

PATIENT

Zeke Pedrazzi

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11

WEIGHT

10.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Harrs

INVOICE

15528

DATE

04/28/26

PRESENTING CLINICAL SIGNS

Hiding and not eating for 4 days possible diabetic vs FLUTD

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild to moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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. A caudal medial cortical infarct was present in the left kidney. 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 non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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 jejunum wall measured 0.23 cm wall width. The ileocolic wall measured 0.34 cm wall width.

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

Pancreas



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The left pancreas presented normal in size and contour with isoechoic mildly remodeled parenchyma with mildly prominent left limb pancreatic duct.

Free Abdomen

Mild colic lymphadenopathy with mild increased peri-ileocolic and perilymphatic omental echogenicity. No evidence of peritoneal effusion. The colic lymph node measured 0.50 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

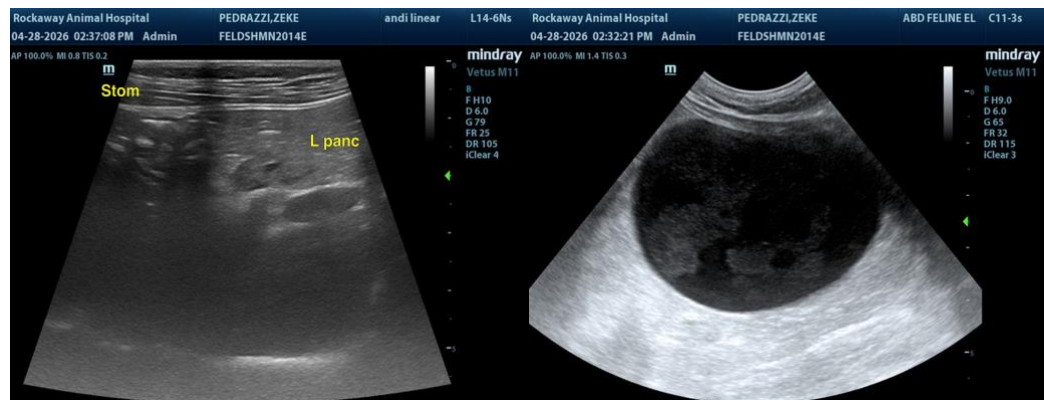
- Urinary bladder sediment.
- Chronic renal changes with left kidney cortical infarct.
- Sonographically unremarkable gastrointestinal tract/colon.
- Mild colic lymphadenopathy- consistent with benign criteria i.e. antigenic stimulation, mild reactive hyperplasia or possible mild lymphadenitis.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample is indicated if inflammatory sediment on urinalysis or if lower urinary tract signs. Possible low-grade chronic pancreatitis may be suspected if evidence of cranial abdomen/subxiphoid discomfort on palpation.

The gallbladder debris is nonspecific yet may be associated with hepatobiliary inflammation or non-obstructive cholestasis. Correlation with full lab, urinalysis, spec fPL or full GI panel to include PLI, TLI, cobalamin and folate is recommended. No evidence of mechanical gastrointestinal obstruction or neoplastic criteria.

Gastrointestinal support is indicated pending additional diagnostics. Assessment of systemic BP +/- coagulation profile given left kidney cortical infarct is suggested.





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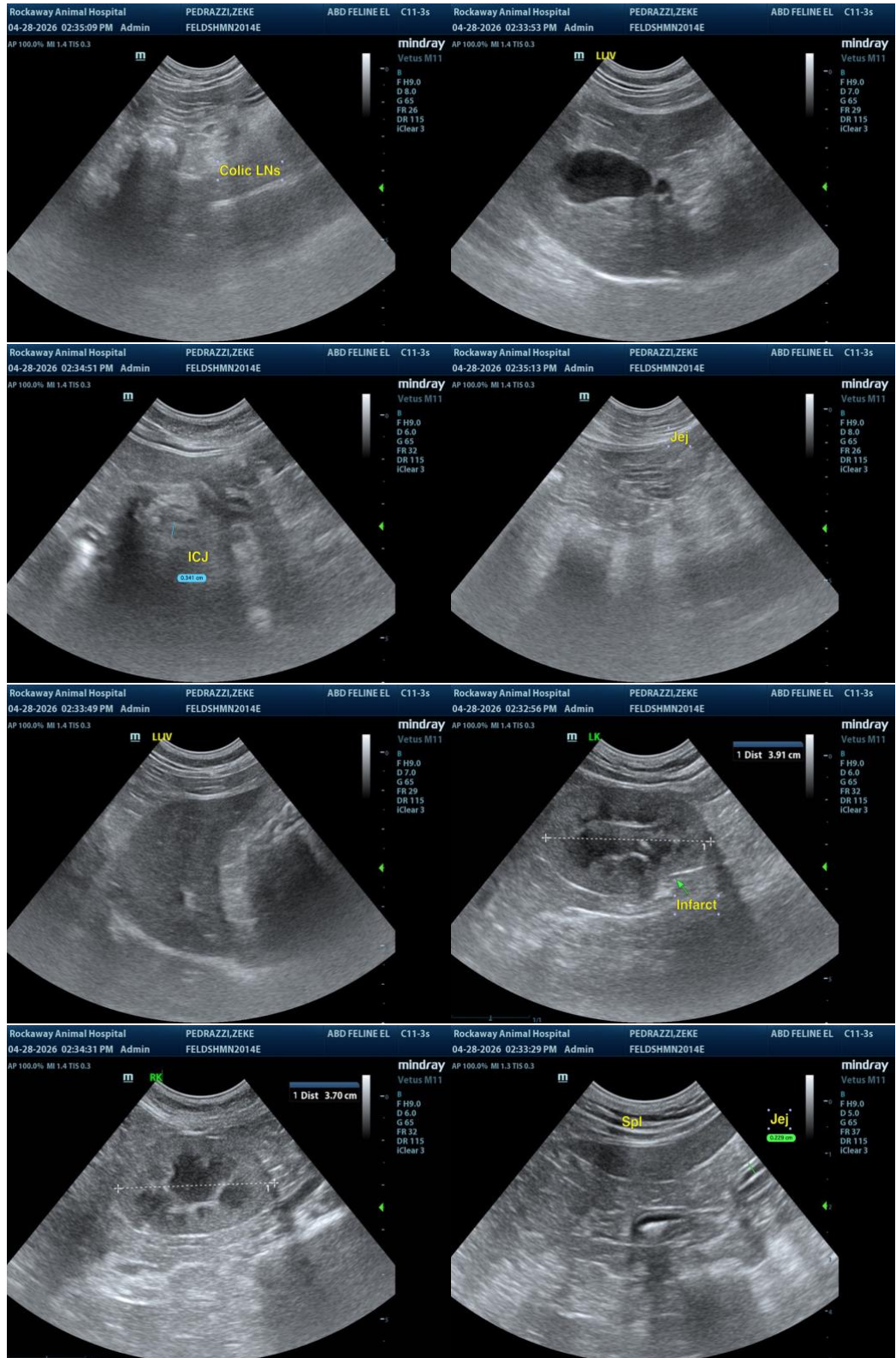
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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