



**PATIENT**

Cookie Dough  
Vabalas

**SPECIES**

Feline

**BREED**

DMH

**SEX**

FS

**AGE**

15 years

**WEIGHT**

12.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Bailey

**INVOICE**

13589

**DATE**

3/31/22

**PRESENTING CLINICAL SIGNS**

Weight loss and behavior changes noted when presented for annual exam. Glucosuria and proteinuria with normal BG.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 6-7/9, mildly dropped hocked bilaterally, decreased quality haircoat. CBC/Chem/T-4: BUN 44, Creat 1.5, Glucose 99. UA (free catch): SG 1.020, Prot 30, Glucose 100, Blood 25. Sed: RBC 3/HPF.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Focal areas of minor nonobstructive medullary mineral were present in the left kidney. Pinpoint areas of medullary mineral were present in the right kidney. No evidence of pyelectasia was noted in either kidney. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 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. The spleen measured 0.97 cm in width at the level of the hilus.

**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. 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.



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***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 gastric body wall width measured 0.26 cm.

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. The duodenum wall width measured 0.26 cm. The jejunum wall width measured 0.25 cm.

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

***Pancreas***

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

***Free Abdomen***

No omental masses, lymphadenopathy or effusion were present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild active to chronic active pancreatitis pattern
- Overtly normal gastrointestinal tract
- Bilateral mild chronic renal changes with pinpoint to focal nonobstructive medullary mineral
- Sonographically unremarkable urinary bladder

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

The weight loss in this patient may primarily be secondary to mild active to chronic active pancreatitis. Potential for concurrent structurally insignificant gastrointestinal disease could also be present yet sonographically normal. Further assessment may include a GI panel to include PLI / TLI / Cobalamin / Folate. Three view chest radiographs and thorough muscular/skeletal and neurological examination, given the behavioral changes and reported hind limb abnormality, are suggested to assess for or rule out occult disease, which may be a contributing factor to the patient's weight loss and behavioral changes.



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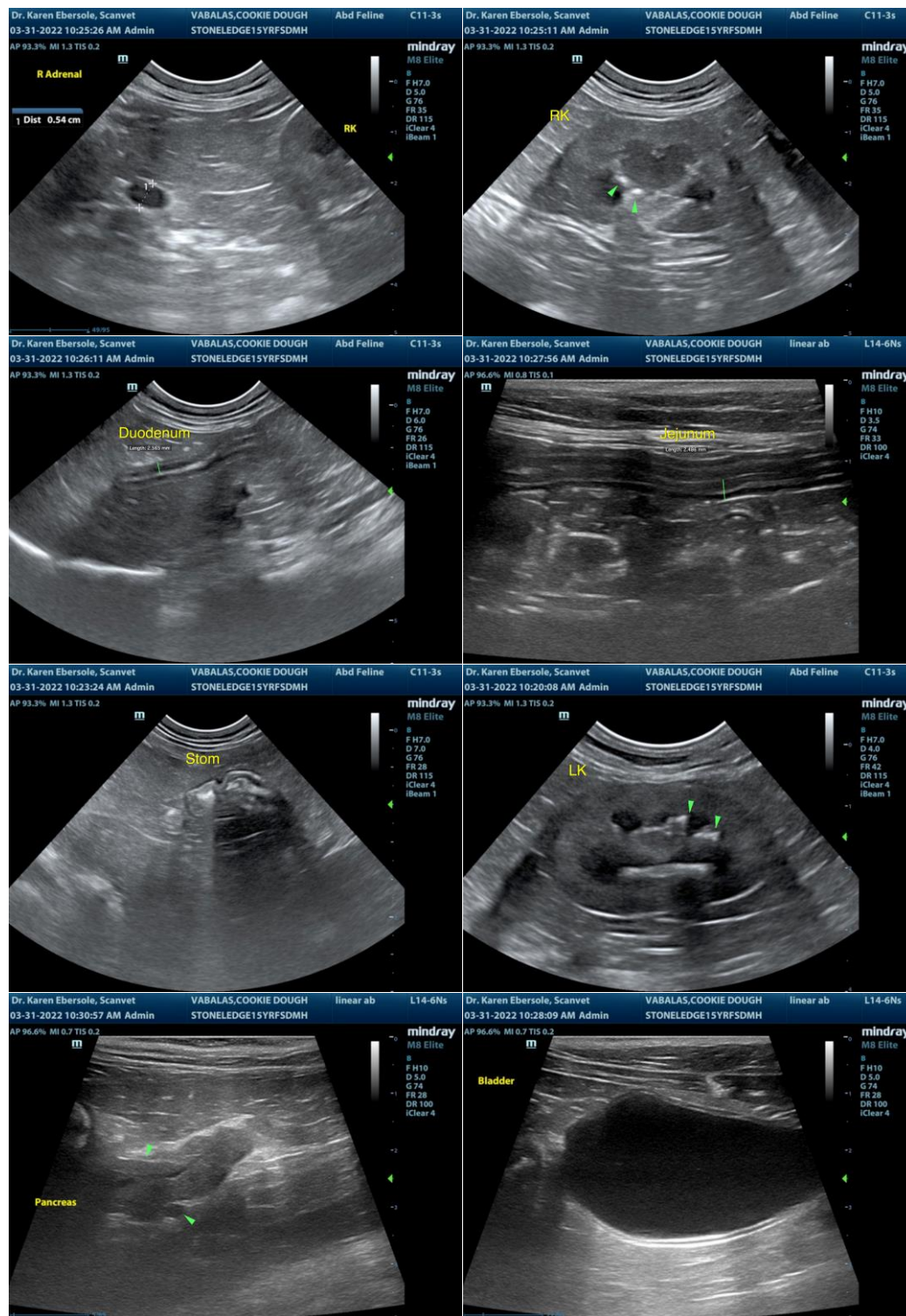
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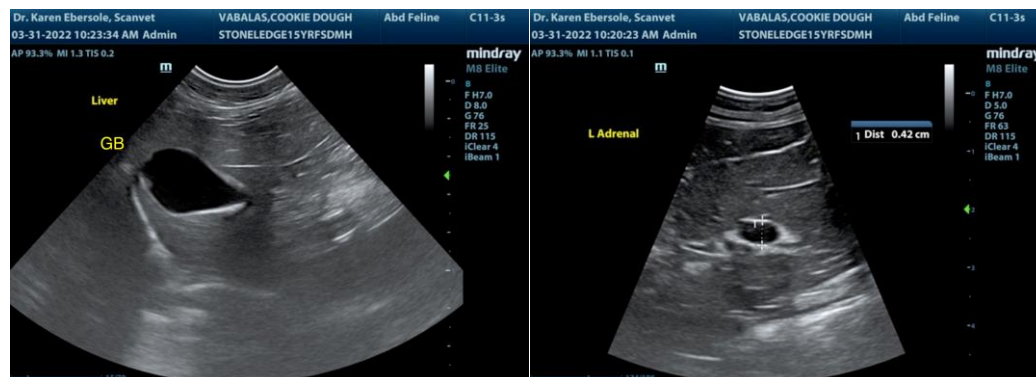
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com