**PATIENT**

Turbo Miller

PRESENTING CLINICAL SIGNS

re check prev u/s 1/21 and 1/23 Doing significantly better

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**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 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.

BREED

Maine Coon Mix

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. Adequate to mild loss of corticomedullary distinction was also present. Indistinct hyperechoic corticomedullary rim consistent with medullary rim sign was present. The renal medullary volume was subjectively reduced. The left kidney measured 4.6 cm in length. The right kidney measured 4.5 cm in length.

SEX

MN

AGE

7

The area of the aortic trifurcation was free of pathology.

Adrenal Glands**WEIGHT**

14.3

Newly visualized non-capsule deforming well demarcated hyperechoic non-mineralized left adrenal nodule was present 0.41 cm in diameter. The left adrenal gland measured 0.44 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen**INTERPRETED BY**R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

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

Jenn

Liver/Gallbladder**HOSPITAL NAME**Rockaway Animal
Hospital

The liver presented borderline to mildly increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The common bile duct was not visualized. Mildly dilated cystic duct present without evidence of post hepatic obstruction.

REFERRING VET

Dr Maniar

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.

INVOICE
23687**DATE**

01/27/2026



PATIENT

Turbo Miller

The small intestine presented intact borderline thickened wall with overall maintained muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The jejunum wall measured 0.25-0.28 cm in width.

SPECIES

Feline

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

Pancreas

The visualized pancreas was normal in size and contour with overall isoechoic mildly non-homogenous parenchyma compared to adjacent omentum.

BREED

Maine Coon Mix

Free Abdomen

No omental masses or peritoneal effusion was present.

SEX

MN

Mild to variable persistent enlarged colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.0 cm.

AGE

7

ULTRASONOGRAPHIC FINDINGS

Primary

- Persistent potentially mild decreased intact mildly thickened small intestinal wall
- Persistent mild colic lymphadenopathy with regional omental inflammation
- Suspect resolving pancreatitis
- Static mild hyperechoic liver, mild gallbladder debris with non-obstructive cystic duct dilation
- Non-specific chronic renal changes exhibiting indistinct non-specific renal medullary rim

WEIGHT

14.3

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given clinical improvement, resolving non-specific inflammatory or infectious disease assuming empirical therapy is possible, however previously mentioned potential etiologies i.e. IBD, neoplasia, granulomatous disease etc. remain potential possibilities.

IMAGING PERFORMED BY

Jenn

Continued empirical therapy including gastrointestinal support with clinical and as needed sonographic monitoring given clinical improvement would be reasonable. Previously mentioned FNA sampling specifically of colic lymph node +/- surrounding omentum and C/S could still be considered. Sonographic reassessment indicated if recurrent or persistent gastrointestinal signs. Correlation with lab work and UA is recommended.

