



PATIENT

Marzipan Bank

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9

WEIGHT

13.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

16312

DATE

05/18/26

PRESENTING CLINICAL SIGNS

Presents for abdomen being distended and hard Hx of cystotomy (12/25)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with generalized borderline to mildly prominent thickened generalized urinary bladder wall exhibiting symmetrical luminal surface contour. The apical wall measured 0.43 cm wall width. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate to possible accumulated dependent lumen sediment versus dorsal trigone focal cystitis pr polyp measuring approximately 0.50 cm. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 3.8 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

No obvious pathology in the areas of the left and right adrenal glands, although 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 minor biliary sludge. The common bile duct was not visualized.

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.

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



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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 swollen lymphadenopathy, omental masses or peritoneal effusion was present. Generalized normal omental echogenicity with possible mild increased omental fat.

ULTRASONOGRAPHIC FINDINGS

- Suspect persistent mild cystitis with nondependent to accumulated dependent lumen sediment versus small dorsal trigone cystitis or polyp.
- Normal bilateral kidneys.
- Normal empty gastrointestinal tract.
- Normal liver/spleen.
- Minor gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no significant visceral pathology such as abdominal masses, peritoneal effusion or abdominal neoplastic criteria. Correlation with recheck urinalysis if not done +/- culture and sensitivity if inflammatory sediment is recommended.

The gallbladder debris is nonspecific and may be incidental yet at times may be associated with cholestasis or hepatobiliary inflammation. Correlation with hepatic enzyme assessment is suggested.



