
PATIENT

Callie Gala

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

7.08lb

PRESENTING CLINICAL SIGNS

Thorax: the heart is subjectively towards the upper end of normal limits for size. Lethargy, CKD IRIS Stage 2-3, Hyporexia, Hypermagnesemia - mild, Weight loss - progressive. Concern for steroid therapy/other invasive dx given suspect cardiomegaly and potential cardiac disease. Sedated for exam.

Abnormal PE/Chem/CBC/UA Results: 12/30/2025-Labwork - CBC: HCT 38, platelets 156 (d/t clumping), mild lymphopenia 8166 (ref 1200-8000) CHEM: BUN 53, creatinine 1.9, SDMA 25.3, ALT 46, ALP 28, precisionPSL 14, hypermagnesemia 3.1 (ref 1.5-2.5) T4: 2.7 UA: USG 1.019, protein 2+, occult blood 3+, RBC 11-20, amorphous phosphate crystals 2-3

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 or 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of minor medullary mineral were present. The left kidney measured 3.2 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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. 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 mild non-organized debris. The proximal to mid common bile duct was dilated and tortuous without overt post hepatic obstruction. The duodenal papilla was sonographically normal without obstructive criteria.

INTERPRETED BY

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

IMAGING PERFORMED BY

 Loetitia Saint-
 Jacques,
 LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

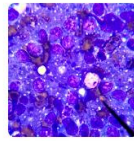
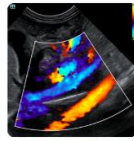
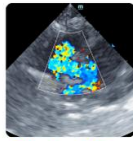
Dr Fleming

INVOICE

23548

DATE

01/13/2026



PATIENT

Callie Gala

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

7.08lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-
Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr Fleming

INVOICE

23548

DATE

01/13/2026

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric fluid with no signs of obstruction or foreign material.

The small intestine presented segmental, variably thickened wall, exhibiting primarily intact mural detail with segmental indistinct mural detail in areas of jejunal thickening. Thickened jejunum measured up to 0.43 cm in width. Normal appearing jejunum measured 0.21 cm in width. The duodenum wall measured 0.25 cm in width. The ileocolic wall measured 0.35 cm in width.

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

Pancreas

The pancreas was normal in size with capsule asymmetry and mild non-homogenous parenchyma with dilated pancreatic duct.

Free Abdomen

Mildly enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size measured 1.5 cm x 0.51 cm.

Very scant peri-intestinal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Segmental variable to moderate thickened small intestine exhibiting primarily intact to segmental mild indistinct wall layering
- Intermittent primarily mild mesenteric lymphadenopathy
- Chronic pancreatitis
- Mild gallbladder debris with non-obstructive common bile duct dilation
- Chronic renal changes exhibiting mild medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic to variable IBD, emerging intestinal round cell neoplasia such as lymphoma or potential mixed enteropathies possible. Triad disease is also a consideration given evidence of chronic pancreatitis, presence of gallbladder debris and potential mild non-obstructive cholangitis.

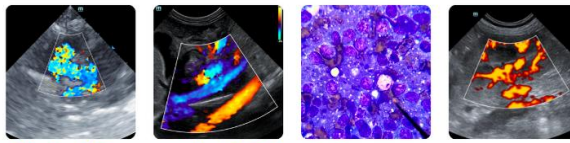
A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment given short half-life of hepatic enzymes in cats primarily to assess for evidence of inflammation. A definitive diagnosis would require intestinal biopsies for histopathology.

Gastrointestinal support and consideration for empirical IBD / triaditis protocol pending echocardiogram with clinical and as needed sonographic monitoring would be reasonable.

Imaging performed by



Parakee Animal Hospital Sonography, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectyology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Callie Gala

