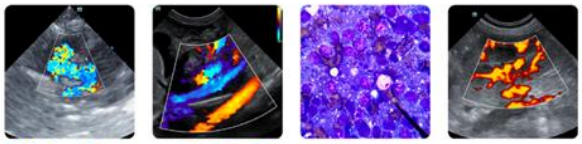




**PATIENT**

Gabby Nass

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

9

**WEIGHT**

11.3

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal Hospital

**REFERRING VET**

Dr Maniar

**INVOICE**
23541

**DATE**
01/14/2026

## PRESENTING CLINICAL SIGNS

Hx of diabetes seems out of it , urinating outside of box

Abnormal PE/Chem/CBC/UA Results: TP 9.2 Glob 5.4

## 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 mild asymmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio with increased corticomedullary echogenicity and indistinct corticomedullary border demarcation was present. No evidence of pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left adrenal gland was normal to borderline prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

### *Spleen*

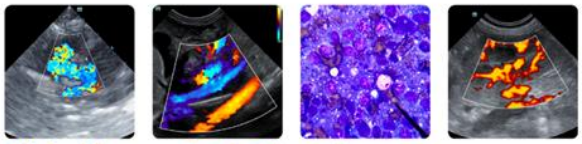
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.95 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 contained mild retained anechoic fluid with no signs of obstruction or foreign material.





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The small intestine presented intact borderline to variably thickened wall layering with overall maintained wall layer ratio. The small intestinal wall measured 0.25 to 0.30 cm in width. Empty intestinal lumen to the level of the colon was present.

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

***Pancreas***

The pancreas was normal in size with mild capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

***Free Abdomen***

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

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Sonographically normal urinary bladder
- Bilateral chronic renal changes
- Mild pancreatic remodeling/ chronic pancreatitis pattern
- Intact mild to variably thickened small intestine with mild retained gastric fluid.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not specific with possible patient variant given no reported gastrointestinal signs, mild to variable IBD or other inflammatory enteropathy in conjunction with potential chronic pancreatitis is possible. Emerging to occult intestinal round cell neoplasia such as lymphoma thought less likely yet not definitively excluded. No evidence of lower urinary tract pathology.

A GI panel to include PLI/TLI/Cobalamin/Folate and urine C/S on sterile urine sample if evidence of inflammatory sediment or glucosuria are present is recommended. Correlation with serum GLU and fructosamine level as well as neurological exam is recommended.

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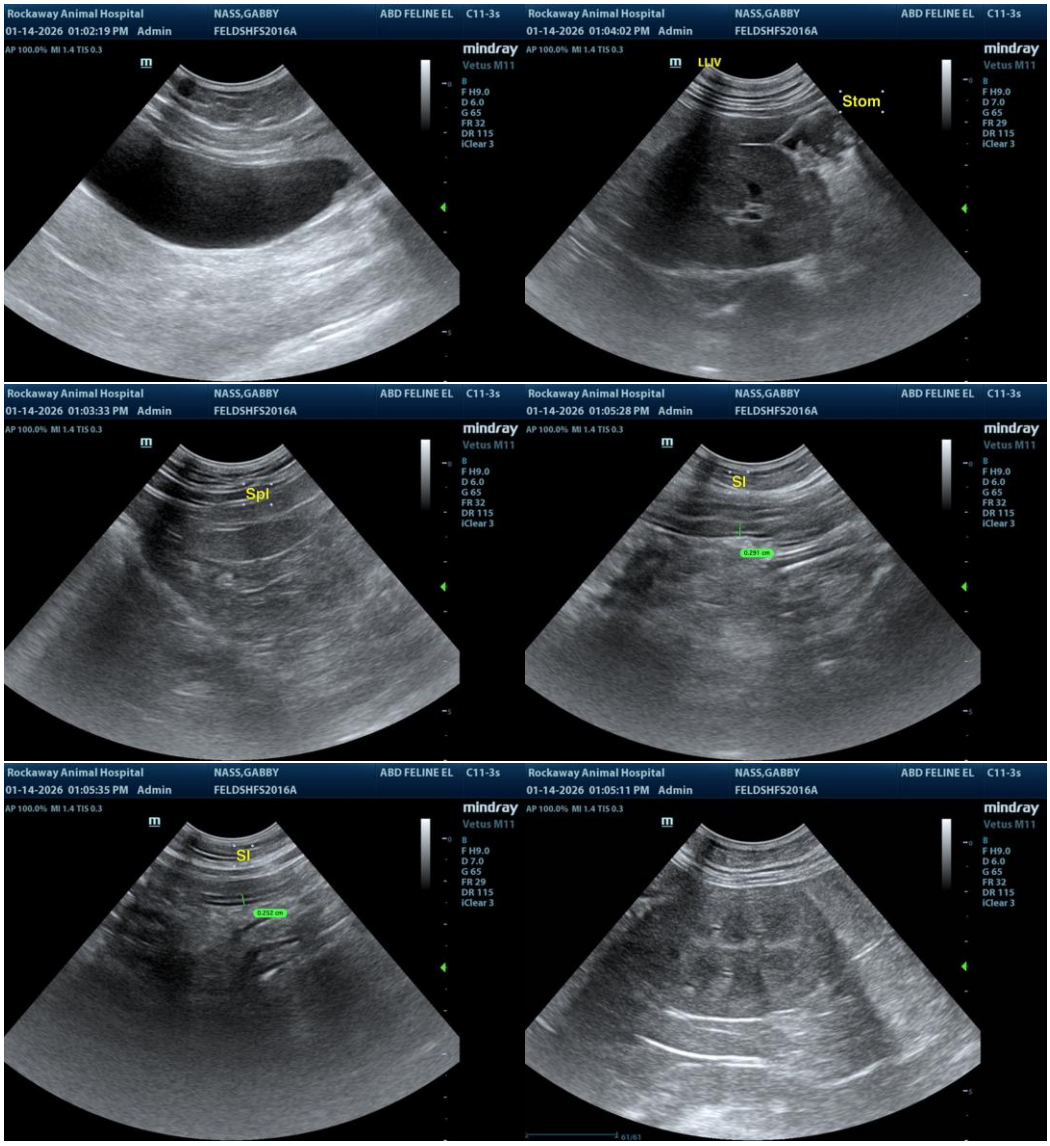

