



PATIENT

Matilda Radaskiewicz

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11.5

WEIGHT

13

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christensen

HOSPITAL NAME

Tranquility Veterinary
Clinic

REFERRING VET

Dr. Christensen

INVOICE

15415

DATE

04/24/26

PRESENTING CLINICAL SIGNS

Mammary carcinoma diagnosed and full chain mastectomy performed.

Abnormal PE/Chem/CBC/UA Results: Presented for full stage.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. A small, sessile-based lesion appearing to derive from the mid-ventral urinary bladder wall extending mildly into the lumen was present, measuring approximately 0.93 cm in diameter. Color flow assessment of the lesion was not used. The urethra was normal in structure and tone to a depth of 3.0 cm. Besides that, anechoic urine was present with no mineral or calculi.

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. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 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 0.24 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. A small nonobstructive lumen choleolith was present measuring 0.50 cm in diameter.

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.



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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 ileus, obstruction or foreign material. The small intestine wall measured 0.24 cm wall width.

Normal visible colon wall layers were present with apparent formed feces 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

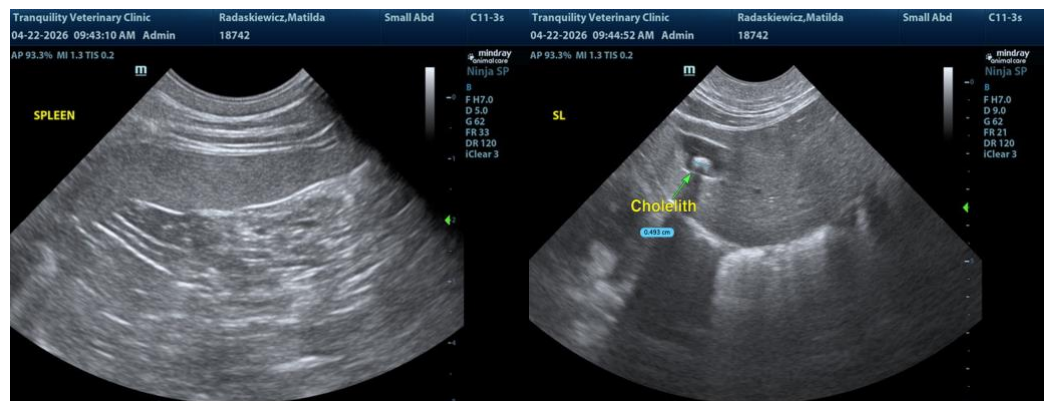
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Small ventral sessile-based urinary bladder lesion- concern for emerging mass, potential for sessile based polyp, focal inflammation or accumulated possibly adhered urine sediment.
- Bilateral chronic renal changes.
- Small nonobstructive choleolith.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mesenteric, medial iliac, or sublumbar lymphatic metastasis. Correlation with urinalysis is recommended. Serial monitoring of the urinary bladder lesion for evidence of persistence or progression with initial recheck in four weeks is recommended. Cytospin cytology of free-catch urine sample to assess for atypical transitional cells may be considered.





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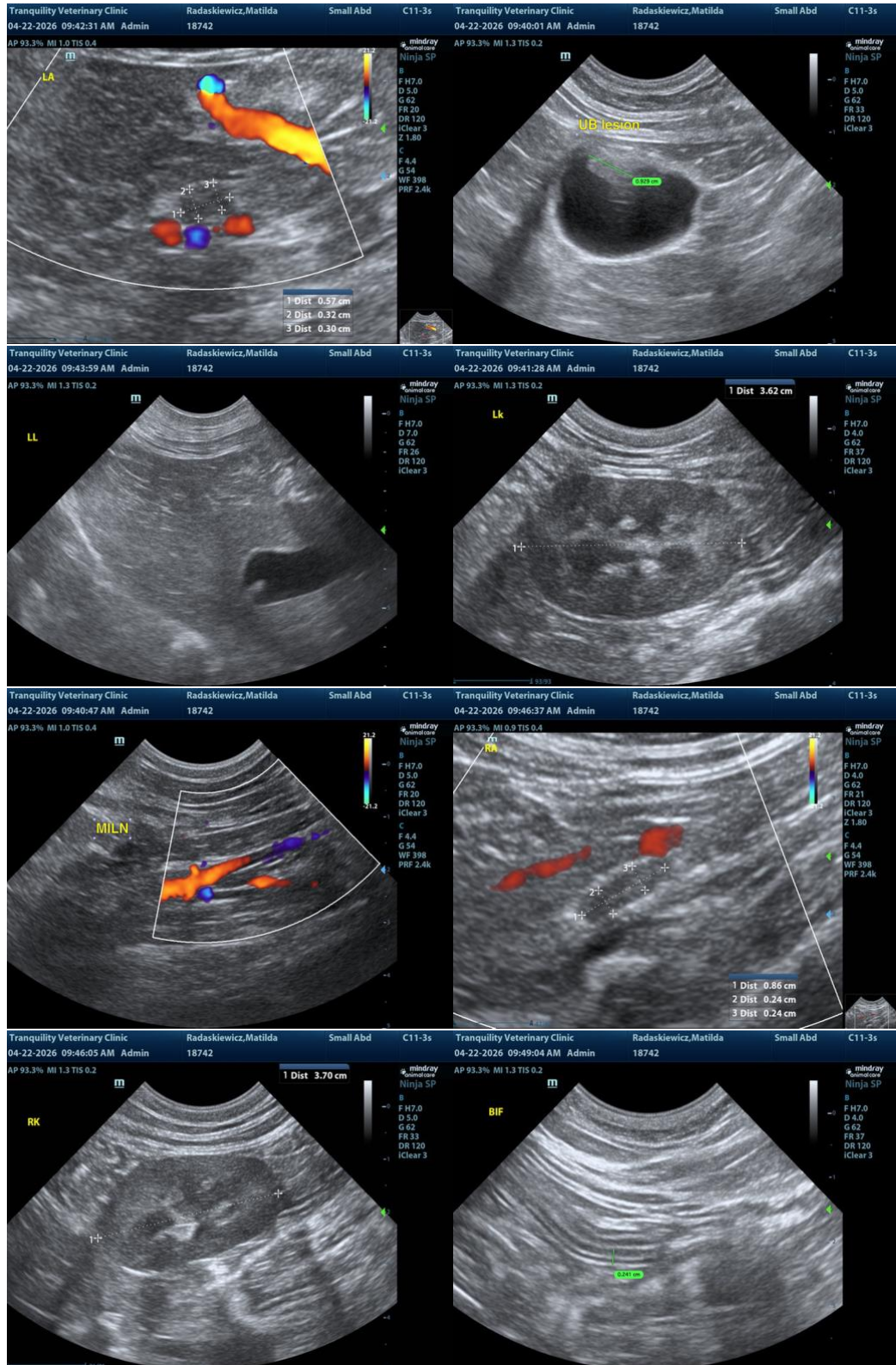
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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