

## PATIENT

Amber Wood

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

1

## WEIGHT

10.4

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Maniar

## INVOICE

24984

## DATE

06/01/2026

## PRESENTING CLINICAL SIGNS

re check prev u/s 5/27

## 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 mild non-dependent particulate sediment. 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 measured - cm in length. The right kidney measured - 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. No obvious pathology was present in the area of the bilateral adrenal glands.

### Spleen

The spleen exhibited asymmetrical enlargement with mild splenic folding and associated asymmetrical lateral and medial capsule contour. Overall maintained homogenous parenchyma was present. The spleen measured 1.1-1.2 cm in width at the 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. Normal vascular volume. 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 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 duodenum wall measured 0.27 cm width. The jejunum wall measured 0.22 cm width.

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

### Pancreas

Mild heterogeneous hypoechoic left pancreas parenchyma with subtle peripancreatic hyperechoic omentum.



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## Free Abdomen

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

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## Primary

- Persistent asymmetrical splenomegaly with mild splenic folding
- Static urinary bladder sediment
- Normal bilateral kidneys
- Sonographically normal empty gastrointestinal tract
- Mild non-homogenous hypoechoic pancreas, subtle peripancreatic hyperechoic omentum

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall similar sonographic findings compared to the previous study without evidence of progressive pathology. Mild pancreatitis may be suspected of cranial abdomen or subxiphoid discomfort on palpation. Correlation with a spec is FPL suggested. No evidence of persistent gastric ingesta or foreign material.

The asymmetrical splenomegaly may indicate hyperplasia, hematopoiesis, inflammation or combination, although early infiltrative splenic neoplasia is not excluded. Assuming patient is non-sedated, given persistent splenomegaly and assuming normal clotting status, splenic FNA cytology is warranted to assess for occult disease.

Correlation with UA +/- C/S if inflammatory sediment is recommended.

