



## PATIENT

Loui Hajiko

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

5 Years

## WEIGHT

12.93 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Elaina Petrone

## HOSPITAL NAME

Long Branch Animal  
Hospital

## REFERRING VET

Dr. Elaina Petrone

## INVOICE

16265

## DATE

05/15/26

## PRESENTING CLINICAL SIGNS

Patient presented for stranguria, hematuria, diarrhea, and hematochezia. Hematochezia may have been confused with hematuria.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was nondistended with urine with diffusely thickened urinary bladder wall exhibiting maintained homogenous mural echogenicity without evidence of mineralization and mild asymmetrical luminal surface contour. Minimal anechoic urine with subjective minor particulate nondependent urine sediment. NO evidence of mineral or calculi. The proximal urethra was indistinctly visualized yet overtly normal I structure and tone to a depth of 2.0 cm. The urinary bladder wall measured approximately 0.80 cm wall width. No evidence pr pericystic inflammation.

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 3.7 cm in length. The right kidney measured 4.1 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 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.

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 0.22 cm wall width.



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

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## *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.

Feline

## BREED

## *Free Abdomen*

DMH

A solitary mild colic lymph node was present measuring 0.72 cm in diameter and consistent with reactive or benign criteria.

## SEX

## ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Empty diffusely thickened urinary bladder.
- Normal bilateral kidneys.
- Sonographically normal gastrointestinal tract/colon.

## AGE

5 Years

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## WEIGHT

The urinary bladder is most consistent with diffuse moderate to severe cystitis. Minor potential for urinary bladder neoplastic criteria yet considered unlikely given maintained urinary bladder homogenous echogenicity and patient's age. Correlation with urine culture and sensitivity ideally on sterile urine sample is recommended. If no evidence of underlying infection, empirical therapy for significant idiopathic cystitis and clinical sonographic monitoring is recommended. Urinary bladder biopsies +/- tissue culture/sensitivity may be required for a definitive diagnosis.

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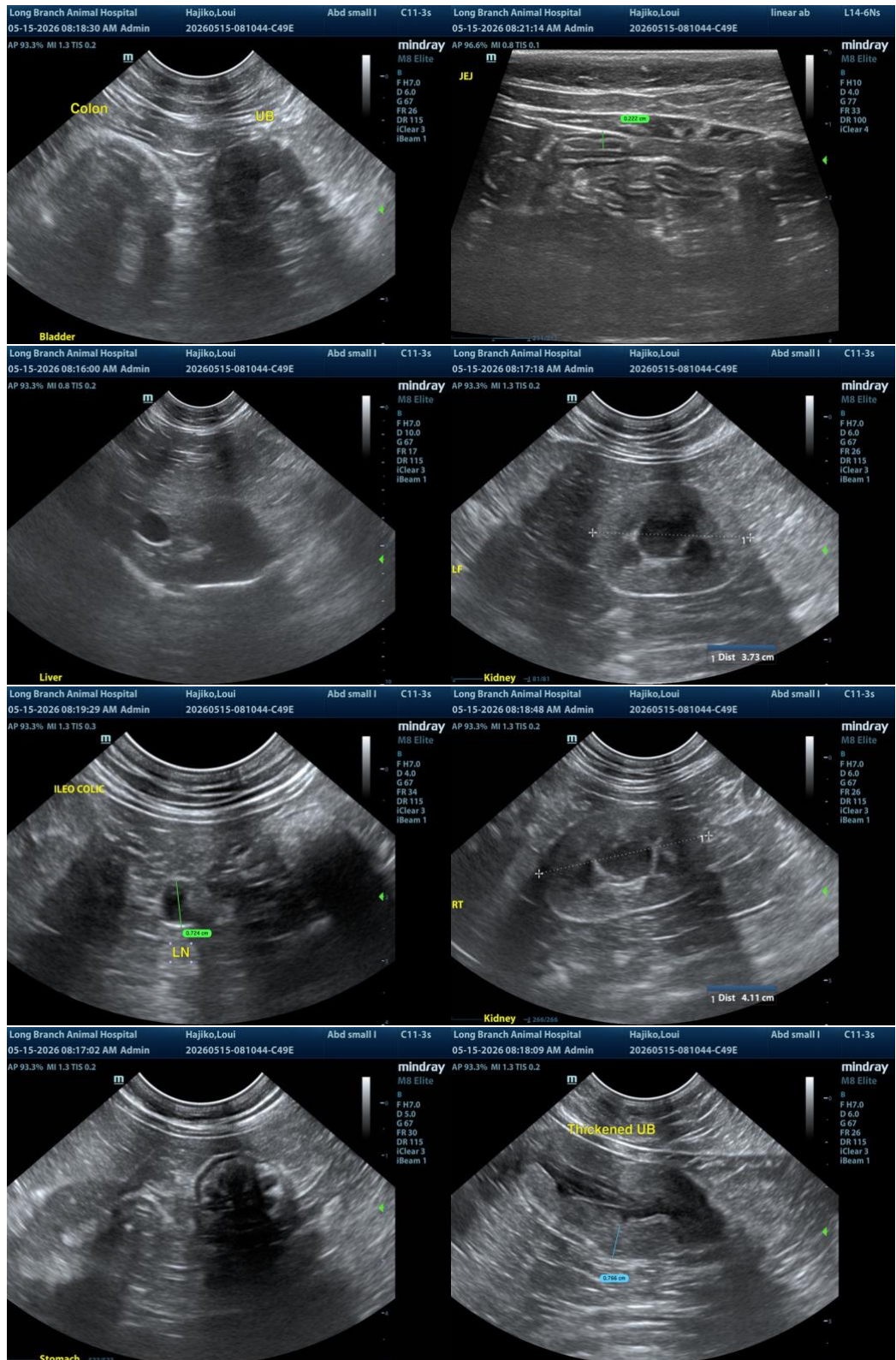
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)