



PATIENT

SMIDGEN
SALVADORE

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr Daniel Hoffman

INVOICE
24872

DATE
05/18/2026

PRESENTING CLINICAL SIGNS

Approx. 16 year-old, spayed female, DSH presented for annual examination and vaccinations, but the Owner reported that the patient seems to have difficulty maintaining her coat, has an increased frequency of vomiting, and is losing weight (the patient lost about 1.5 pounds since the previous year's annual examination). Activity level, appetite, and thirst were reported to be normal by the Owner. No significant changes were noted on physical examination at that time, other than the weight loss (and the patient appears to be a borderline-low body condition, BCS = 2.5-3/5). BW was performed, but results were relatively unremarkable (see below).

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry/T4/UA/Fecal performed 05/08/2026: CBC and Chemistry were completely normal, with no values out of the reference ranges. The T4 was also normal (T4 = 2.1 ug/dL). On urinalysis, there was moderate blood and protein (UP:C = 0.2), but no bacterial, crystals, or pyuria were noted. There was also an increase in epithelial cells. The fecal screening was negative for ova and parasites.

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 mild non-dependent particulate sediment. 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 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 3.9 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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.

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



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non-distended in size with thin walls and mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and mild altered 1:3 muscularis / mucosa ratio primarily consisting of mild muscularis hypertrophy. The small intestinal wall measured 0.31 cm in width. the ileocolic wall measured 0.38 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

- Enteropathy, IBD or other inflammatory enteropathy probable, minor potential for emerging to occult intestinal round cell neoplasia such as lymphoma thought less likely
- Gallbladder debris
- Mild chronic renal changes
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Triaditis is considered a less likely differential given no reported hepatic enzyme elevations or sonographic evidence of pancreatitis. Gastrointestinal support, assessment of caloric plain and consideration for empirical IBD protocol indicated. Gold standard biopsies with histopathology required for definitive diagnosis. No evidence of urinary bladder neoplasia. Monitoring of UA +/- renal staging to include C/S or monitoring of UPC level if non-inflammatory proteinuria is recommended.