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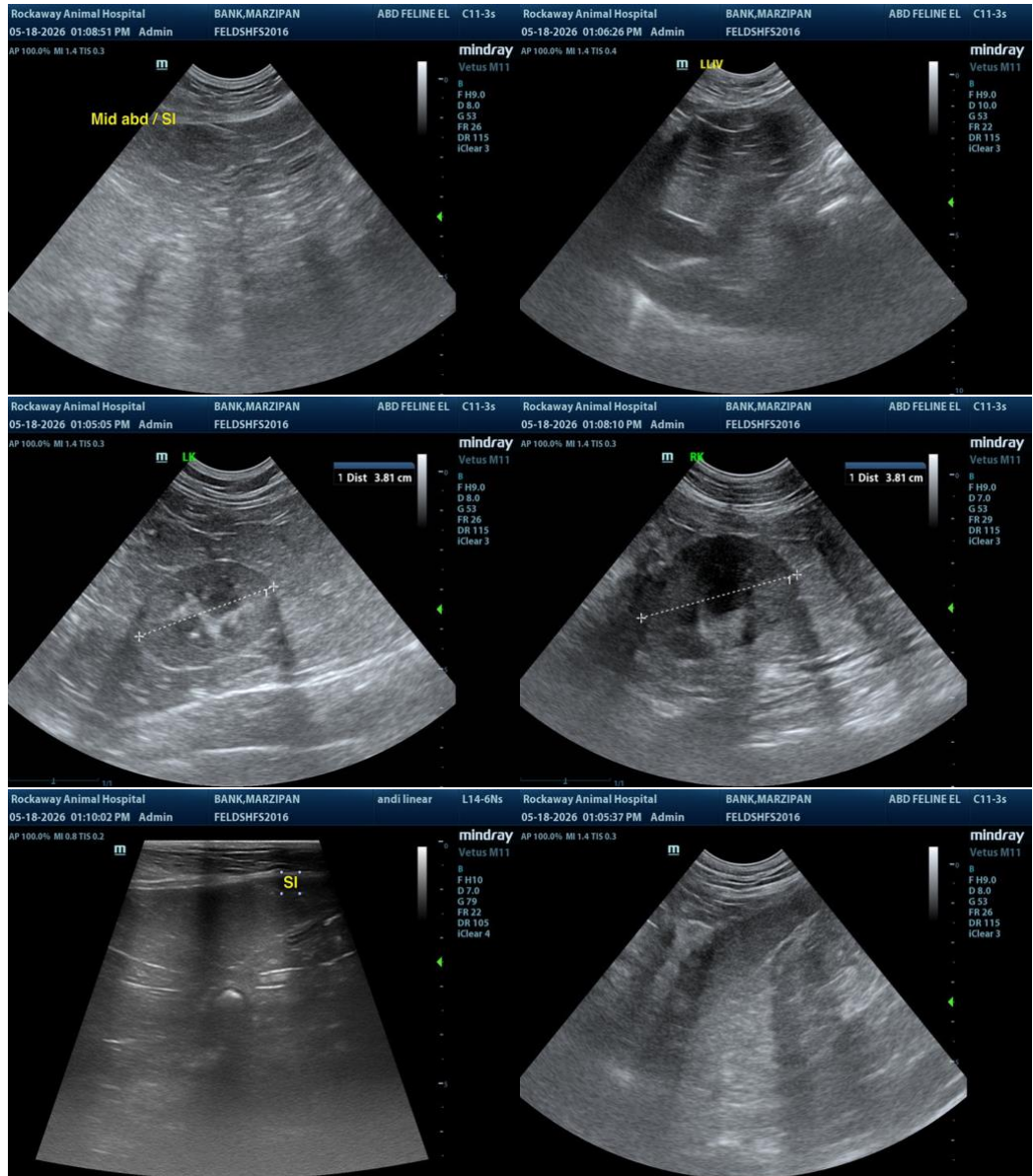
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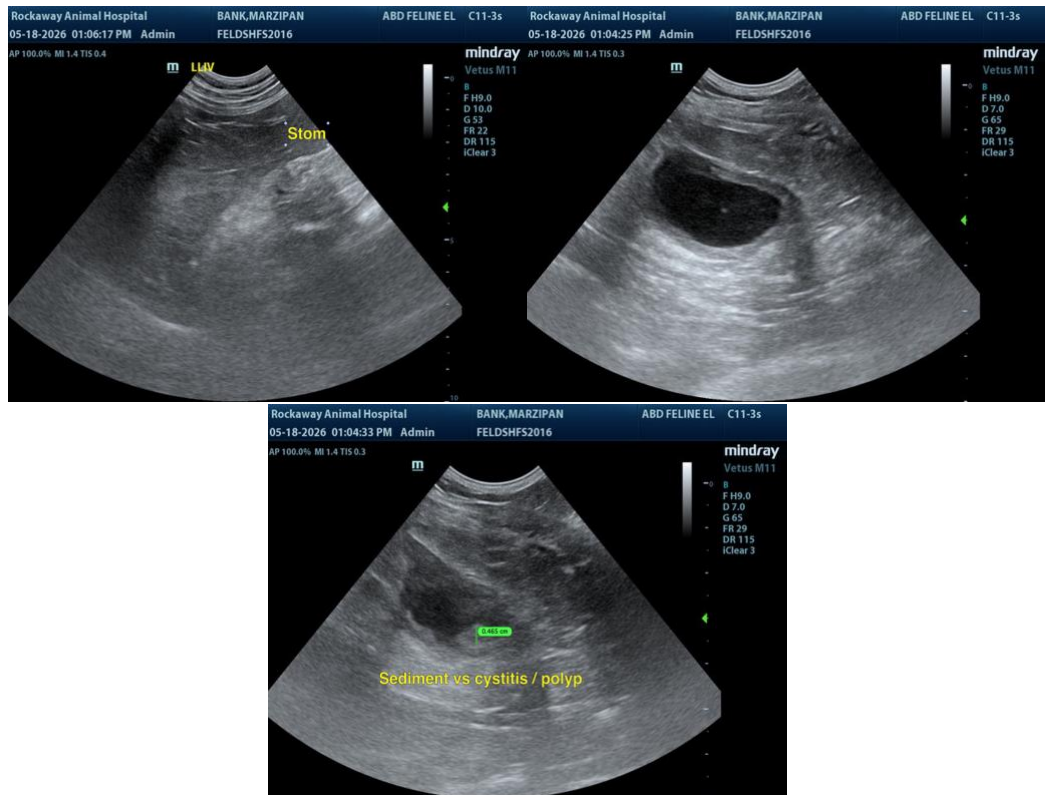
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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