



PATIENT

Ripley Osborne

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7yr

WEIGHT

8.07lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Cameron Johnson
DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Cameron Johnson
DVM

INVOICE 24777

DATE 05/09/2026

PRESENTING CLINICAL SIGNS

Ripley is a 7 year 11 month old FS DSH that presented for chronic urinating outside the litter box and chronic vomiting around 3 times weekly per O. p started urinating outside the litter box when O's adopted a kitten a couple of years ago. Since then, P has been defecating normally in the litter box but ahs been consistently urinating outside the litter box.

Owner reports no diarrhea, coughing, or sneezing.

Eating and drinking behavior has remained unchanged and is normal per the owner.

Patient has no recent travel history.

Past pertinent medical history: anal sacculitis

There are no known vaccine or medication allergies. Current diet is c/d dry with sheba wet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 dilation. The left kidney primarily visualized in transverse plane. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were 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

An irregularly expansive non-homogenous hyperechoic mass exhibiting intermittent hypoechoic intramass nodules was present in the subjective right to caudate liver, measuring at least 5 cm length by ~ 3 cm width. An example of a hypoechoic intraparenchymal mass nodule measured ~ 1.0 cm in diameter. The mass appeared to extend caudally past the level of the right kidney in the area of the caudate liver. The remainder of the visualized liver exhibited symmetrical contour and homogenous parenchyma.

The gallbladder was non-distended in size with mild to moderate debris appearing to extend into the cystic duct. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present.



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The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

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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 mechanical/metabolic ileus, obstruction or foreign material. The ileocolic wall measured 0.33 cm in width. The small intestinal wall measured 0.24 cm in width.

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

Pancreas

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The area of the pancreas was sonographically normal.

Free Abdomen

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No visualized evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal urinary bladder and visible proximal urethra
- Right / caudate liver caudally expansive non-homogenous focally nodular mass
- Non-extended gallbladder with gallbladder debris
- Sonographically normal empty gastrointestinal tract
- Mild prominent colic lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract pathology as an obvious contributing factor to the inappropriate urination. An FNA cytology of the liver mass parenchyma and mass nodule using 25ga needle and assuming normal clotting status is recommended for clarification. Recheck full lab work including UA +/- screening urine C/S if evidence of inflammatory sediment is recommended.



