



## PATIENT

Luna Overton

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

19 Years 1 Month

## WEIGHT

10.94 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Carly Pate

## HOSPITAL NAME

VCA McKenzie Animal  
Hospital

## REFERRING VET

Dr. FitzClemen

## INVOICE

12324

## DATE

11/18/25

## PRESENTING CLINICAL SIGNS

History of weight loss decreased appetite with some improvement on mirataz, but still declining kibble History of decreased mobility- managed on Solensia. History of CKD IRIS 2, some history of vomiting. Abnormal PE/Chem/CBC/UA Results: last BW Sept 2025 CBC - Lymphocytes 765 (1200-8000) Platelets 189 (200-500), reflects minimum number due to platelet clumping, platelet estimate is adequate All else WNL; Chemistry profile - Superchem w/SDMA BUN 37 (14-36) Creatinine 2.4 (0.6-2.4) SDMA 17.3 (<15); Thyroid hormones - T4 1.4 (0.8-4.0); Urinalysis - USG 1.019 pH 6.0 urine chems: wnl urine sedi: nsf MA: 0.7 (<2.5 Bloodwork not ran today

## 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. 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 change were noted.

Normal size and asymmetrical 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 moderate loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.3 cm in length.

### Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.25 cm width. The right adrenal gland measured 0.27 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. The spleen measured 0.77 cm width level of the mid spleen.

### Liver

The liver was subjectively normal in size, structure, and contour. Mild remodeled to hyperechoic parenchyma compared to the spleen. 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.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without evidence of obstruction to pyloric outflow. Mild gastric lumen gas was present.



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The intestinal walls demonstrated generalized intact thickened wall layering most notable in the jejunum and ileum. The jejunum wall measured 0.27 cm width. The ileum wall measured 0.50 cm width. No evidence of mechanical/metabolic intestinal ileus.

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Normal intact visible colon wall. The colon contained soft to nonformed fecal matter in the proximal colon and with semi formed fecal matter in the descending colon.

**Pancreas**

**BREED**

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The left pancreas presented with normal to mildly prominent size, capsule asymmetry and heterogeneous remodeled parenchyma with prominent pancreatic duct.

**SEX**

Spayed Female

**Free Abdomen**

**AGE**

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Intermittent jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.1 cm x 0.65 cm. Intermittent scant pockets of peritoneal effusion present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

10.94 pounds

- Normal stomach with mild nonshadowing ingesta.
- Chronic enteropathy pattern exhibiting intact thickened wall- chronic IBD or other inflammatory enteropathy suspected, potential emerging to low-grade intestinal neoplasia such as lymphoma possible.
- Chronic pancreatitis.
- Intermittent generally mild jejunocolic lymphadenopathy.
- Bilateral chronic renal changes.
- Mild hepatic parenchymal remodeling.
- Scant peritoneal effusion.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

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A GI panel to include PLI, TLI, cobalamin and folate to correlate with the pancreas and small intestine as well as three view chest radiographs to rule out intrathoracic disease as a contributing factor to the weight loss is recommended. Triaditis could be a consideration if previous hepatic enzyme elevations and given short half-life of hepatic enzymes in cats. Gastrointestinal support and empirical therapy for chronic pancreatitis/chronic IBD with clinical monitoring would be reasonable. Biopsies are required for a definitive diagnosis.

