

## AGE

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