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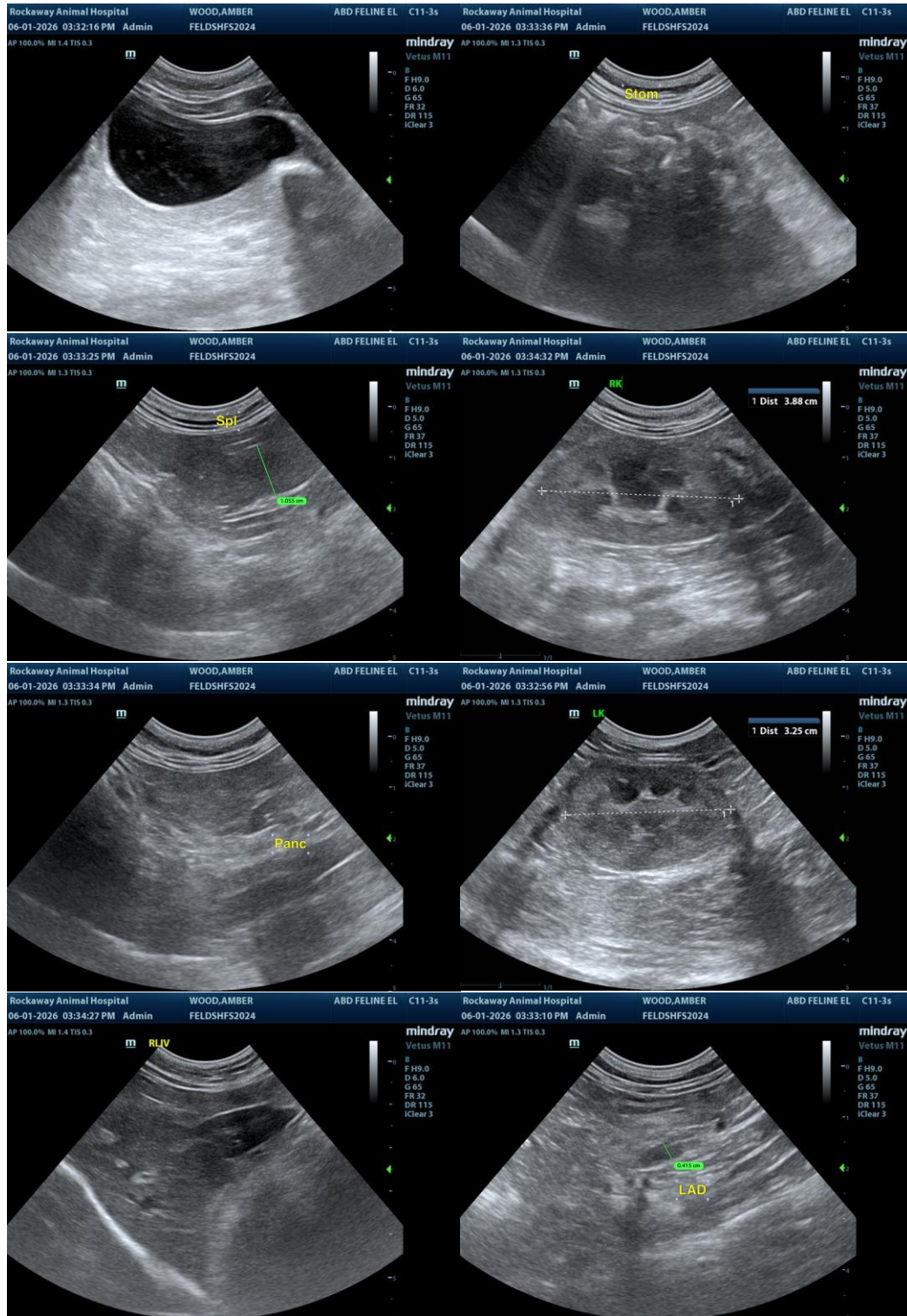
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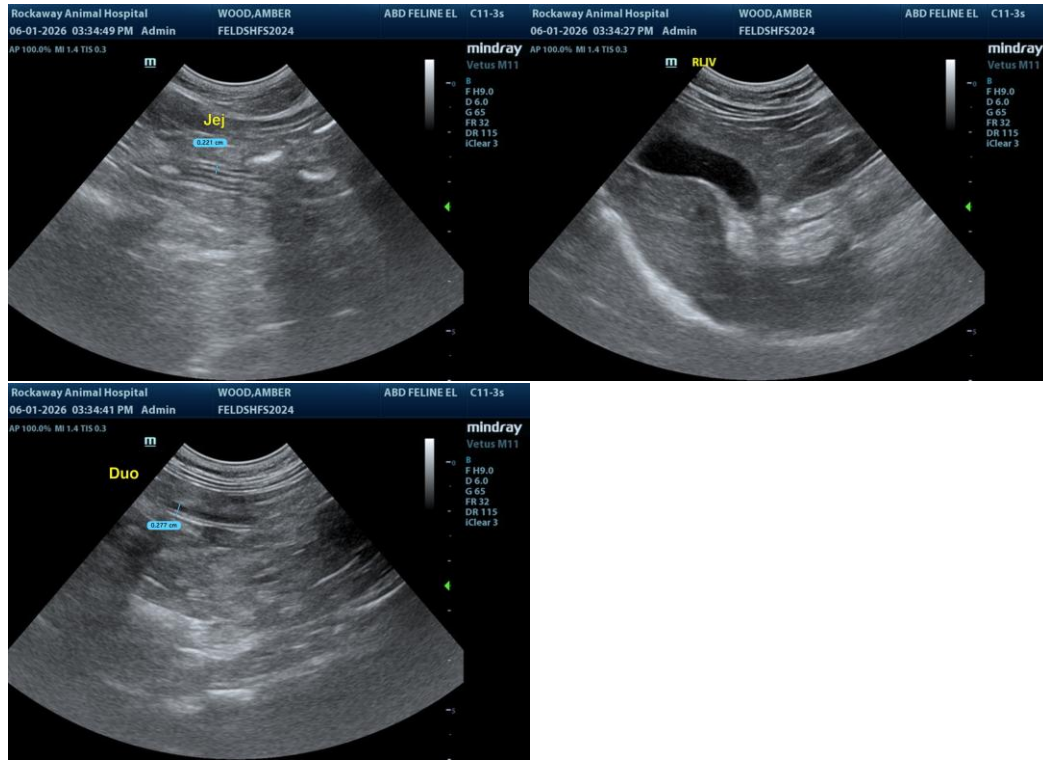
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@sonopath.com](mailto:info@sonopath.com)