



## PATIENT

Callie Vogel

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

9.4 lbs

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Mary Pearce

## HOSPITAL NAME

Chambersburg Animal  
Hospital

## REFERRING VET

Dr. Mary Pearce

## INVOICE

16099

## DATE

05/11/26

## PRESENTING CLINICAL SIGNS

The owner reports that Callie has been sneezing and has experienced a significant increase in drinking and urination. It has been observed that Callie drinks excessively from the bathtub and urinates so much that the litter box cannot absorb it. She is eating normally, no diarrhea. No vomiting.

BW: CBC normal. TP 11.0, alb 4.3, glob 6.8, ALT 289, ALP 360, GGT 76, tbili 1.4. lytes normal. UA: USG >1.050, pro 30mg/dL, glu 100mg/dL (stress, normoglycemic), hematuria. Otherwise, quiet sediment. Bladder was small/thicker wall and blood may be from more difficult cystocentesis.

## 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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was 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 pyelectasia was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.2 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 0.43 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width.

### *Spleen*

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent small noncapsule deforming nonhomogenous hyperechoic nodules were present with an example measuring 0.26 cm. 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 hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

### *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 mildly subnormal in size (likely given the presence of gastric ingesta) with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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## *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild to moderate distal acoustic shadowing in the fundus and gastric body with nonshadowing pyloric ingesta without signs of obstruction or foreign material. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.23 cm wall width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing ingesta was present. The small intestine wall measured 0.23 cm wall width.

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

## *Pancreas*

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.

## *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder with mild urine sediment.
- Mild age-related renal changes.
- Normal adrenal glands.
- Sonographically normal liver- consistent with benign hepatopathy.
- Mild gallbladder debris.
- Normal gastrointestinal tract with gastrointestinal ingesta- consistent with food echogenicity.
- Small hyperechoic splenic nodules- most likely benign myelolipomas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology is warranted primarily to assess for evidence of inflammation i.e. cholangiohepatitis. No obvious evidence of triaditis, if no concurrent gastrointestinal signs or evidence of weight loss. Adrenal testing could be considered if clinical signs are consistent with feline Cushing's syndrome. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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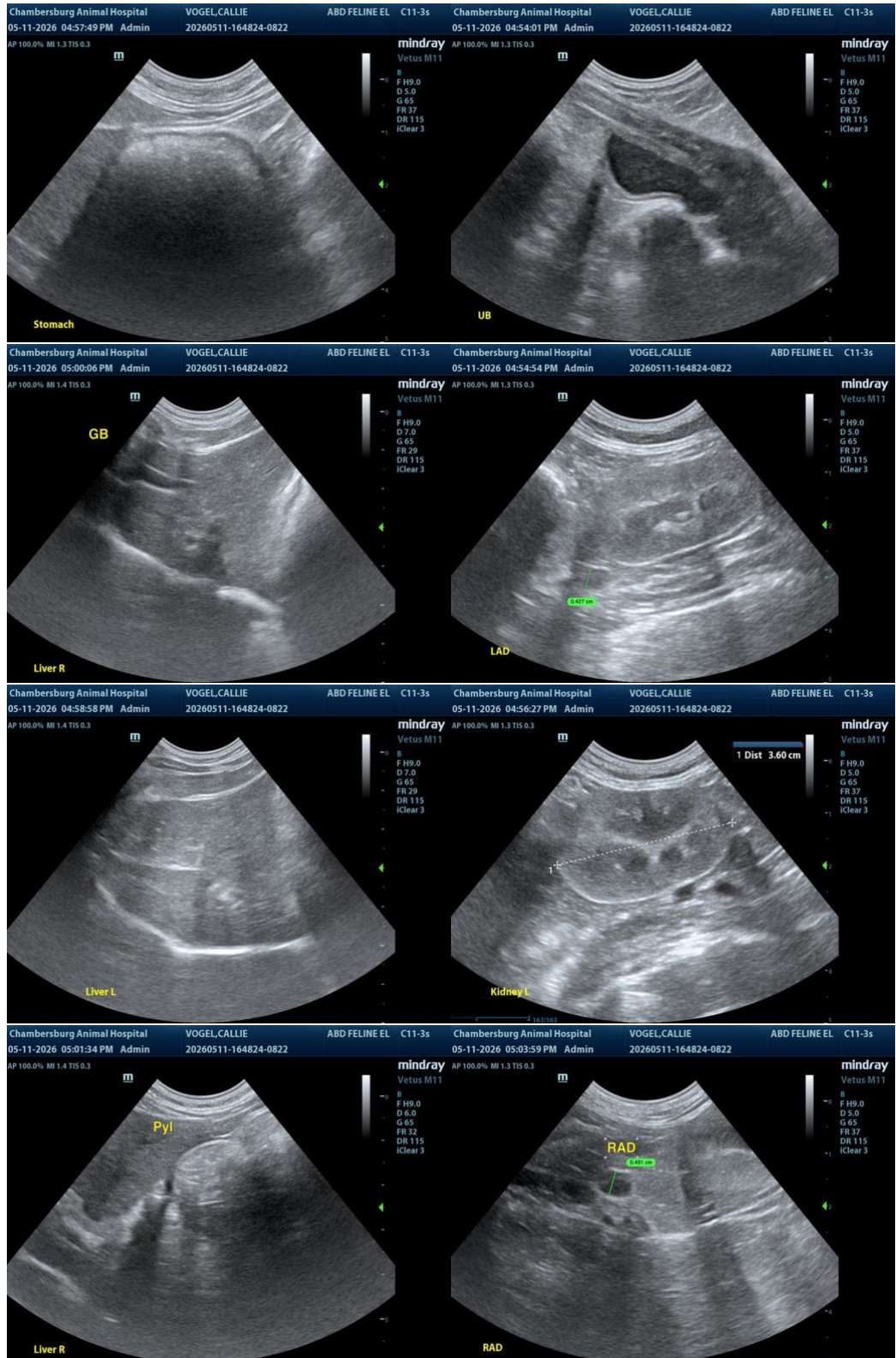
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)