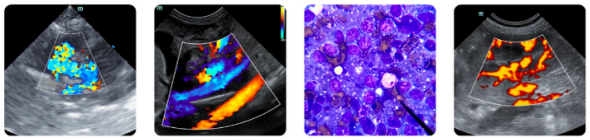

PATIENT

Kukui Meka Jenkins

SPECIES

Feline

BREED

Maine Coon

SEX

Male Neutered

AGE

13y 8 mos

WEIGHT

15.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Carter

INVOICE

12837

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Presented on 11/14/25 for annual exam. No concerns per owner. Noted pu/pd but he reported that is not new. Has been eating Hill's c/d since a kitten. Owners have had him on a diet. Exam; grade 3/4 dental disease. Weight loss of 23% of body weight in the last year. BCS 3/9

Abnormal PE/Chem/CBC/UA Results: wbc 3.2, neutrophils 1792, AST 185, ALT 555, ALP 185, tbili 0.5, cholesterol 246, creatinine 2.1. USG 1.024, trace protein. UPC and clotting times pending. Liver cytology pending

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. Non-dependent, mild, hypoechoic to particulate 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.

The area of the aortic trifurcation was free of pathology.

Borderline prominent renal size with symmetrical margination was present in both kidneys. Mild thickened, hypoechoic cortex and variable, mild, hypoechoic medulla echogenicity. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mildly enhanced loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.5 cm. The right adrenal gland was not definitively visualized.

Spleen

The spleen was mildly enlarged in size with maintained symmetrical contour and mild, heterogeneous parenchyma. The spleen measured 1.3 cm width level of the mid spleen.

Liver

The liver was normal in size to possible borderline enlargement in size. 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 mild, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Small intestine wall measured 0.32 cm.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

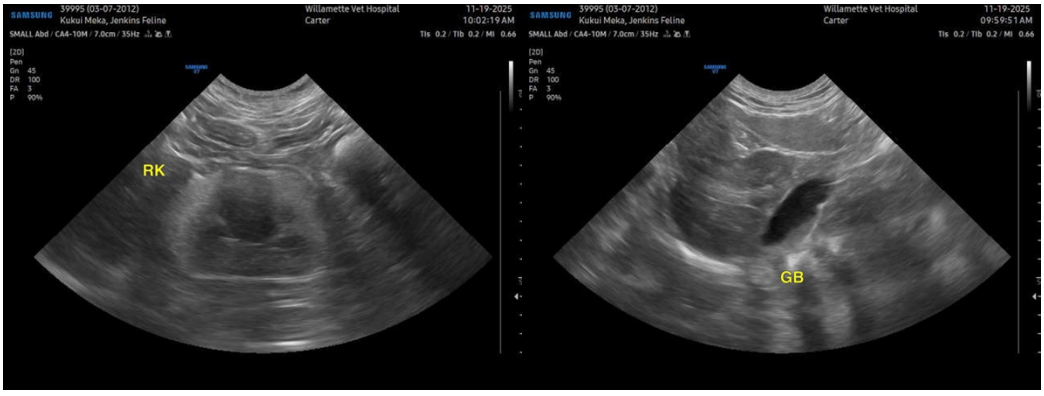
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment
- Nonspecific chronic renal changes
- Mildly enlarged non-homogeneous spleen
- Hepatopathy
- Mild gallbladder debris
- Intact thickened small intestinal wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations in this case may include IBD or other inflammatory enteropathy and in conjunction with hepatopathy, and triaditis while potential for emerging to low-grade intestinal or multicentric neoplasia cannot be excluded. Correlation with pending hepatic cytology to assess for inflammatory criteria or occult neoplasia is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate and 3-view chest radiographs are recommended. Definitive diagnosis may require intestinal +/- hepatic biopsies for histopathology. Gastrointestinal support, assessment of caloric plane and consideration for empirical IBD/triaditis protocol with clinical monitoring would be a more reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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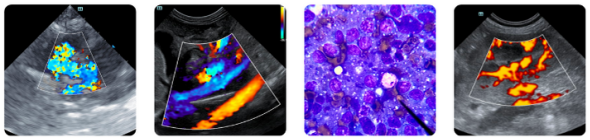

