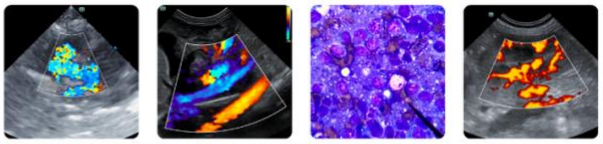

PATIENT

Momo Beskid

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

6.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Milad Gendi

HOSPITAL NAME

Severn River Animal Hospital

REFERRING VET

Dr. Milad Gendi

INVOICE

16405

DATE

05/21/26

PRESENTING CLINICAL SIGNS

P was first seen for urinating outside box and urinating blood on 5/7/2026.

Abnormal PE/Chem/CBC/UA Results: Lymphocytes 16 20 - 45 % LOW Eosinophils 17 2 - 12 % HIGH Absolute Eosinophils 1496 0 - 1000 /UL HIGH Protein 2+ HIGH Urine protein: creatinine ratio testing is recommended (if the sediment is inactive) to help determine the clinical significance of proteinuria. Glucose-Strip NEGATIVE Occult Blood 3+ RBC >50 0 - 3 HPF HIGH UR/PROT CREAT RATIO 0.7 HIGH SDMA 21.0 UG/dL HIGH

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. 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. No evidence of inflammatory or neoplastic change were noted.

Adequate size and mild asymmetrical margination was present in the kidneys. A normal 1:3 cortex / medulla ratio with indistinct corticomedullary border demarcation were present. Bilateral medullary mineral to small renoliths were present with no evidence of pyelectasia. The left kidney measured 3.4 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width.

The right adrenal gland was 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 subnormal in size given the presence of gastric ingesta, otherwise appeared sonographically normal. 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 contained variably echogenic, moderate primarily nonshadowing ingesta without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine wall measured 0.21 cm wall width. Segmental to primarily generalized mild nonshadowing intestinal ingesta to the level of the colon.

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

Pancreas

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

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder and visible proximal urethra.
- Mild bilateral chronic renal changes with medullary mineral/small renoliths.
- Heterogeneous pancreas.
- Gastrointestinal ingesta- most consistent with food echogenicity.
- Subnormal gallbladder size likely owing to gastric ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract pathology, i.e. calculi or tumors. Renal hematuria may be primarily considered given renal changes and medullary mineral/small bilateral renoliths. Urine culture and sensitivity on sterile urine sample, if inflammatory sediment or UPC level, if non-inflammatory proteinuria, is recommended for baseline renal staging and to rule out underlying UTI. Monitoring of renal parameters going forward is recommended. Correlation with most recent meal ingestion is suggested. A spec fPL or full GI panel to include PLI, TLI, cobalamin and folate may be considered if clinical signs are consistent with chronic pancreatitis or non-reported gastrointestinal size.

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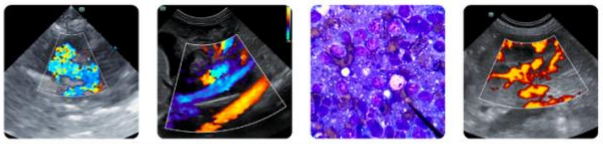

Clinical Sonography & Telecytology
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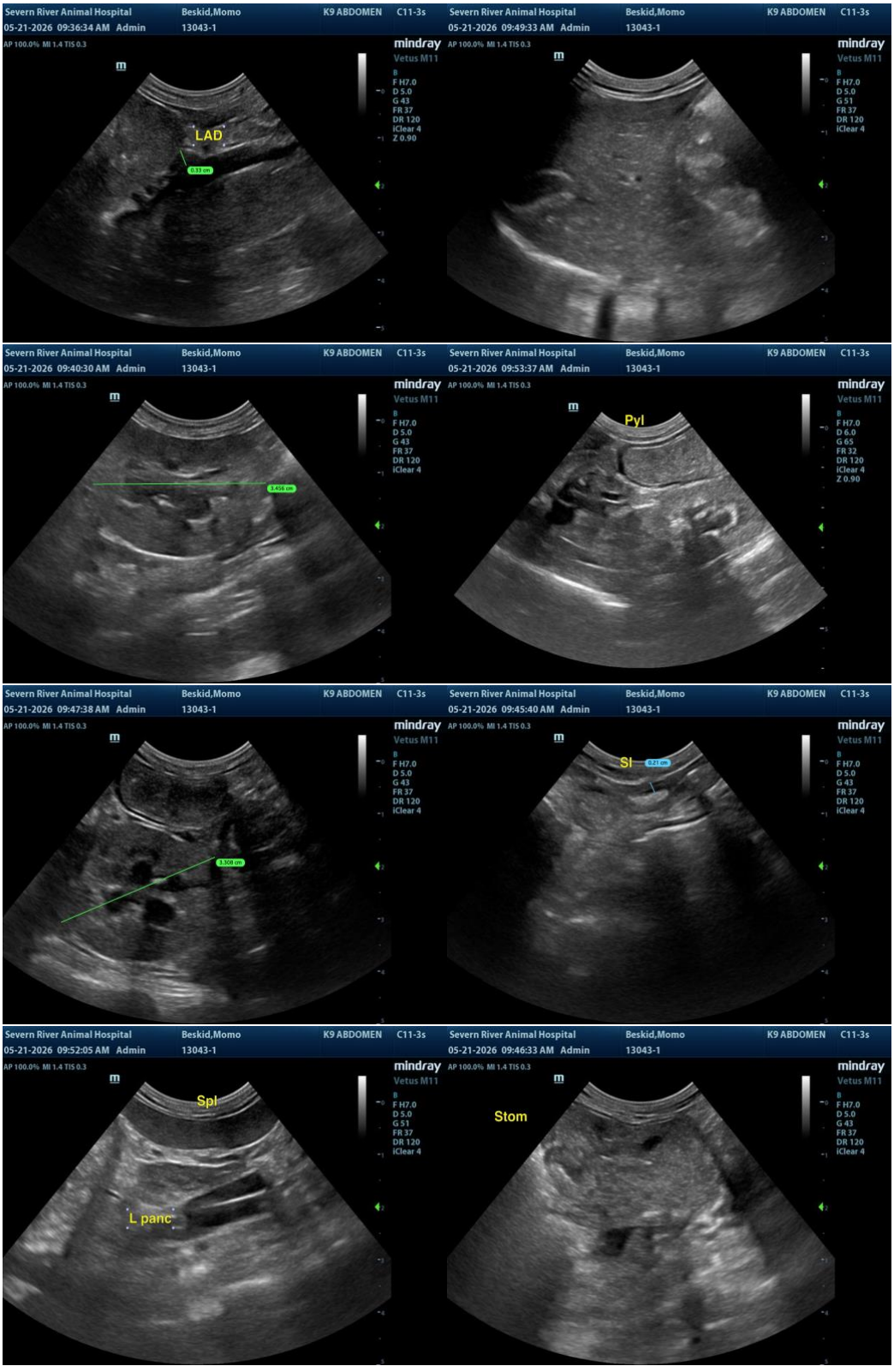

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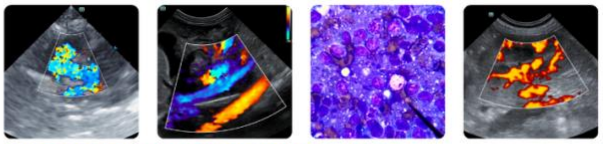

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com