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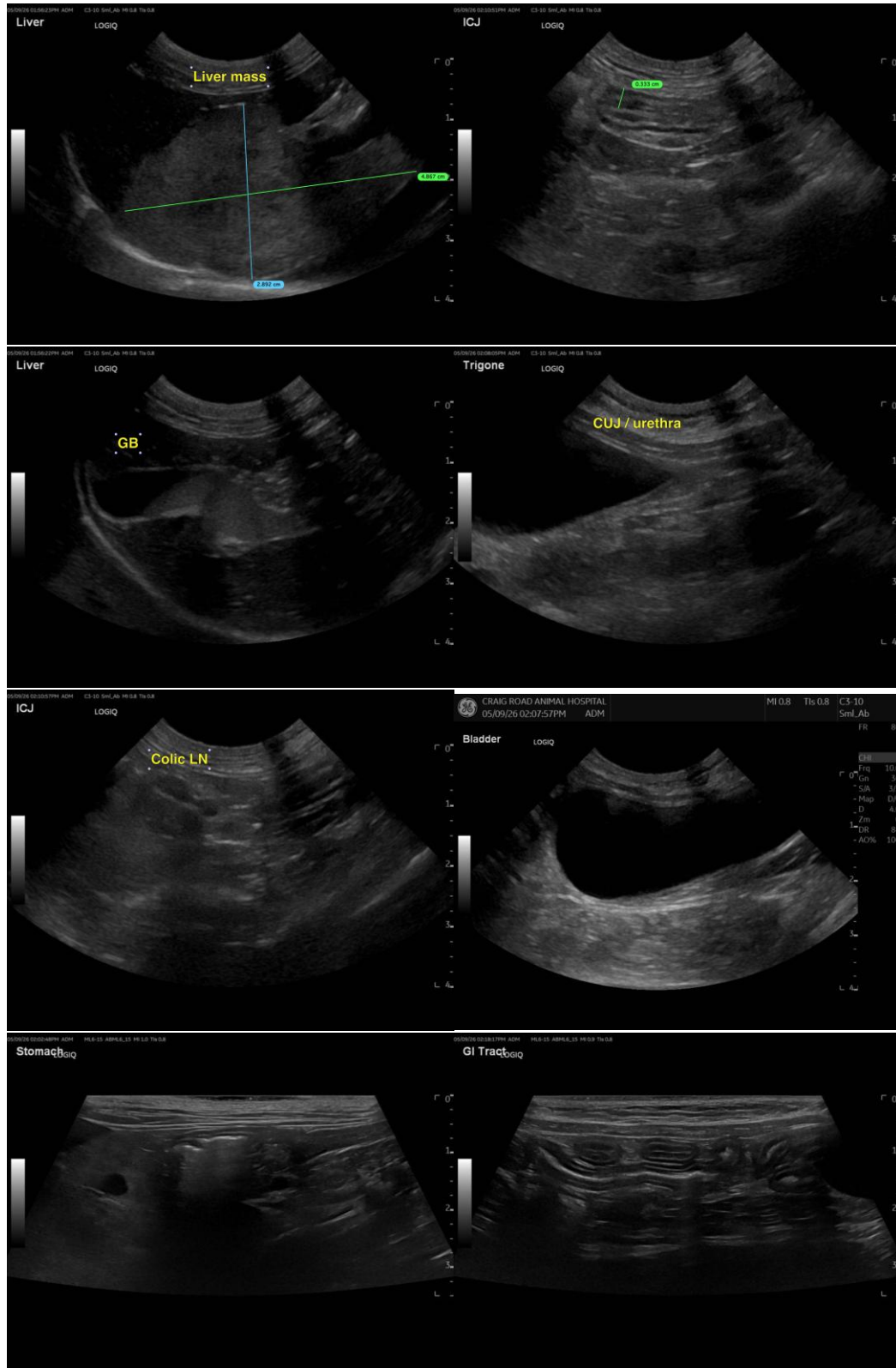
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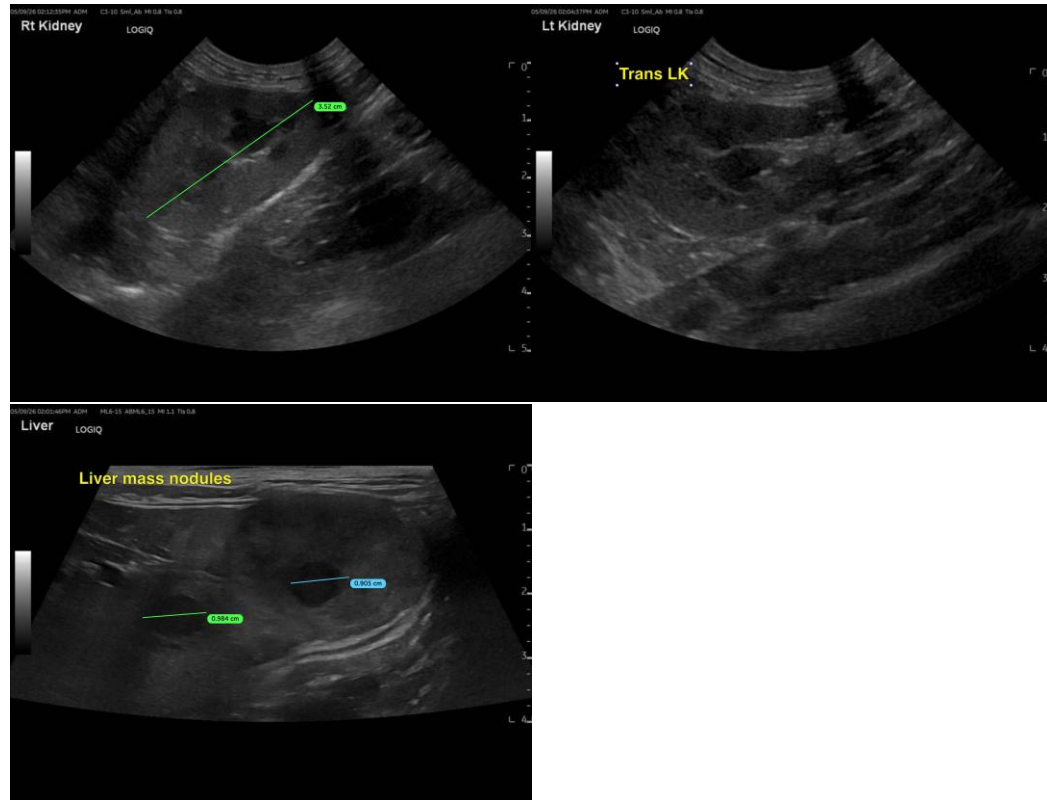
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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