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

23687

DATE

01/27/2026



PATIENT

Turbo Miller

SPECIES

Feline

BREED

Maine Coon Mix

SEX

MN

AGE

7

WEIGHT

14.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

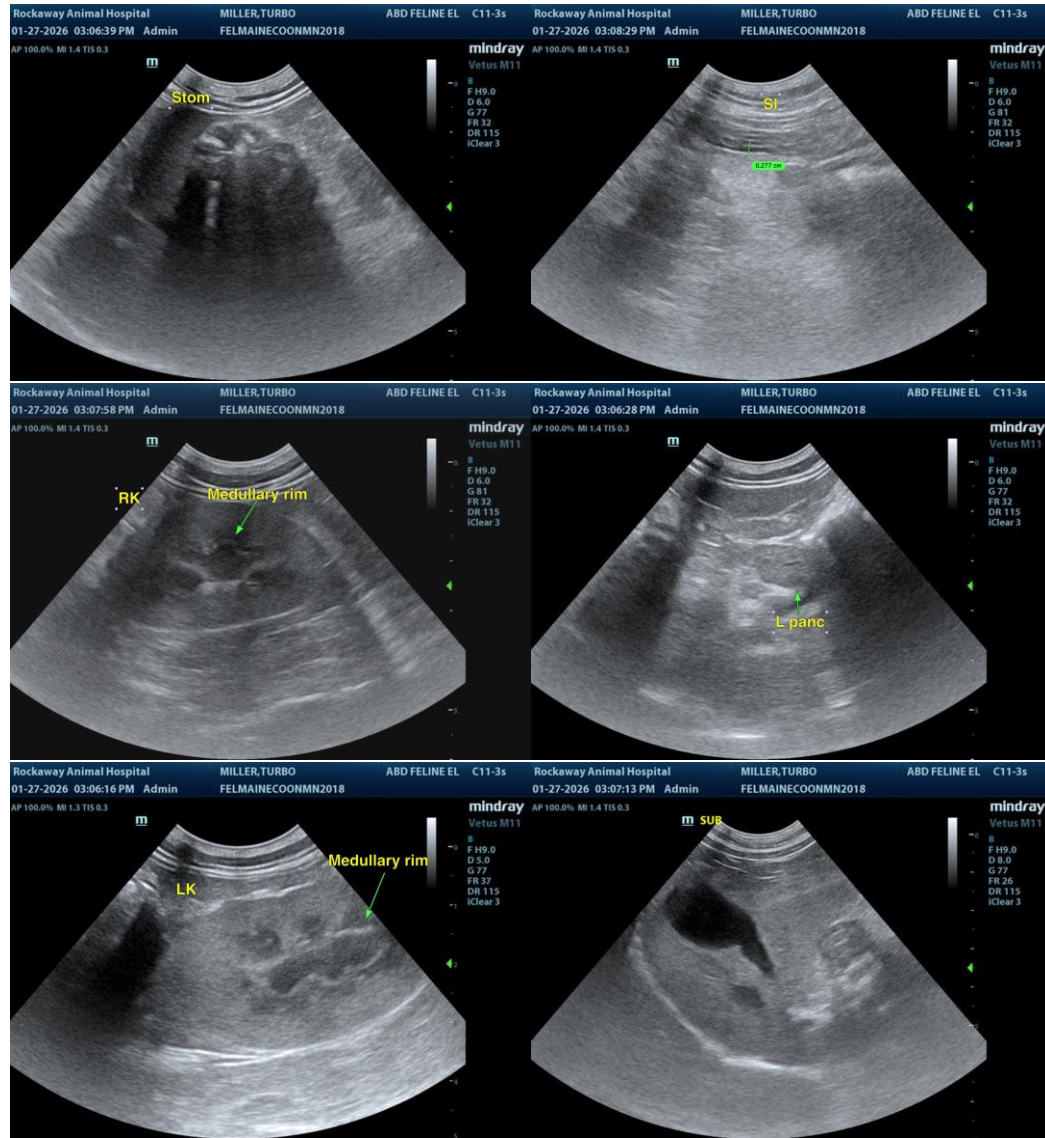
Dr Maniar

INVOICE

23687

DATE

01/27/2026





PATIENT

Turbo Miller

SPECIES

Feline

BREED

Maine Coon Mix

SEX

MN

AGE

7

WEIGHT

14.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

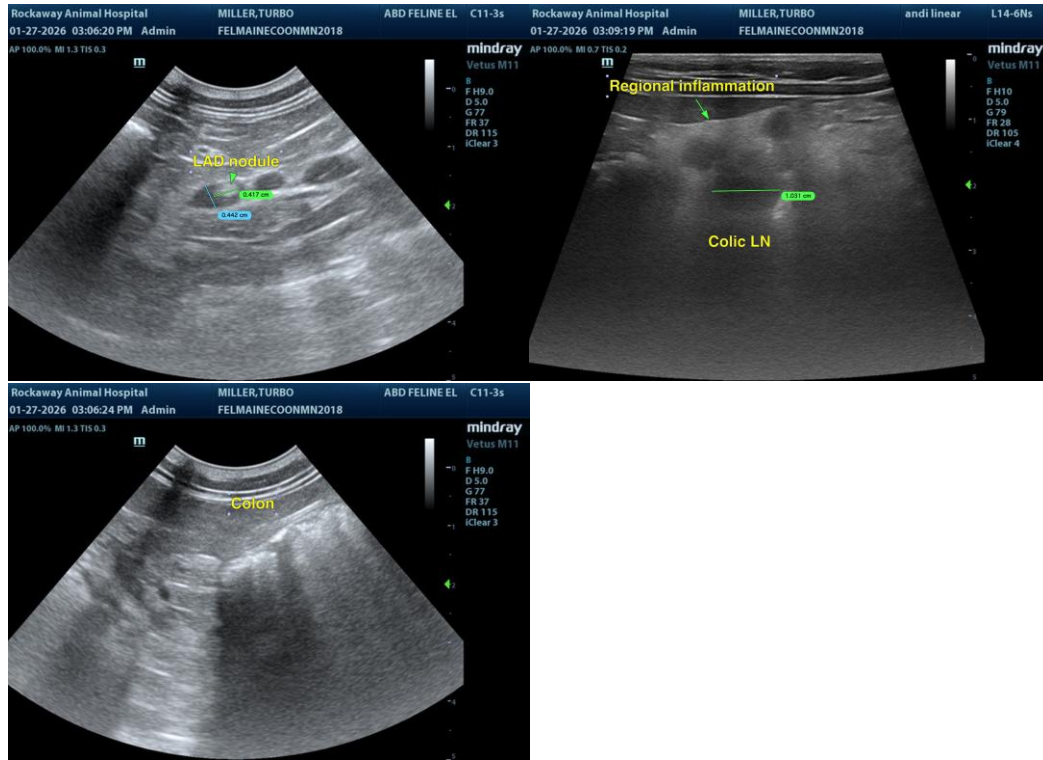
Dr Maniar

INVOICE

23687

DATE

01/27/2026



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