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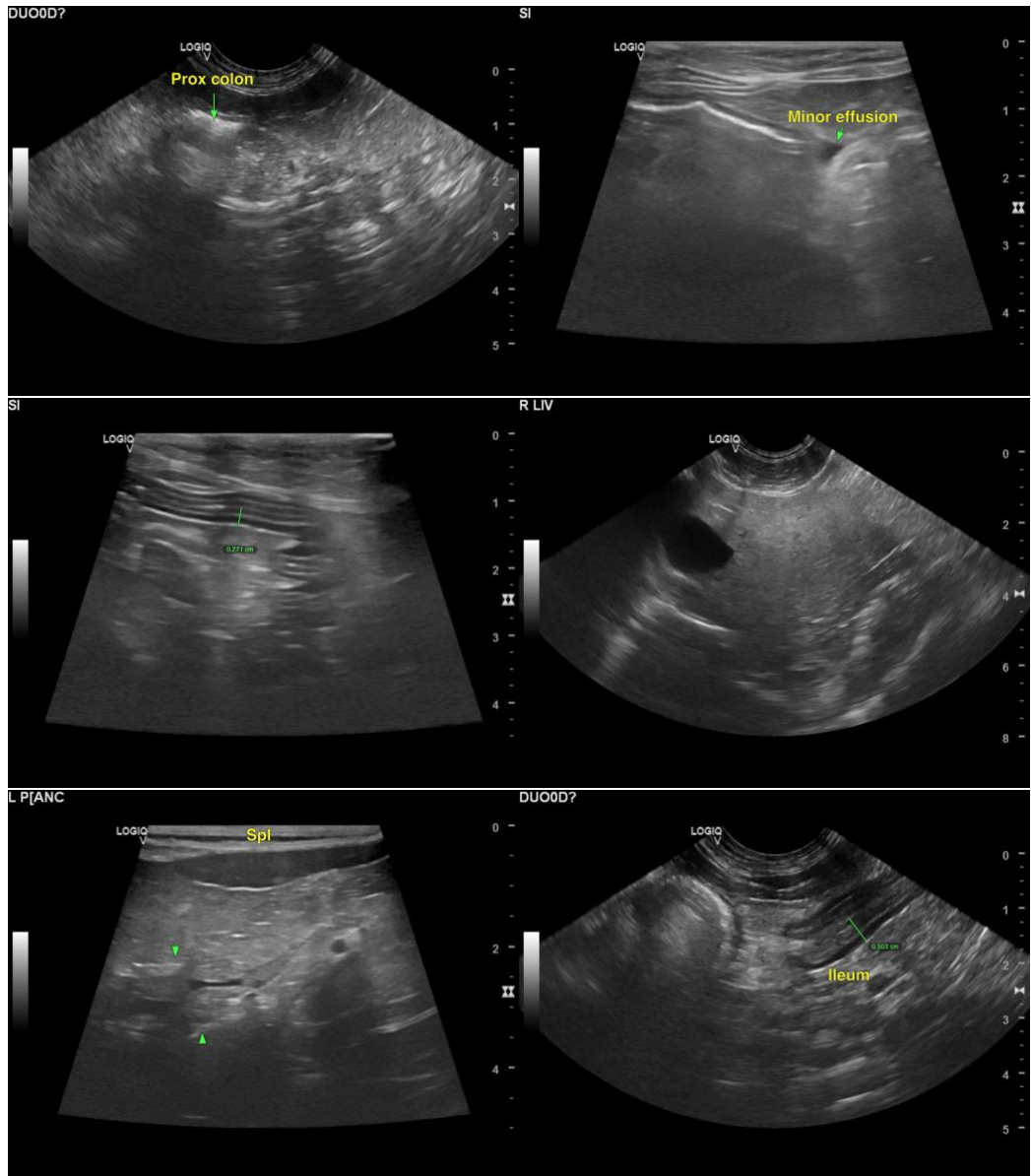
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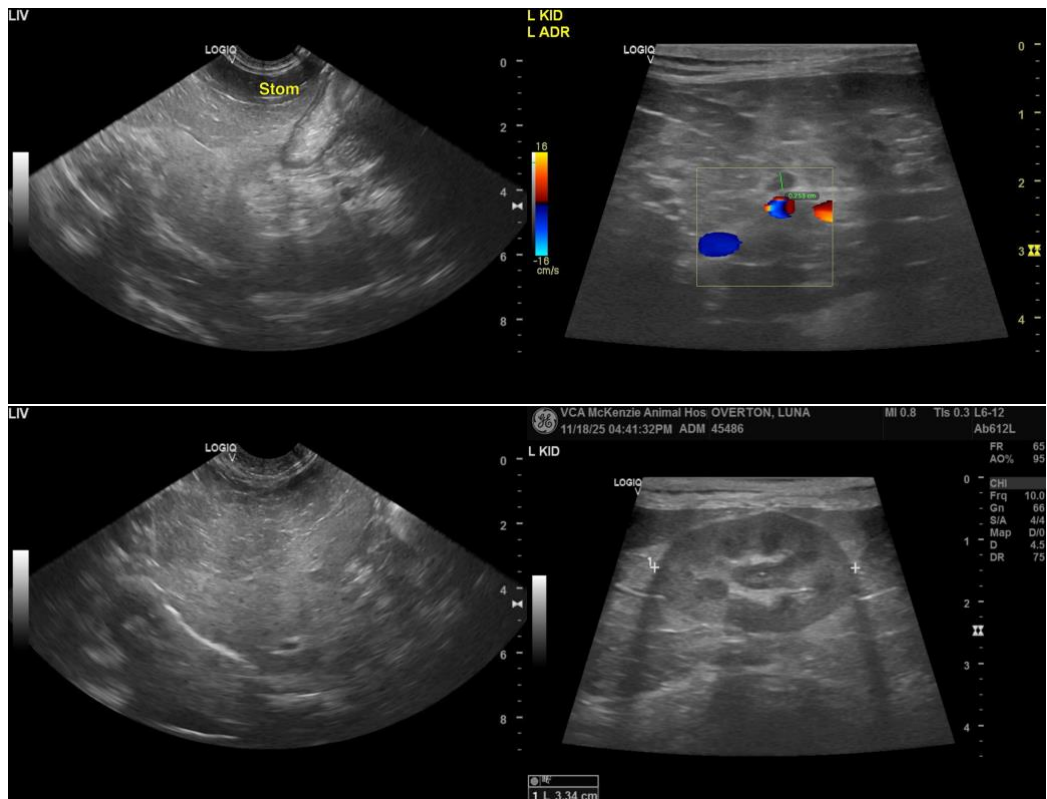
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)