

PATIENT

Mara Stewart

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

15

WEIGHT

5.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

16352

DATE

05/19/26

PRESENTING CLINICAL SIGNS

in/out of box straining

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate dependent to nondependent 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. The urinary bladder wall measured 0.18 cm wall width.

Subnormal size and 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. No evidence of pyelectasia was present. The left kidney measured 2.5 cm in length. The right kidney measured 2.85 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The right adrenal gland measured 0.47 width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Mild asymmetrical medial capsule contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.73 cm width level of the mid spleen.

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 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.



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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 0.20 cm wall width.

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Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

BREED

The pancreas presented normal in size with capsule asymmetry and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

DMH

Free Abdomen

SEX

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Normal urinary bladder and visible proximal urethra with mild urine sediment.
- Chronic renal changes exhibiting subnormal renal size,
- Pancreatic remodeling with possible mild chronic pancreatitis.
- Mild gallbladder debris.
- Sonographically unremarkable gastrointestinal tract and visualized colon.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of urinary tract neoplastic criteria, masses, or calculi. Mild potentially chronic cystitis may be suspected. Correlation with urinalysis +/- culture/sensitivity, if evidence of inflammatory sediment or UPC level, if non-inflammatory proteinuria for renal staging may be considered. Supportive care for suspect mild cystitis without evidence of colon mural pathology may prove beneficial. A spec fPL is warranted if clinical signs are consistent with chronic pancreatitis.

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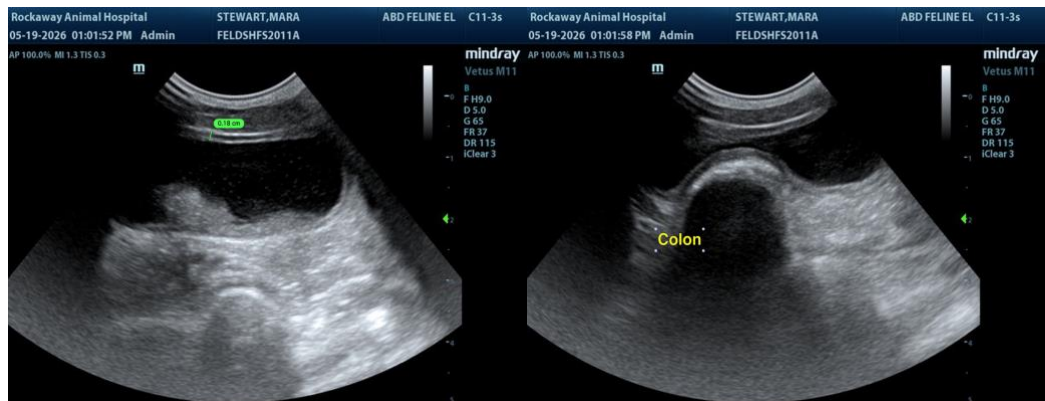
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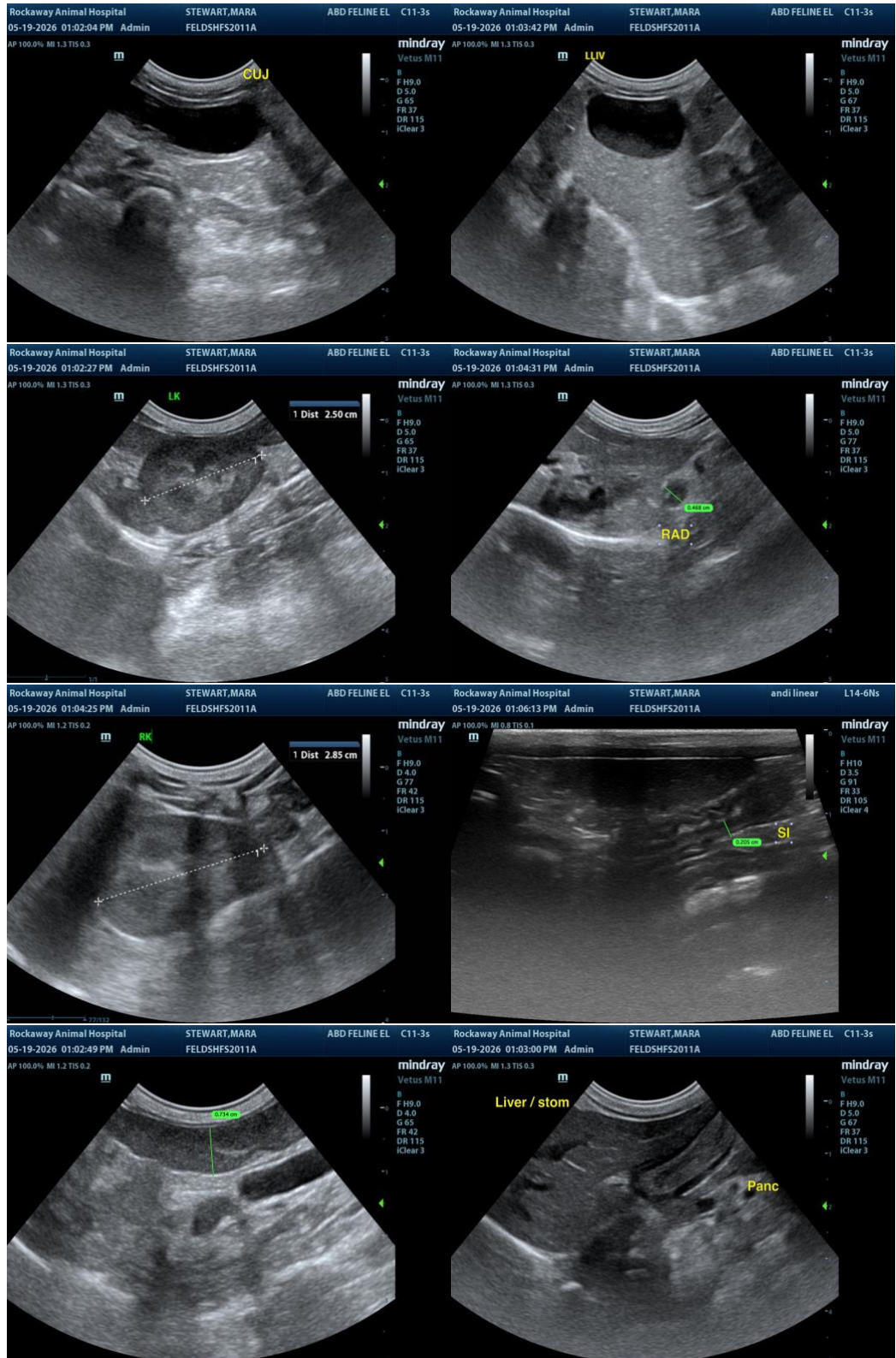
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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