



PATIENT

Colt Babin

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16yr

WEIGHT

7.98lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

24507

DATE

04/14/2026

PRESENTING CLINICAL SIGNS

*Chronic vomiting

*Weight loss

*Slight SMDA/creatinine elevation in December

*Urinalysis pending

*Gray zone T4 in December - current T4 pending

Abnormal PE/Chem/CBC/UA Results: T4 in December 3.1 SDMA 15.2 Creatinine 2.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.6 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 bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.36 width, and the right adrenal gland measured 0.40 width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A small hyperechoic nodule was present measuring 0.26 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 0.84 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 mild non-organized debris. The cystic and common bile ducts were normal.

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 subjective mildly thickened intestinal mucosa. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.30 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral chronic renal changes
- Normal bilateral adrenal size with pinpoint left adrenal dystrophic mineralization - normal age variant in a cat
- Small hyperechoic splenic nodule – tend to trend benign with small myelolipoma probable
- Normal empty stomach
- Intact mildly thickened small intestine wall
- Mild gallbladder debris
- Normal area of pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely a geriatric abdomen without evidence of significant visceral pathology. The intact mildly thickened small intestine is non-specific with potential for patient variant yet may suggest chronic enteropathy despite lack of gastrointestinal signs. Chronic pancreatitis or low-grade triaditis given the short half-life of hepatic enzymes in cats and presence of gallbladder debris may present sonographically unremarkable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs if not done to assess for thoracic or esophageal pathology and for further assessment is recommended.

Gastrointestinal support which may include dietary trial and as needed gastric protectants may prove beneficial. Correlation with penning UA and T4 level is recommended.