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

7.08lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

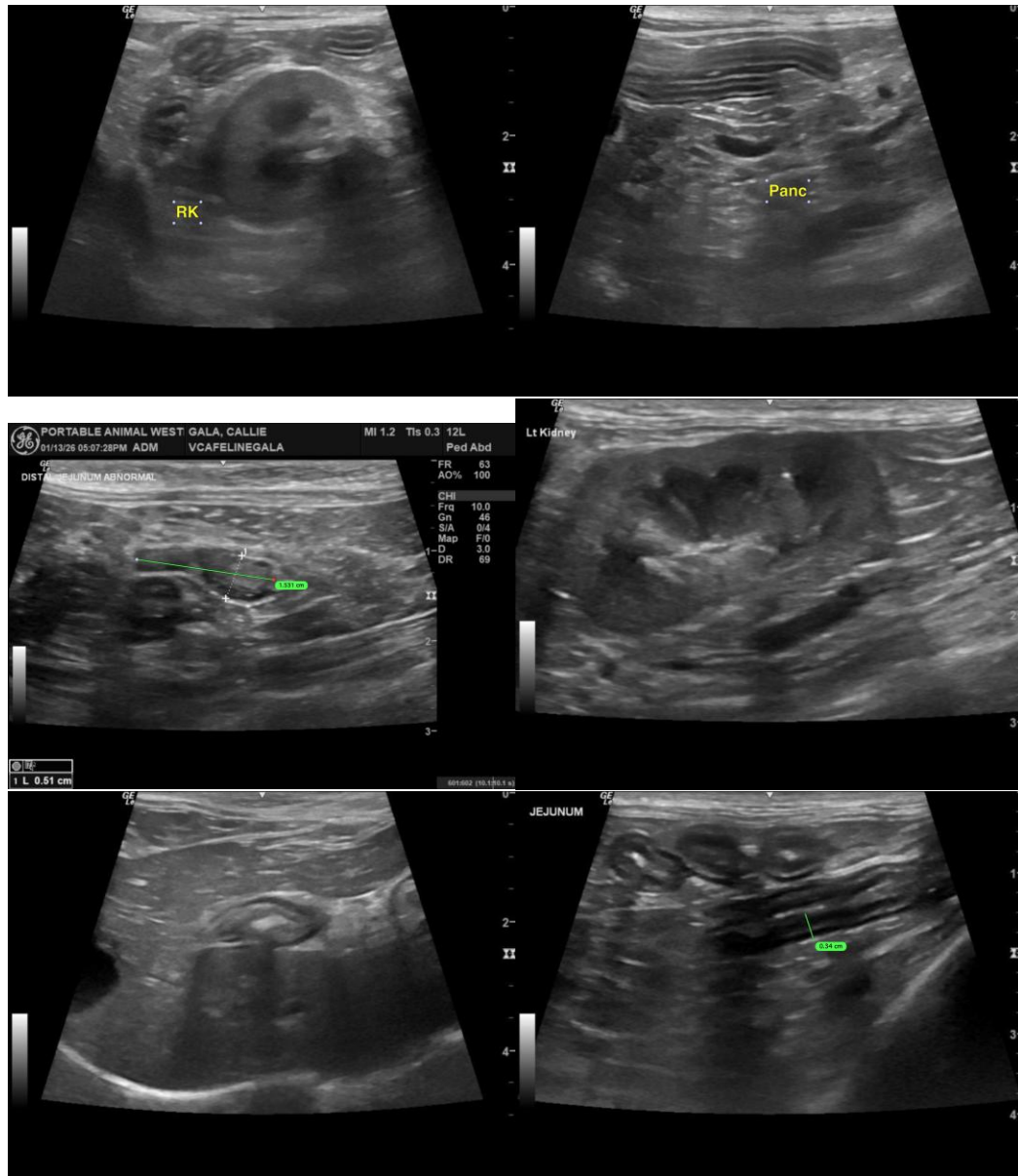
Dr Fleming

INVOICE

23548

DATE

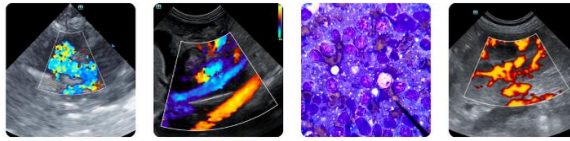
01/13/2026



Imaging performed by



Paw Prints Veterinary Services, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Callie Gala

SPECIES

Feline

BREED

DSH

SEX

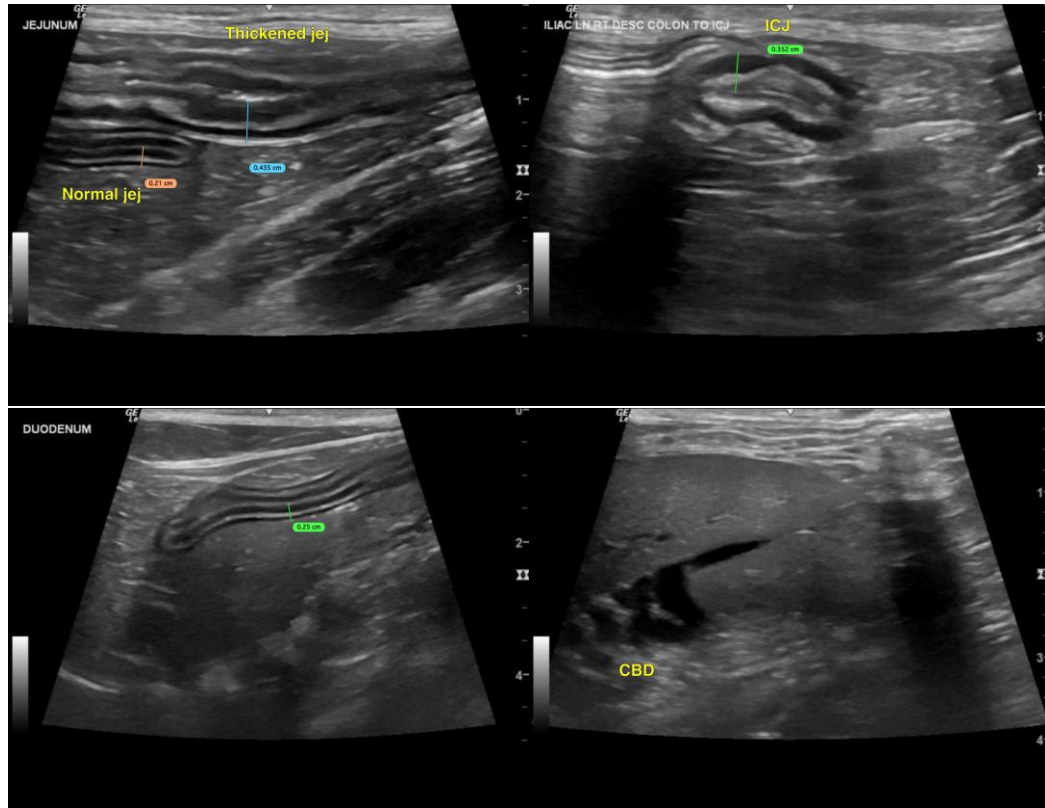
FS

AGE

15yr

WEIGHT

7.08lb



INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr Fleming

INVOICE

23548

DATE

01/13/2026

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