



## PATIENT

Hyde Pierre

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

15yr

## WEIGHT

8.86lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christina Wagner

## HOSPITAL NAME

Angeles Clinic for  
Animals

## REFERRING VET

Christina Wagner

## INVOICE

24417

## DATE

04/07/2026

## PRESENTING CLINICAL SIGNS

Pet presented last month for senior cat exam and evaluate for "meowing loudly". Had lost 0.6 lbs in last 4 months. Occ vomiting hairballs, otherwise no concerns per owner.

Abnormal PE/Chem/CBC/UA Results: Blood tinged urine noted during exam Chemistry: - H SDMA 20 (0-14) - H/N Creatinine 1.7 (0.9-2.3) - H BUN 58 (16-37) - L K+ 3.4 (3.7-5.2) - H Na:K 46 (29-42) - H ALP 105 (12-59) Urinalysis: - SG 1.015 - Protein 3+, Blood/HG 3+ - RBCs 75-100 - No apparent bacteria - 2+ CaOx crystals (6-20/HPF) T4 12.0 (0.8-4.7) FeLV/FIV negative Fecal negative for ova and parasites, antigen negative.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

A non-homogenous mass involving the majority of the ventral urinary bladder wall without overt obstruction to urine outflow was present measuring ~ 3.4 cm x 1.7 cm. The parenchyma of the mass was heterogeneous with focal echogenic foci and mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

Subnormal right kidney size compared to the left with normal 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor right kidney pyelectasia. No evidence of left/right hydroureter. The left kidney measured 3.7 cm in length. The right kidney measured 3.2 cm in length.

### 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.

### 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 was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### 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 borderline to mild thickened wall with mild altered wall layer ratio owing to mildly thickened muscularis layer. The small intestinal wall measured 0.27-0.28 cm in width.

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

## SPECIES

### *Pancreas*

Feline

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## BREED

### *Free Abdomen*

DSH

No evidence of peritoneal effusion was present.

## SEX

FS

Focally enlarged medial iliac and mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of medial iliac lymph node measured 1.9 cm x 0.54 cm. An example of a mesenteric lymph node measured 2.0 cm x 0.6 cm.

## AGE

15yr

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Urinary bladder mass- consistent with neoplastic criteria, i.e. transitional cell carcinoma
- Bilateral chronic renal changes with minor right kidney pyelectasia
- Mild heterogeneous remodeled left pancreas
- Intact mildly thickened small intestine with mild mesenteric/ medial iliac lymphadenopathy - patient variant, mild to chronic IBD or other inflammatory enteropathy with reactive lymphatic hyperplasia or mild lymphadenitis, potential for low-grade intestinal round cell neoplasia or metastatic lymphadenopathy possible

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytospin cytology of a urine sample to assess for neoplastic transitional cells is recommended.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status, FNA cytology of an accessible lymph node could be considered for further assessment.

Gastrointestinal support +/- empirical IBD protocol and as needed hairball therapy may be considered.