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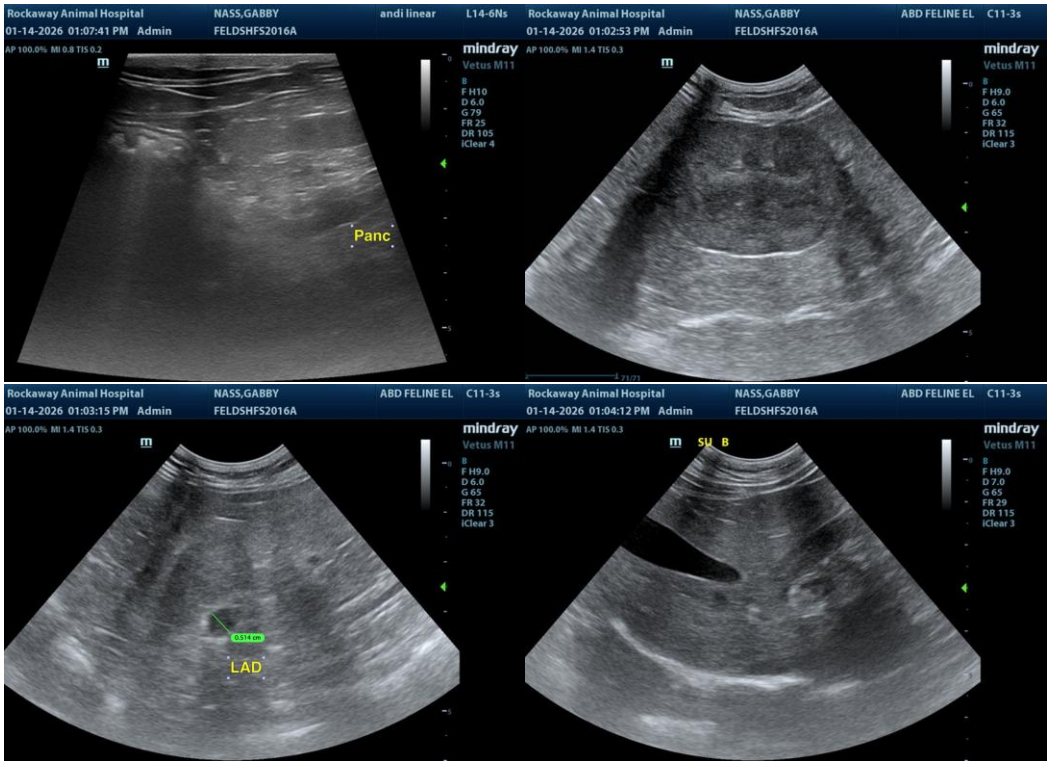


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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