



PATIENT

Sassy Pants Ward

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed Female

AGE

15 yrs

WEIGHT

13.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittney Beigel,
DVM

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Larry Steinberg,
DVM

INVOICE

10909

DATE

5/26/26

PRESENTING CLINICAL SIGNS

O reports inappropriate urination and defecation, increased agitation; PE show mild dental disease, moderately overweight (BCS 4/5). P was fasted for US scan. No sedation needed
Abnormal PE/Chem/CBC/UA Results: Attached

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. Minor, nondependent, particulate 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width and the right adrenal gland measured 0.34 cm width.

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. Normal hepatic vascular volume was present. 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 primarily maintained wall layer ratio and non-thickened wall. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

Segments of jejunum exhibited subjective borderline prominent wall layering with borderline prominent muscularis layer, measuring 0.27 -0.28 cm wall width.



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

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 overt lymphadenopathy or peritoneal effusion was present.

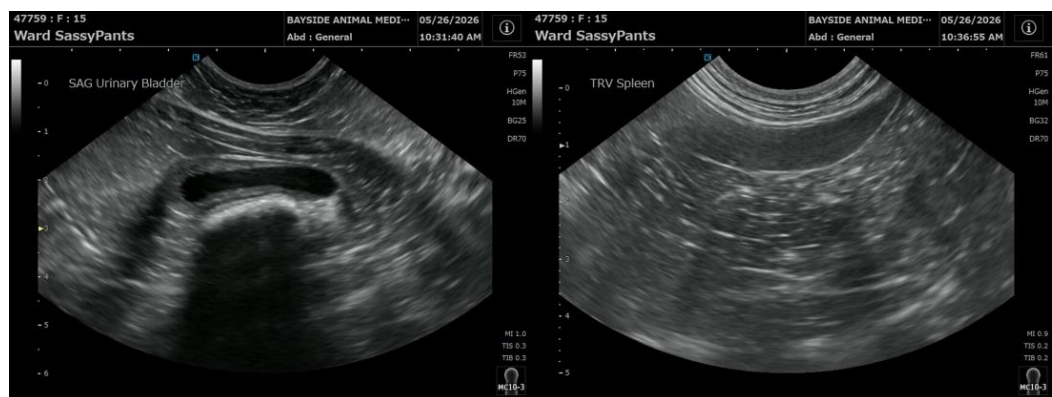
ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with mild urine sediment
- Mild chronic renal changes
- Intact, segmental borderline prominent small intestinal wall
- Normal non-distended colon with formed fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant visceral pathology. The segmental borderline prominent small intestinal wall is nonspecific with potential for patient variant, given no reported gastrointestinal signs or weight loss. Sonographic monitoring or reassessment of the small intestine is indicated if gastrointestinal signs or weight loss are non-reported or arise.

If no evidence of underlying urinary inflammation or infection, a behavioral component to the inappropriate urination and defecation may be considered.





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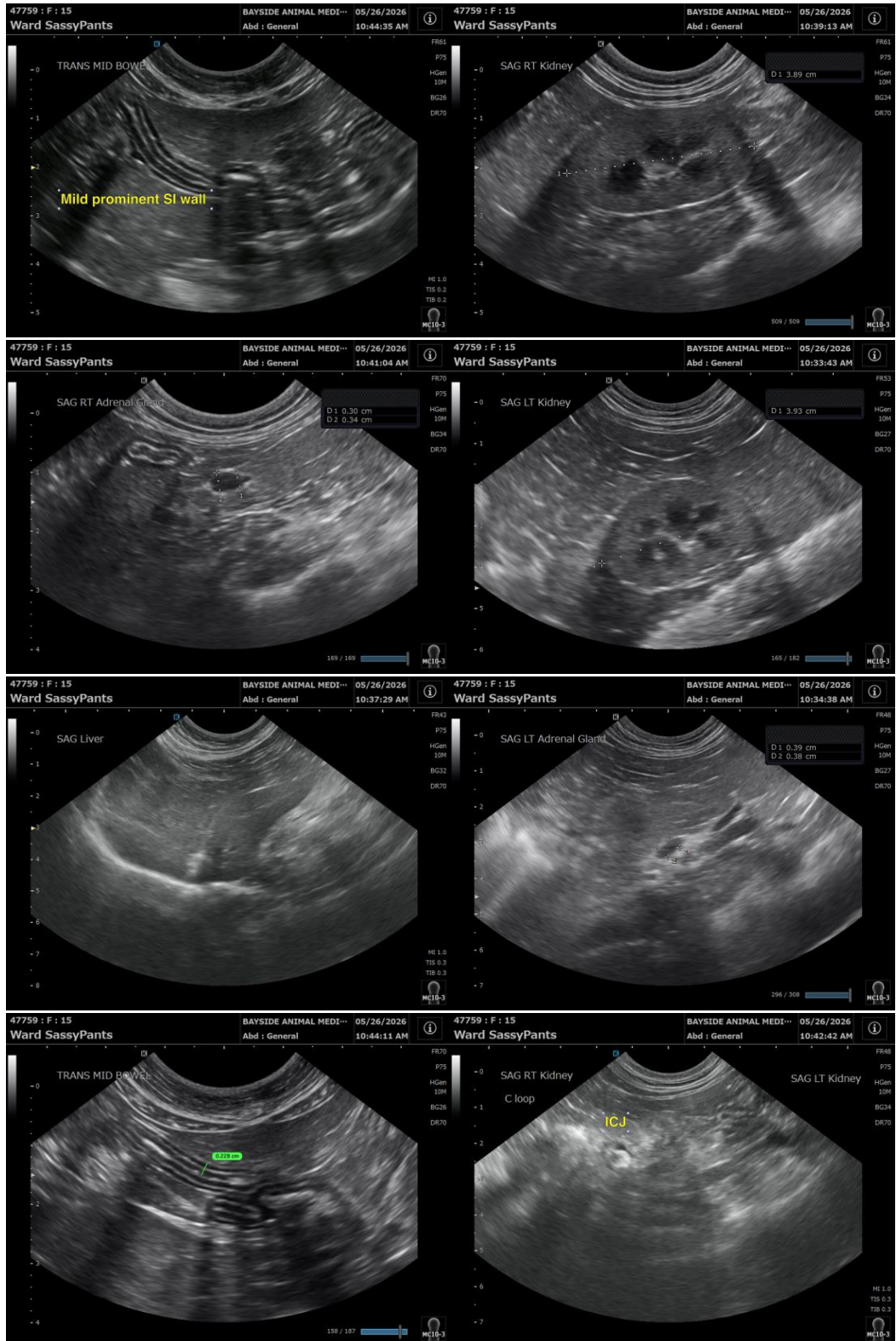
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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