



PATIENT	PRESENTING CLINICAL SIGNS
Samadhi Matreale	Hx intermittent hematuria responsive to urinary diet.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Overweight; NW = 4kg. PE unremarkable. MDB and urine culture are pending. Radiology offers no significant findings.
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
DMH	The urinary bladder was normal in size and tone. Generalized mild prominent to thickened bladder walls exhibiting normal mural echogenicity were present. The ventroapical urinary bladder wall measured 0.49 cm in width. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild hyperechoic sand/mineral along the ventral to ventroapical luminal surface. No urinary bladder tumors.
SEX	Normal size and margination were 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 dilatation. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.
FS	The area of the aortic trifurcation was free of pathology.
AGE	<i>Adrenal Glands</i>
2.75yr	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The area of the right adrenal gland was free of pathology.
WEIGHT	<i>Spleen</i>
4.6kg	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.
INTERPRETED BY	<i>Liver/Gallbladder</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	<i>Gastrointestinal</i>
Wendy Turner	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic fluid and ingesta with no signs of ileus, obstruction or foreign material.
HOSPITAL NAME	<i>Pancreas</i>
Pennsauken Animal Hospital and Urgent Care	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.
REFERRING VET	Normal visible colon wall layers were present with apparent formed feces in lumen.
Wendy Turner	
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PATIENT

Samadhi Matreale

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.

SPECIES

Feline

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

DMH

ULTRASONOGRAPHIC FINDINGS

- Mild chronic cystitis pattern with potentially adhered luminal sand/mineral.
- Normal bilateral kidneys, no evidence of dysplasia or pyelonephritis.

SEX

FS

Secondary findings

- Mild gastric fluid/ingesta.

AGE

2.75yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending urine C/S to assess for or rule out underlying infection is recommended. Suspect chronic idiopathic cystitis with concurrent mild potentially adhered mineral/sand. If no evidence of underlying infection, continued urinary diet along with empirical therapy for idiopathic cystitis and assessment of clinical response and urinary pattern would be reasonable.

WEIGHT

4.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

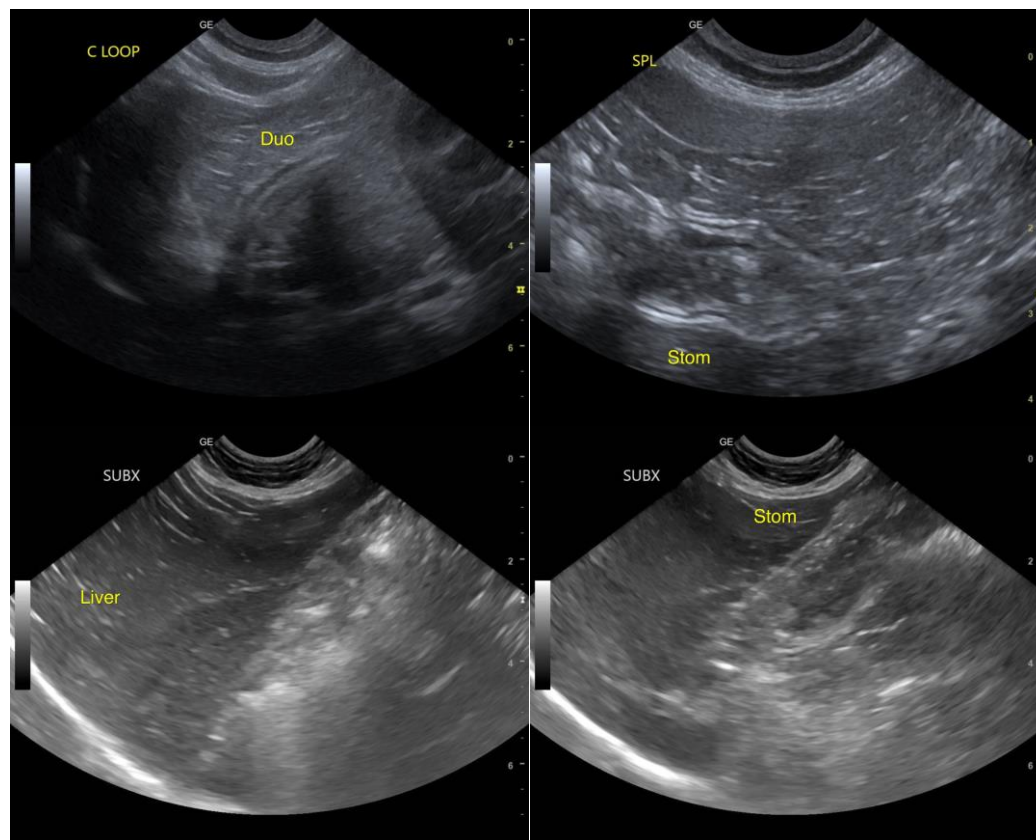
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PATIENT