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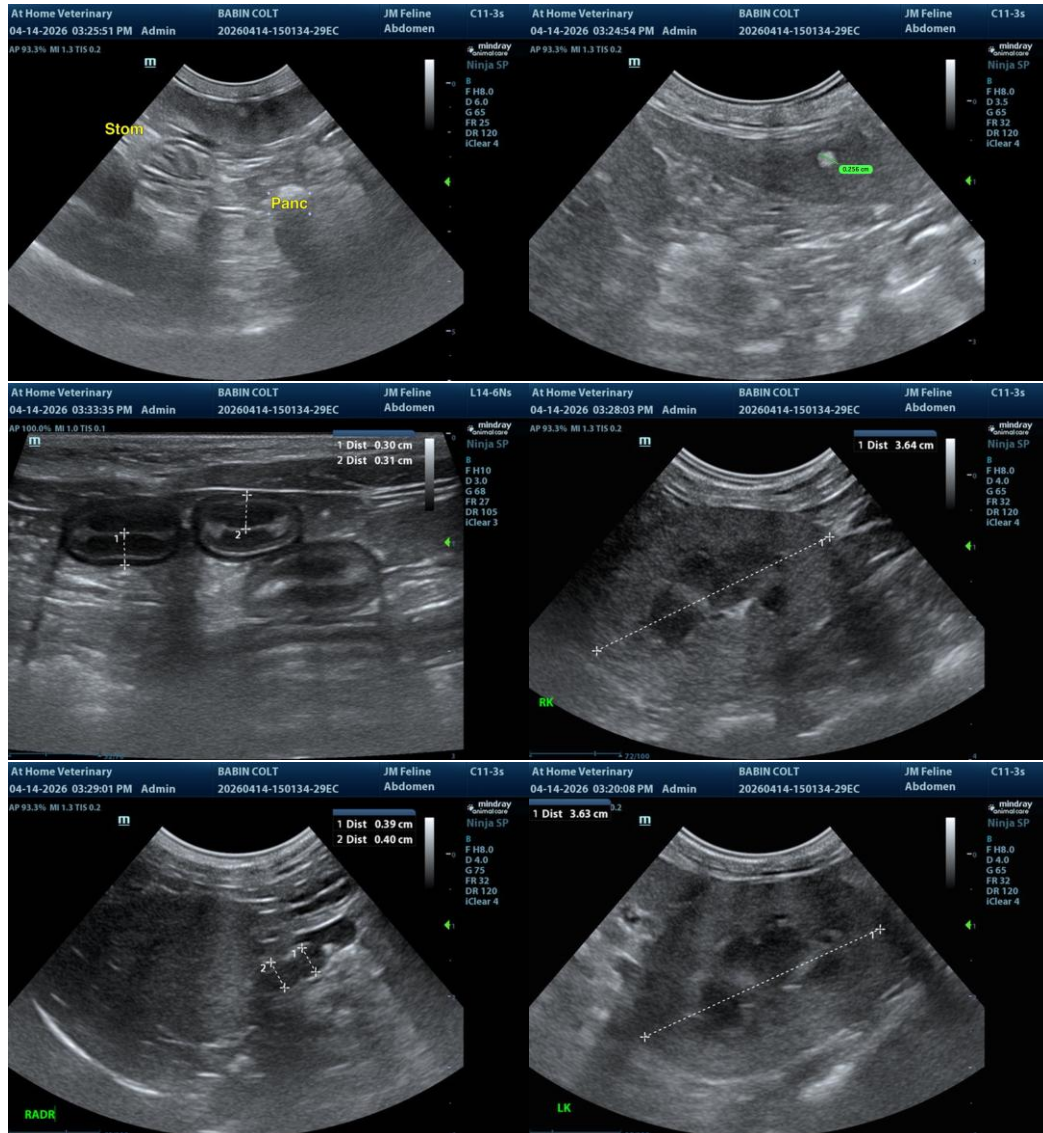
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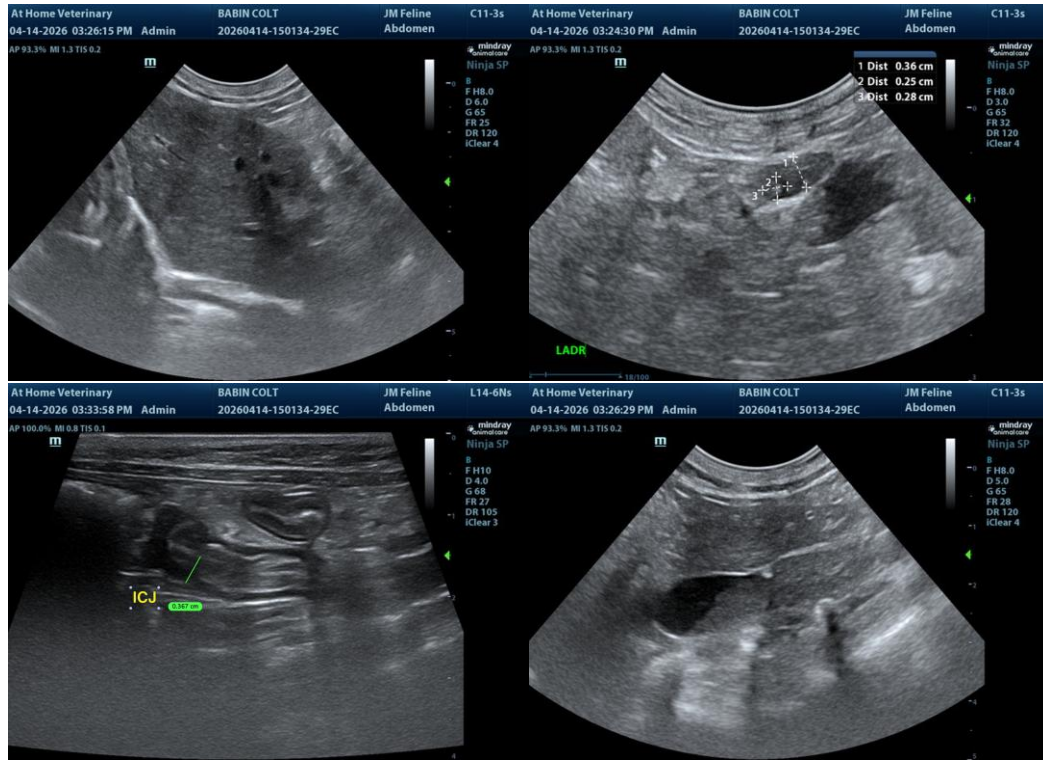
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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