



PATIENT

Macey Dantonio

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

7.56 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Dr. Kimmel

INVOICE

12522

DATE

12/01/25

PRESENTING CLINICAL SIGNS

IRIS 1 Renal disease, Hypertension: Managed on Amlodipine. Chronic weight loss, osteoarthritis, - moderate, Reaction: Mirtazapine (lethargy, vomiting, anorexia X 24 hours.)

Meds: Amlodipine 1.25 mg /0.1 ml transdermal SID, 0.4 ml of Buprenex 0.3mg/ml Oral to gums every 12 hours as needed for pain.

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. Nondependent particulate minor 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.

Normal size and 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral was present bilaterally. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.25 cm width.

No overt pathology in the area of the right adrenal gland.

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

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. 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 was empty with no signs of ileus, obstruction or foreign material.



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The small intestine presented with generalized intact mildly thickened wall with propensity for mildly thickened intestinal mucosa and segmental muscularis layer. Most notable in the segmental jejunum. The duodenum wall measured 0.30 cm width. The jejunum wall measured up to 0.36 cm width. The ileocolic wall measured 0.38 cm width.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes exhibiting mild medullary mineral.
- Minor urine sediment.
- Intact borderline to mild thickened small intestine.
- Normal empty stomach.
- Normal area of pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Monitoring of urinalysis with consideration for urine culture/sensitivity if evidence of minor inflammatory sediment or UPC if non-inflammatory proteinuria for renal staging is suggested. The small intestine is nonspecific yet exhibited borderline to mild mural changes suggestive of underlying enteropathy. Primary consideration for IBD or other inflammatory enteropathy in conjunction with weight loss with potential for emerging to occult intestinal round cell neoplasia which may present in a similar sonographic manner such as lymphoma thought less likely yet not excluded. A GI panel to include PLI, TLI, cobalamin and folate and if not recently done, three view chest radiographs suggested for further correlation and rule out of thoracic pathology as a contributing factor. Gastrointestinal and renal support with monitoring of renal parameters and body weight with sonographic reassessment if progressive azotemia or weight loss is recommended.

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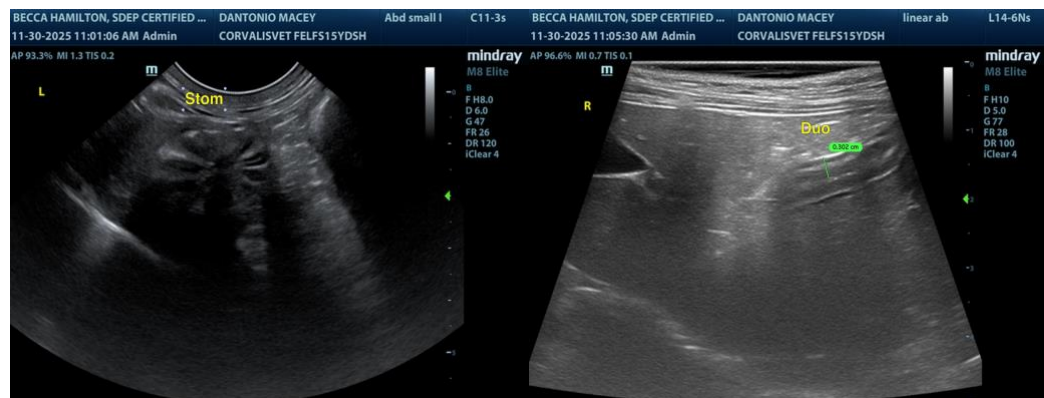
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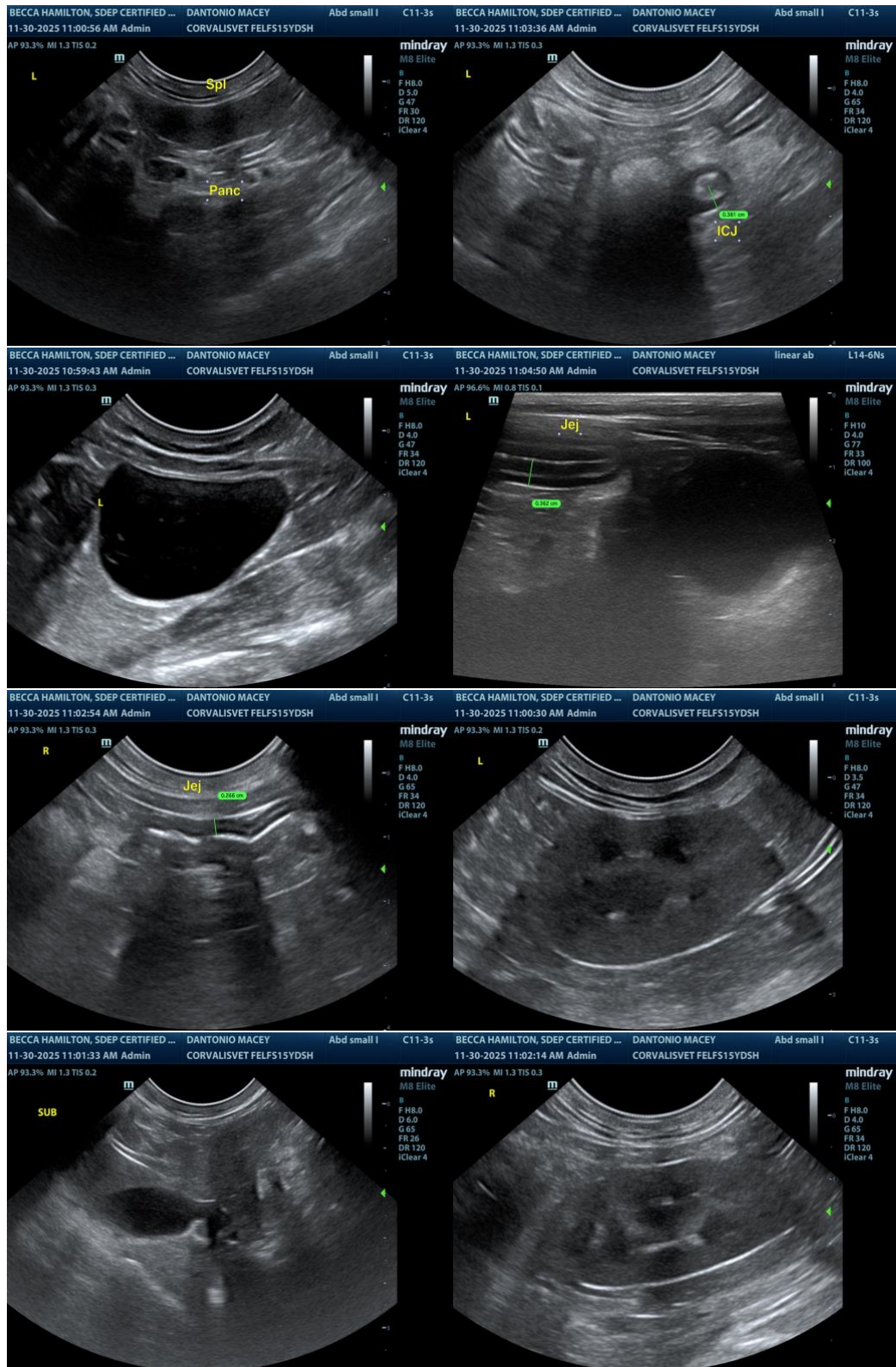
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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