

PATIENT

Esther Hardy

PRESENTING CLINICAL SIGNS

*Elevated kidney values *Newly diagnosed hyperthyroidism - on methimazole *History of suspected IBD *Further weight loss after starting methimazole

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Pre-hyperthyroid treatment values: T4 9.4 BUN 41 CR 2.6
Recheck hyperthyroid panel pending

BREED

Ragdoll

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.

SEX

FS

Normal size and margination were present in the right kidney. The left kidney was subnormal in size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney cortical infarcts were present. The left kidney measured 2.9 cm in length. The right kidney measured 3.2 cm in length.

AGE

11yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

8.2lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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

Melinda Persson

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE 23498

DATE

01/07/2026

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.



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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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.37 cm width.

SPECIES

Feline

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

Pancreas

BREED

Ragdoll

The pancreas was normal to mildly prominent in size with capsule asymmetry and heterogeneous remodeled parenchyma. Subjective small pancreatic cyst in the area of proximal left pancreatic lobe measuring 0.6 cm in diameter was present.

Free Abdomen

SEX

FS

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

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

11yr

- Chronic renal changes exhibiting subnormal left kidney size with cortical infarcts
- Sonographically unremarkable gastrointestinal tract
- Probable chronic pancreatitis with small pancreatic cyst

WEIGHT

8.2lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with recheck thyroid testing recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to correlate with pancreas and assess for non-structural intestinal disease as contributing factor to the weight loss.

INTERPRETED BY

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

Three view chest radiographs, urinary workup including UA, C/S, and baseline UPC level for renal staging is recommended.

