



PATIENT

Kit Kat Golden

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5y

WEIGHT

11.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Wolfe

HOSPITAL NAME

Home Vets

REFERRING VET

Dr. Brittany Wolfe

INVOICE

12932

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: P was part of a feral colony w/ a history of chronic GI issues. She was taken in about a year ago and has occasional vomiting and possible chronic diarrhea (multi-cat household).

Abnormal PE/Chem/CBC/UA Results: CBC/chemistry WNL Mesenteric LN FNA consistent w/ small lymphocyte proliferation, PARR is 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. 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 changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A mild, hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.1 cm. The right kidney measured 4.2 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm.

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 mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact mild to variably thickened wall. The lumen of the stomach was empty contained a mild amount of anechoic fluid and mild gas. Stomach wall measured 0.32 – 0.65 cm.



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The small intestine presented intact mildly thickened wall layering with mild altered wall layer ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Small intestine wall measured up to 0.30 cm and ileocolic wall measured 0.35 cm.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Focal, mildly prominent to enlarged mesenteric 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 of lymph node measurement was 1.3 cm. No evidence of peritoneal effusion present.

PRIMARY FINDINGS

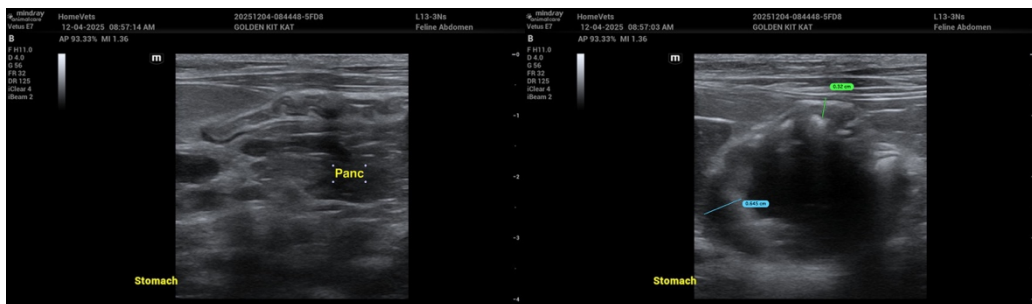
- Mild thickened hypomotile stomach
- Intact mildly thickened small intestine
- Normal colon containing formed to semi-formed fecal matter
- Normal area of pancreas
- Intermittent mild mesenteric lymphadenopathy

SECONDARY FINDINGS

- Bilateral mild nonspecific renal medullary rim sign
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic inflammatory gastrointestinal disease, i.e. hypomotile gastritis, IBD or other inflammatory gastroenteropathy, mesenteric lymphatic hyperplasia or lymphadenitis, emerging to occult gastrointestinal neoplasia, i.e. lymphoma with early metastasis lymphadenopathy possible. Correlation with pending diagnostics and suggested GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis may require gastrointestinal and lymphatic biopsies for histopathology. Dietary trial, high colony count probiotic such as ProViable, Cobalamin supplementation pending assessment of Cobalamin level and empirical deworming may prove beneficial.





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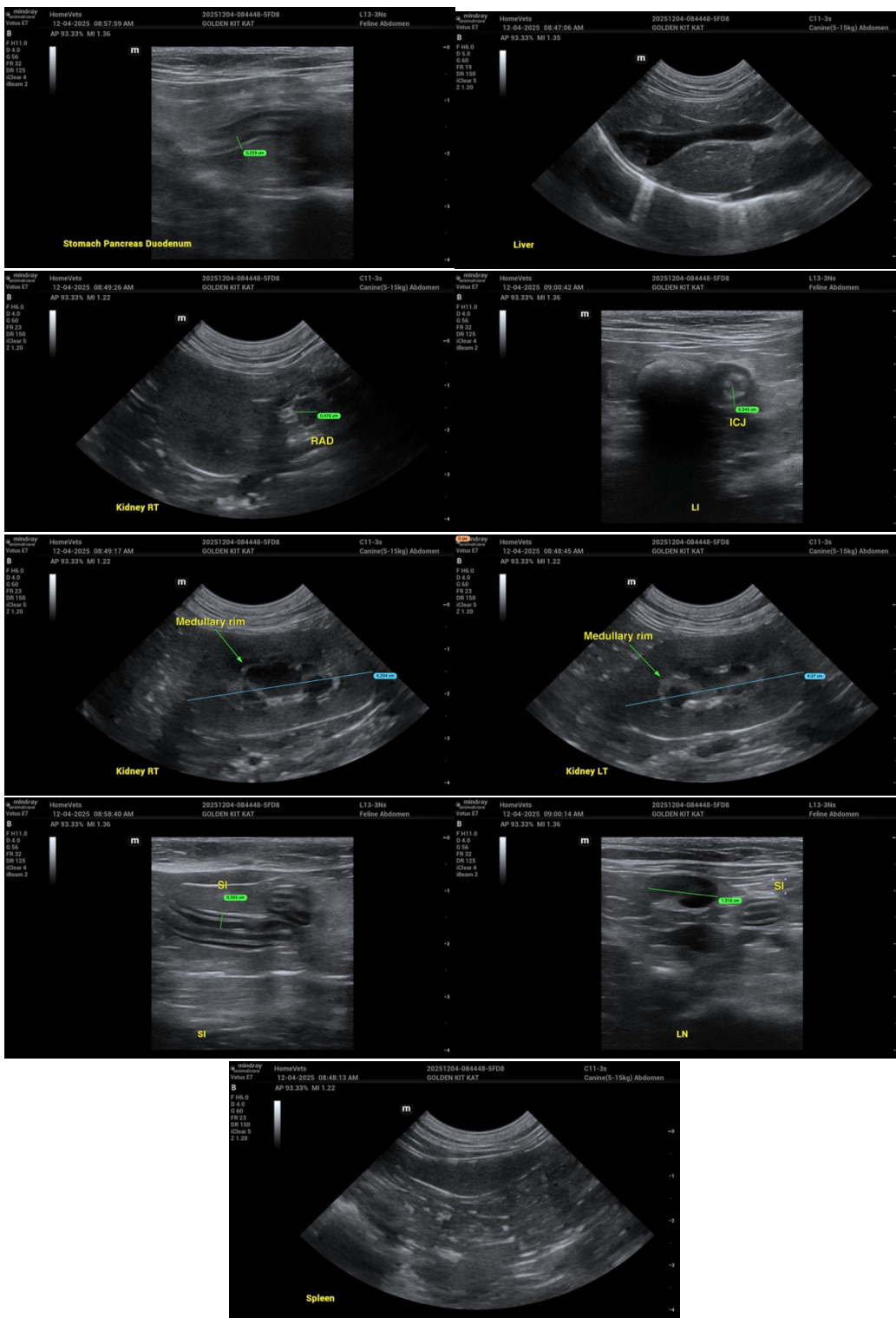
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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