Samadhi Matreale

SPECIES

Feline

BREED

DMH

SEX

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AGE

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WEIGHT

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HOSPITAL NAME

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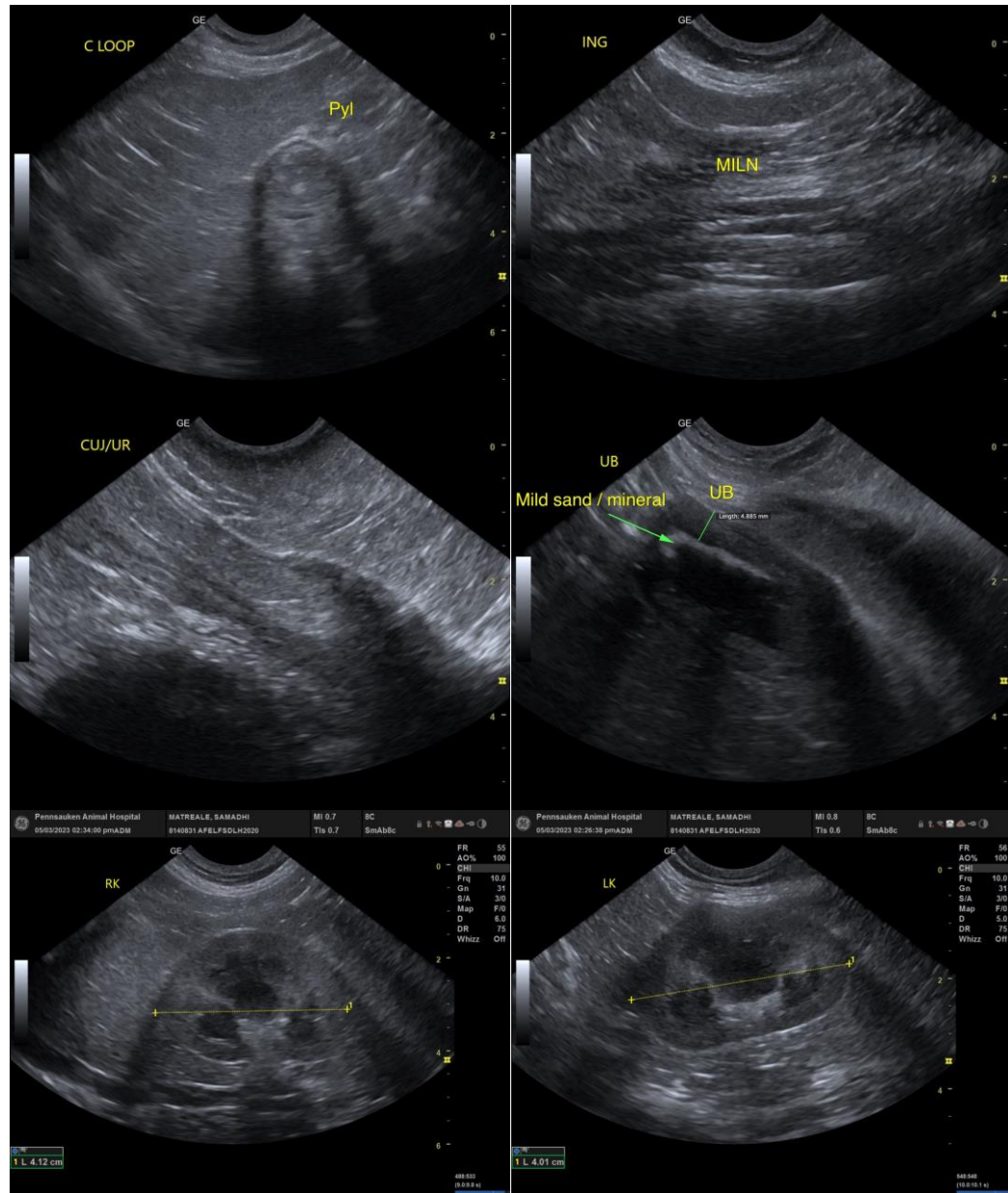
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

mac.daniel@sonopath.com