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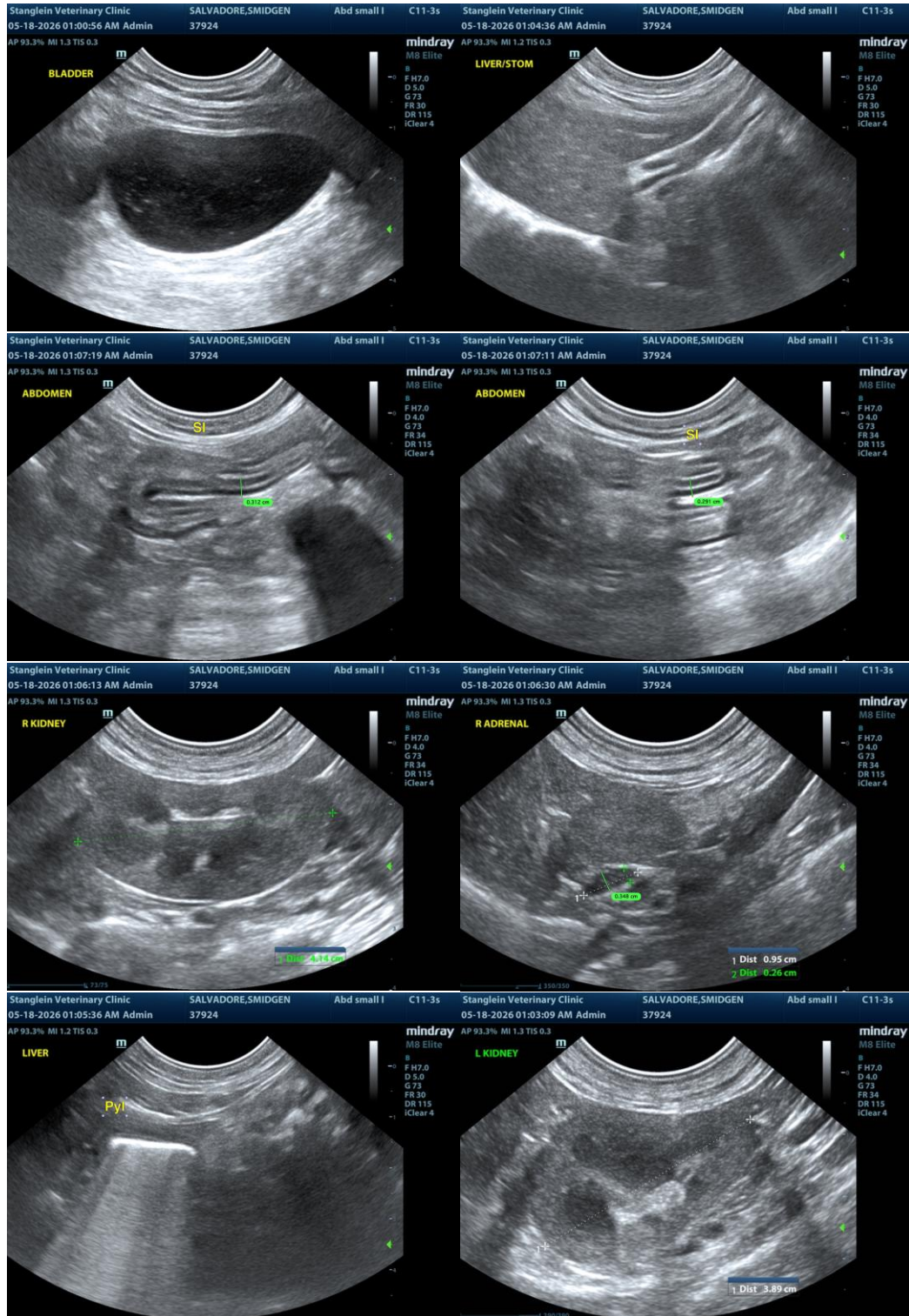
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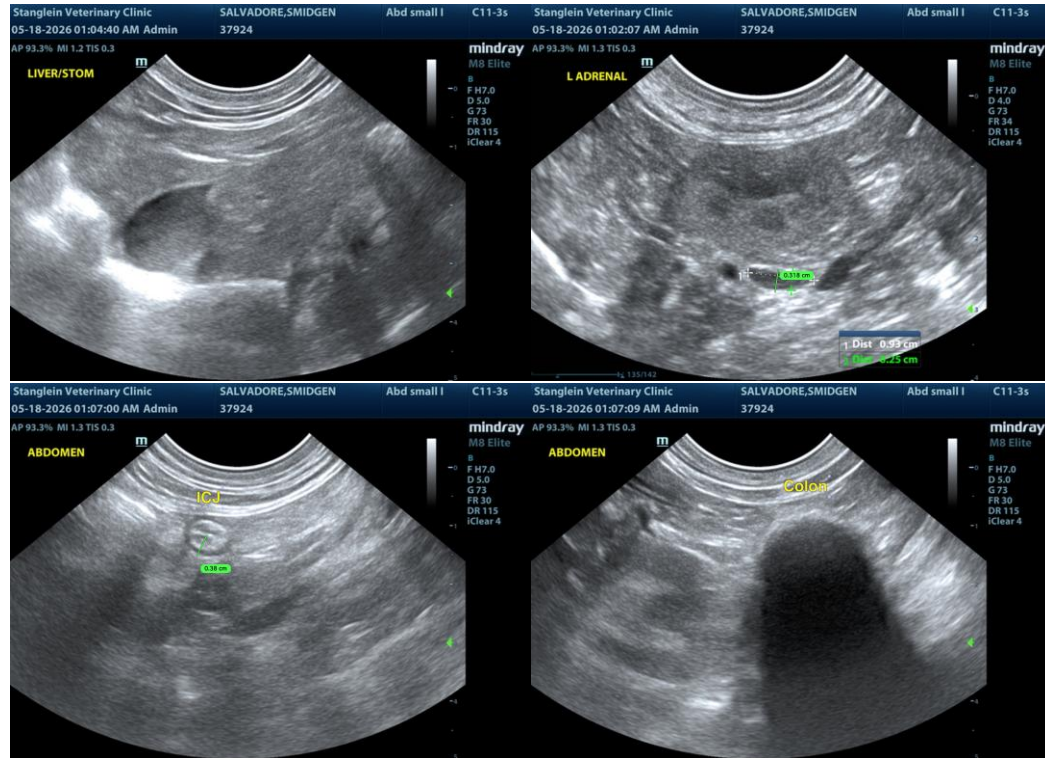
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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