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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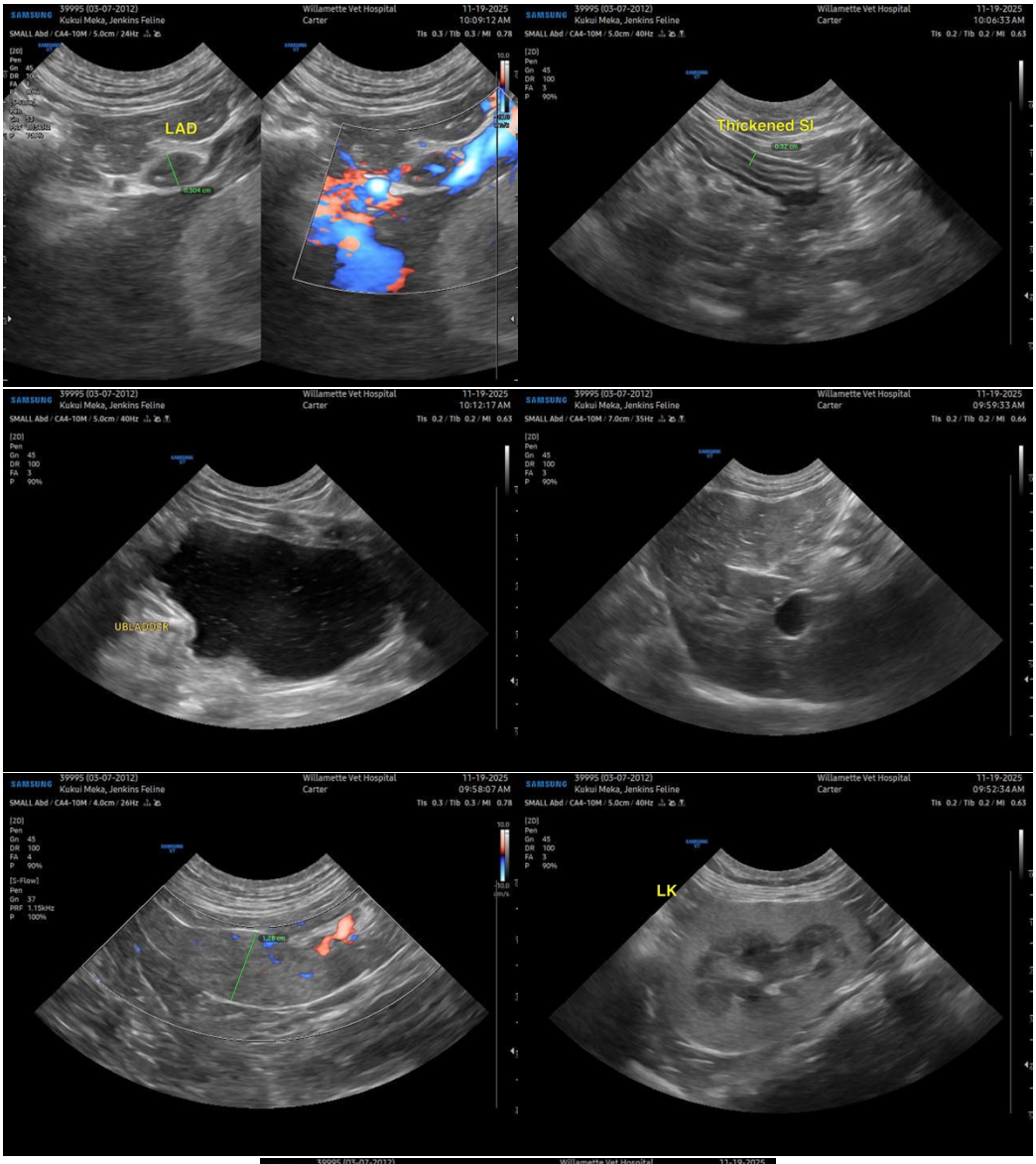

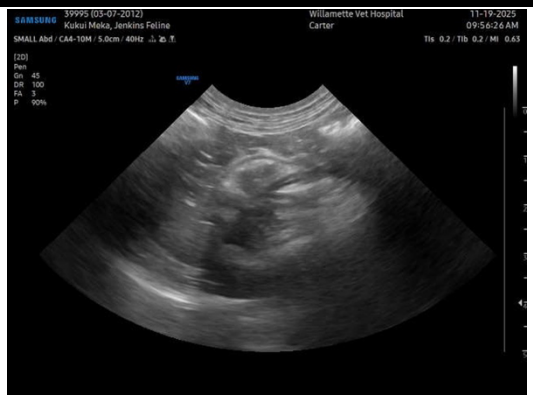

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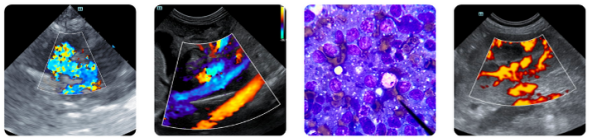

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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