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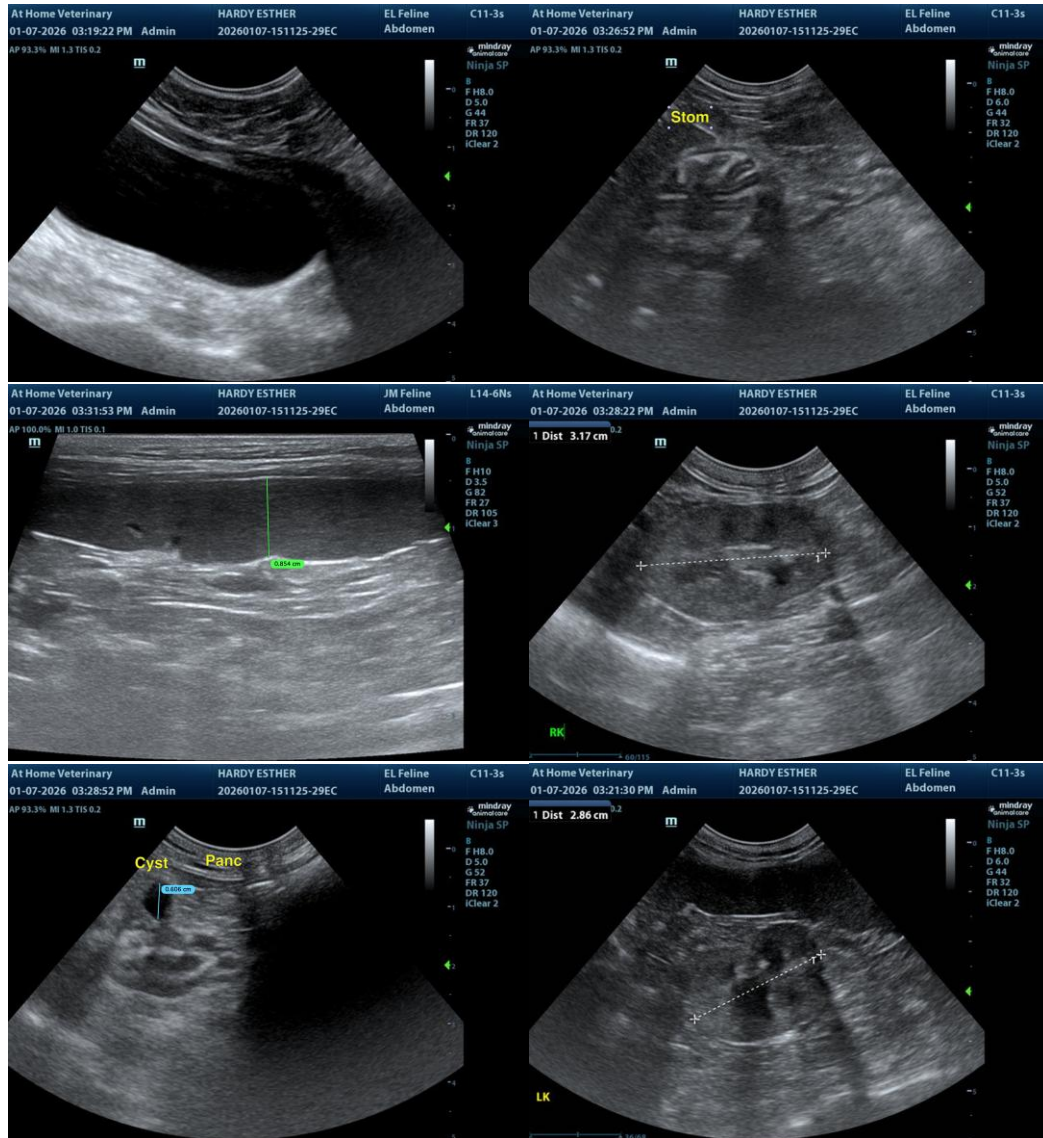
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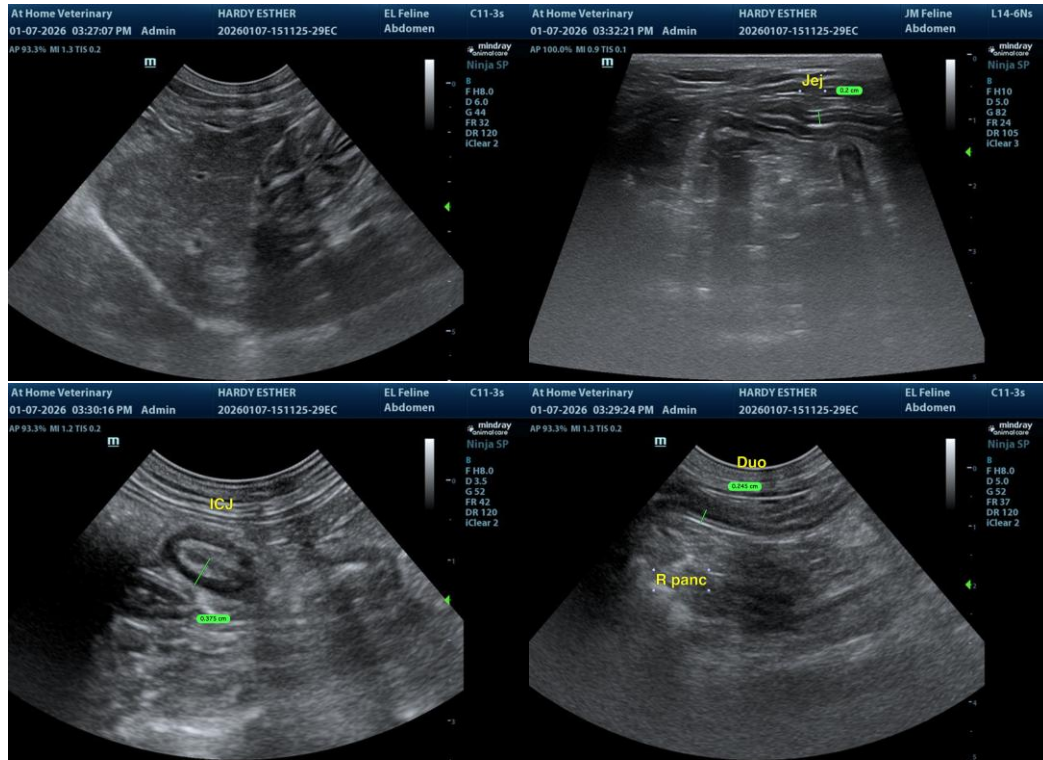
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AGE

11yr

WEIGHT

8.2lb



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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

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