



PATIENT

Raoul Harris

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2

WEIGHT

13.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

15277

DATE

04/21/26

PRESENTING CLINICAL SIGNS

Straining to urinate.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Diffuse mildly thickened wall exhibiting homogenous mural echogenicity and maintained symmetrical luminal surface contour. Moderate dependent to nondependent particulate sediment was present. The urinary bladder wall measured 0.35 cm wall width. The urethra was normal in structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 3.9 cm in length. The right kidney measured 3.7 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 subnormal in size given the presence of gastric ingesta without evidence of pathology. The common bile duct was normal.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing intestinal ingesta was present.

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

Pancreas



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The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

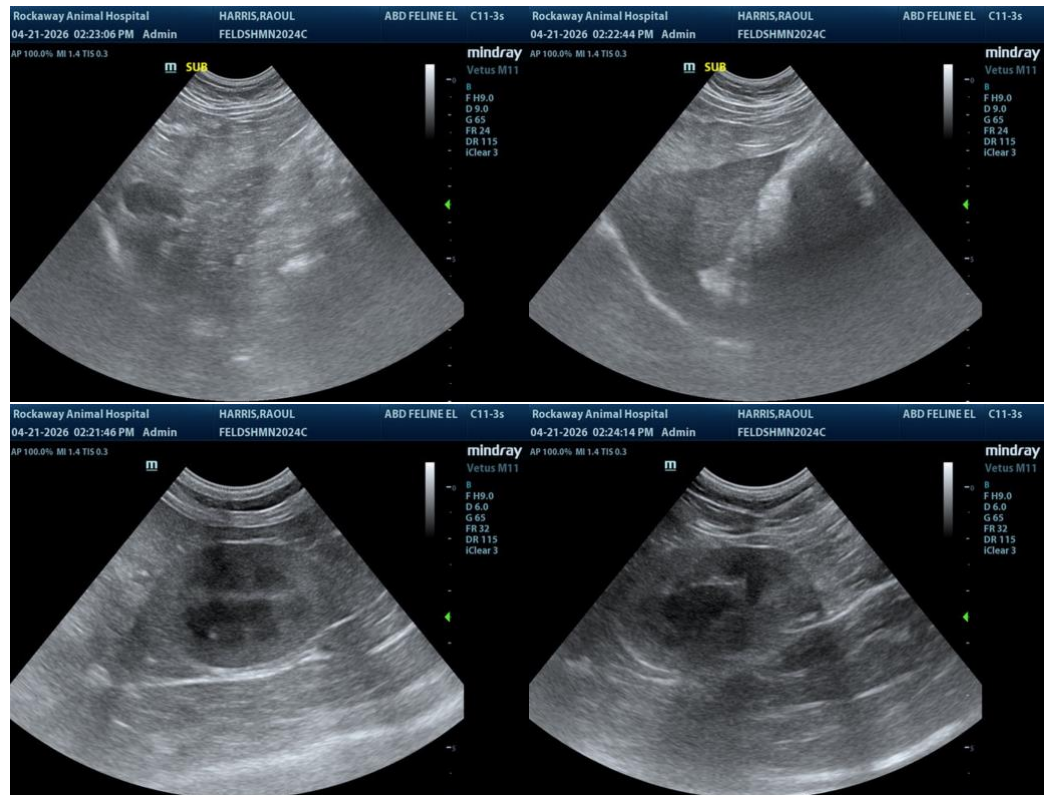
- Moderate urinary bladder sand/sediment/mineral with mild cystitis pattern.
- Normal bilateral kidneys.
- Normal volume liver.

Secondary Findings

- Gastrointestinal ingesta- most consistent with food echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with urinalysis and ideally culture and sensitivity on sterile urine sample is recommended. If no evidence of underlying infection, idiopathic cystitis with associated sediment, sand and mineral is probable. No evidence of hepatic portovascular anomaly. Empirical therapy for cystitis including urinary diet with clinical and sonographic monitoring is recommended.





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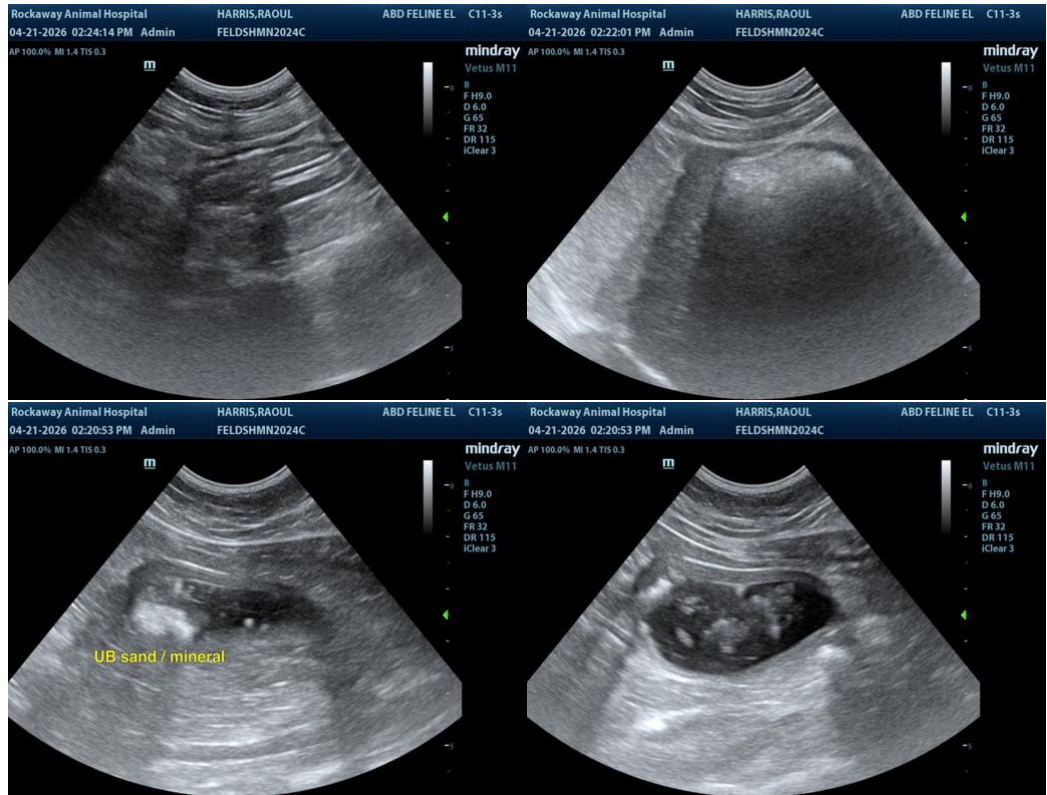
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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