



**PATIENT**

Punky Vanderwaker

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea (for several years), occasional vomiting and bladder issues. No medication or diet trials as of yet.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T-4: all WNL UA: SG 1.050, Prot 2+, rest WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DMH

**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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

FS

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. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 cm in length.

**AGE**

12yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

11.1lb

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Karen Ebersole, DVM,  
DABVP

**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.

**HOSPITAL NAME**

Scanvet

**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 measured 0.24 cm in width.

**REFERRING VET**

Dr. Porcelli

**INVOICE**

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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 small intestinal wall measured 0.22 cm in width.

**DATE**

04/28/2023

The colon exhibited intact mildly prominent wall layering with semi formed to soft feces. The colon wall measured up to 0.26 cm in width.



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**Pancreas**

Punky Vanderwaker

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

**Free Abdomen**

Feline

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

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DMH

- Sonographically unremarkable urinary bladder and visible proximal urethra.
- Mild age related renal changes.
- Structurally normal GI tract.
- Suspect mild chronic colitis.

SEX

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

AGE

Overall, there is no overt evidence of significant abdominal visceral. Dietary intolerance / food hypersensitivity, occult parasitism, suspected mild chronic colitis, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials. A GI panel including PLI/TLI/Cobalamin/Folate is recommended as well as diarrhea PCR.

12yr

WEIGHT

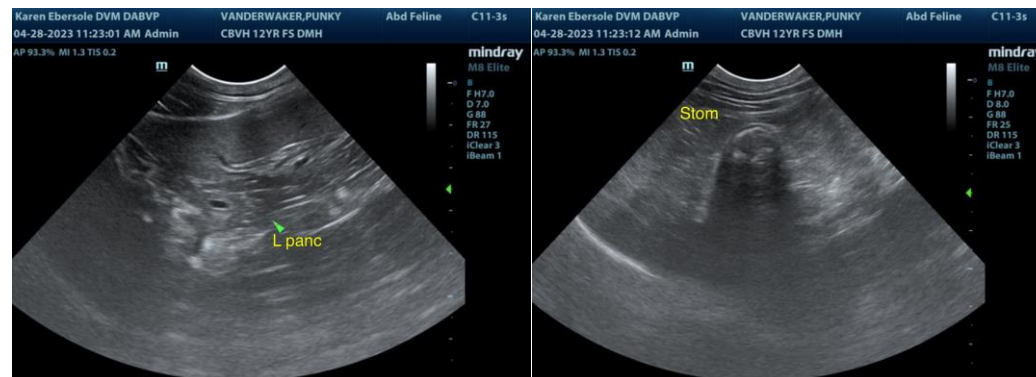
Empirically, a limited antigen or hydrolyzed diet vs higher fiber diet trial with potential long term dietary therapy, cobalamin supplementation pending assessment of cobalamin levels, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

11.1lb

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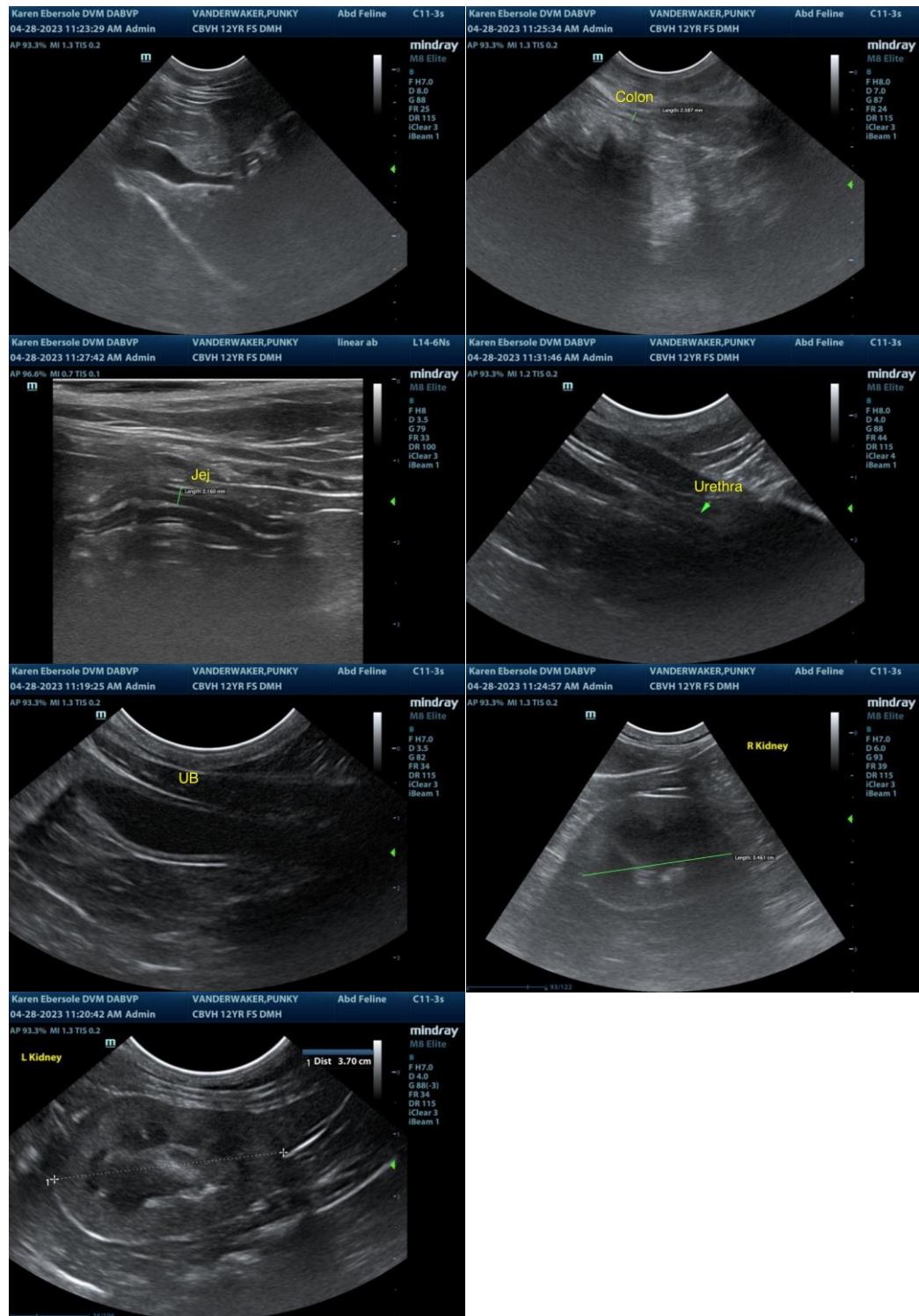
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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