



## PATIENT

Sanam Avella

## SPECIES

Feline

## BREED

Persian

## SEX

MN

## AGE

8

## WEIGHT

13.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Maniar

## INVOICE

24281

## DATE

03/24/2026

## PRESENTING CLINICAL SIGNS

Re check prev u/s 3/23

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, 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 mild non-dependent particulate sediment. 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 3.7 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

### 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder appeared divided into two compartments, both containing anechoic bile. The gallbladder was non-distended in size. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended with mild lumen gas and mild persistent retained primarily pyloric fluid. No evidence of obstruction to pyloric outflow.

The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild segmental gas to the level of the colon.

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

### Pancreas



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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.

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### *Free Abdomen*

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

## BREED

Persian

### Primary

- Persistent yet reduced retained gastric fluid
- Overall empty small intestine with mild segmental gas
- Normal area of pancreas

## SEX

MN

### Secondary

- Bilobed gallbladder -newly noted, normal variant in cats

## AGE

8

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No current evidence of gastrointestinal obstructive pattern or previously visualized shadowing cranial intestinal lumen echo. Continued gastrointestinal support and empirical therapy for historical IBD is recommended. No indication for surgical intervention at this time. A spec FPL or a GI panel to correlate with historical IBD or assess for mild to chronic pancreatitis which may present sonographically normal may be considered.

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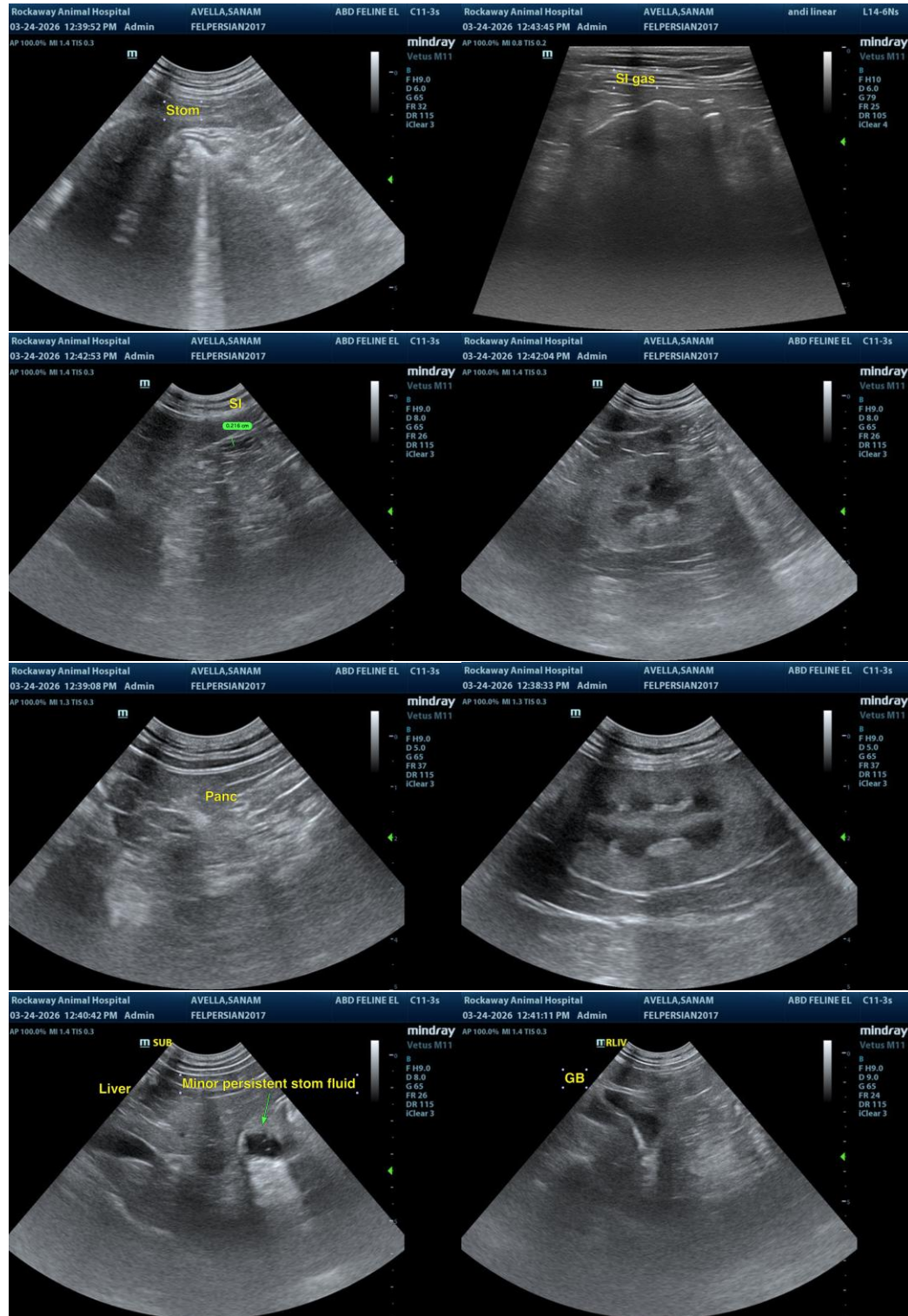
Dr Maniar

**INVOICE**

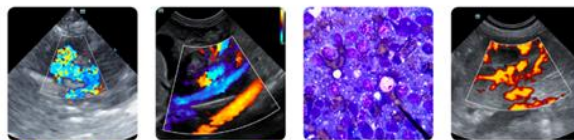
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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

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