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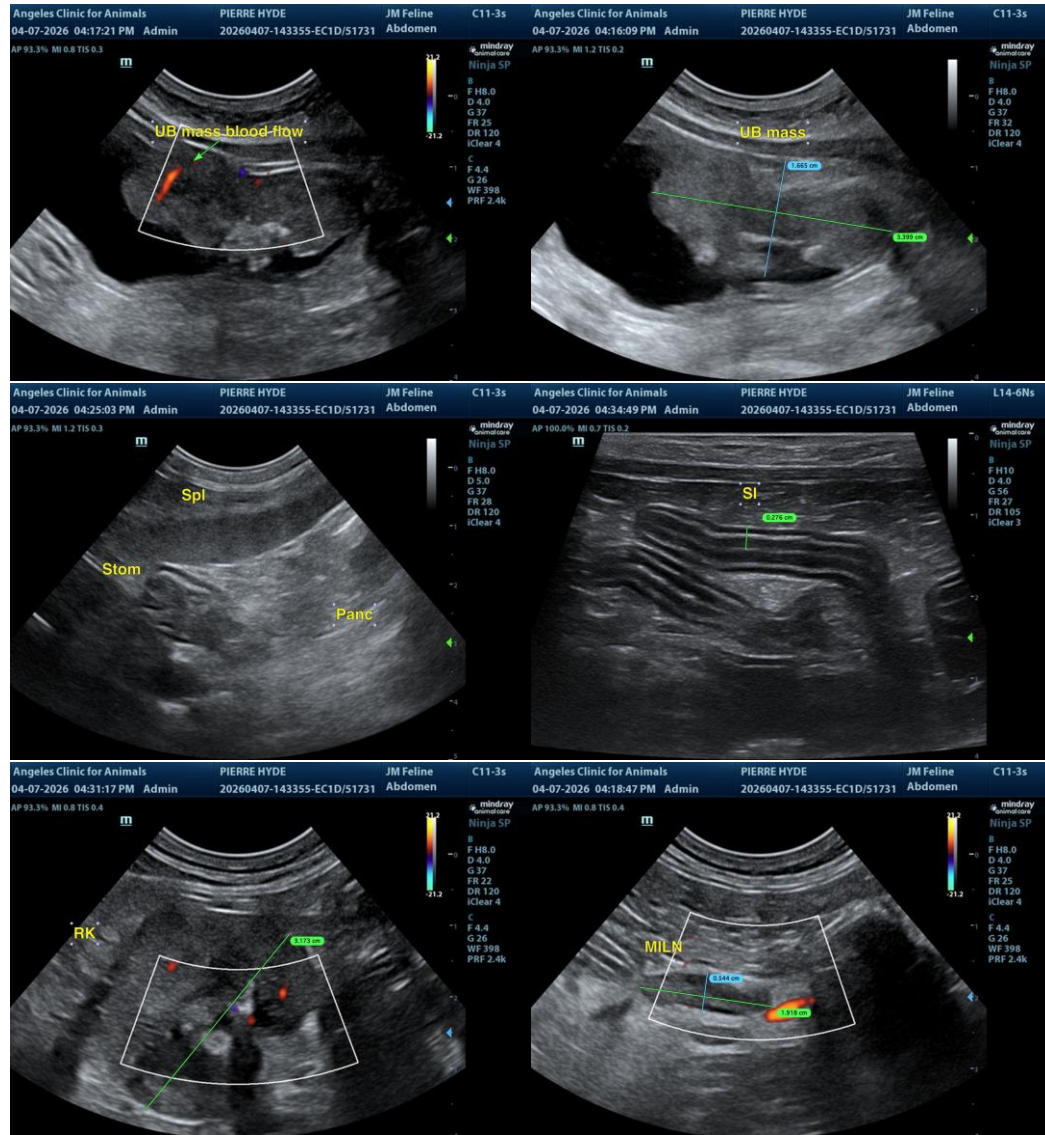
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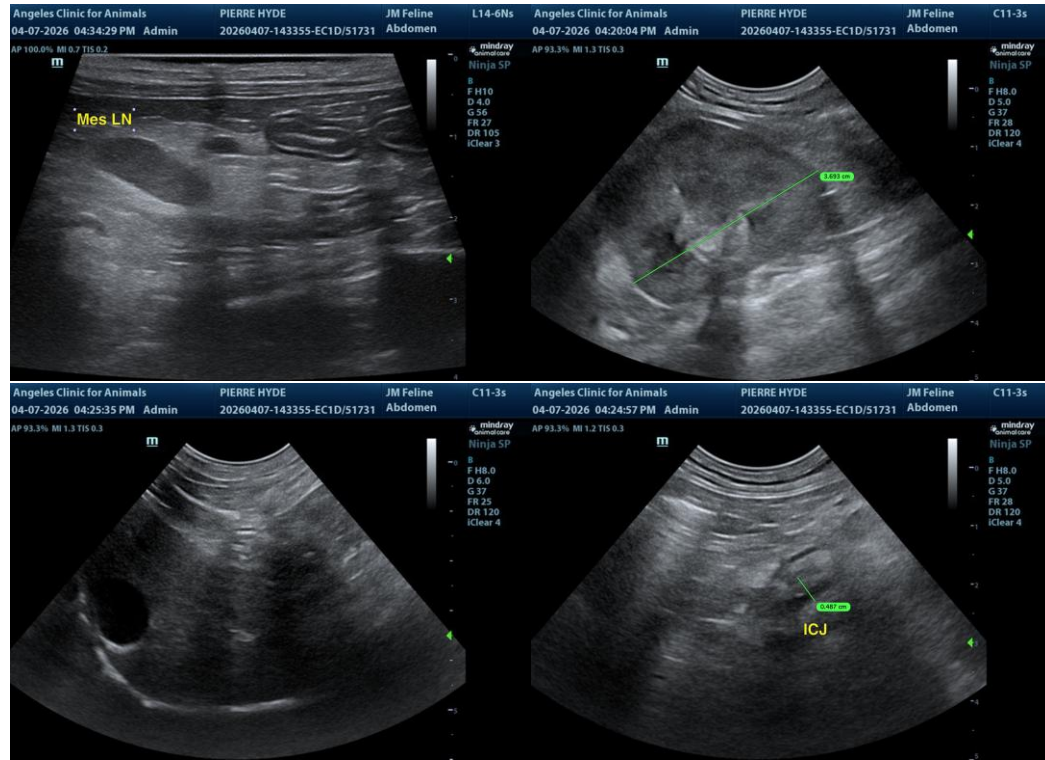
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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