



## PATIENT

Cosmo Murray

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

19 Years

## WEIGHT

5.56 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Kaitlyn Rudie DVM

## HOSPITAL NAME

Sherwood Family Pet  
Clinic

## REFERRING VET

Dr. Kaitlyn Rudie DVM

## INVOICE

12811

## DATE

12/22/25

## PRESENTING CLINICAL SIGNS

Cosmo presents today for continued weight loss, vomiting and weakness. She has a history of pancreatitis (see BW results 8/23/25) but this resolved by visit on 10/17. Was vomiting 3-4 times per day, but transition to Purina One Sensitive Stomach has reduced this to about every other day. Vomited more frequently on RC Fiber Response diet. Ultrasound to investigate further.

Abnormal PE/Chem/CBC/UA Results: PE Findings: Continued gradual weight loss (has always been a petite cat), dehydration, hypothermic (98.6). Heart Murmur (historic) grade III/VI. Intestines are thickened on palpation. See most recent BW attached.

## 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.2 cm in length. The right kidney measured 3.1 cm in length.

### Adrenal Glands

The bilateral adrenal glands were 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 0.53 cm width, and the right adrenal gland measured 0.33 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 0.87 cm width level of the mid spleen.

### Liver

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 mildly distended in size with multiple choleliths. The common bile duct presented with moderate tortuous distention extending from the common bile duct towards the diaphragm. The common bile duct measured 0.70 cm in diameter.



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## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated generalized intact thickened small intestine owing to mild to variably thickened muscularis layer. Example of small intestine wall measured 0.32 cm wall width.

Normal visible colon wall layers were present with formed fecal matter in lumen.

## Pancreas

The left pancreas presented prominent in size with mild capsule asymmetry and nonhomogenous mild hypoechoic parenchyma with dilated left limb pancreatic duct.

## Free Abdomen

Intermittent mildly prominent mesenteric 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). No evidence of peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy pattern.
- Chronic pancreatitis.
- Cholangiohepatitis pattern with choleliths and moderate common bile duct dilation.
- Intermittent generally mild mesenteric lymphadenopathy.
- Bilateral chronic renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic triaditis is a primary consideration in this patient although intestinal or multicentric round cell neoplasia may present in a similar sonographic manner. Further assessment may include (assuming normal clotting status) hepatic FNA cytology with ideally culture and sensitivity and concurrent GI panel to include PLI, TLI, cobalamin and folate is recommended. Biopsies would be required for a definitive diagnosis. Continued gastrointestinal support and empirical therapy for chronic triaditis with clinical and as needed sonographic monitoring specifically if continued or progressive gastrointestinal signs, weight loss or progressive/acute cholestasis.



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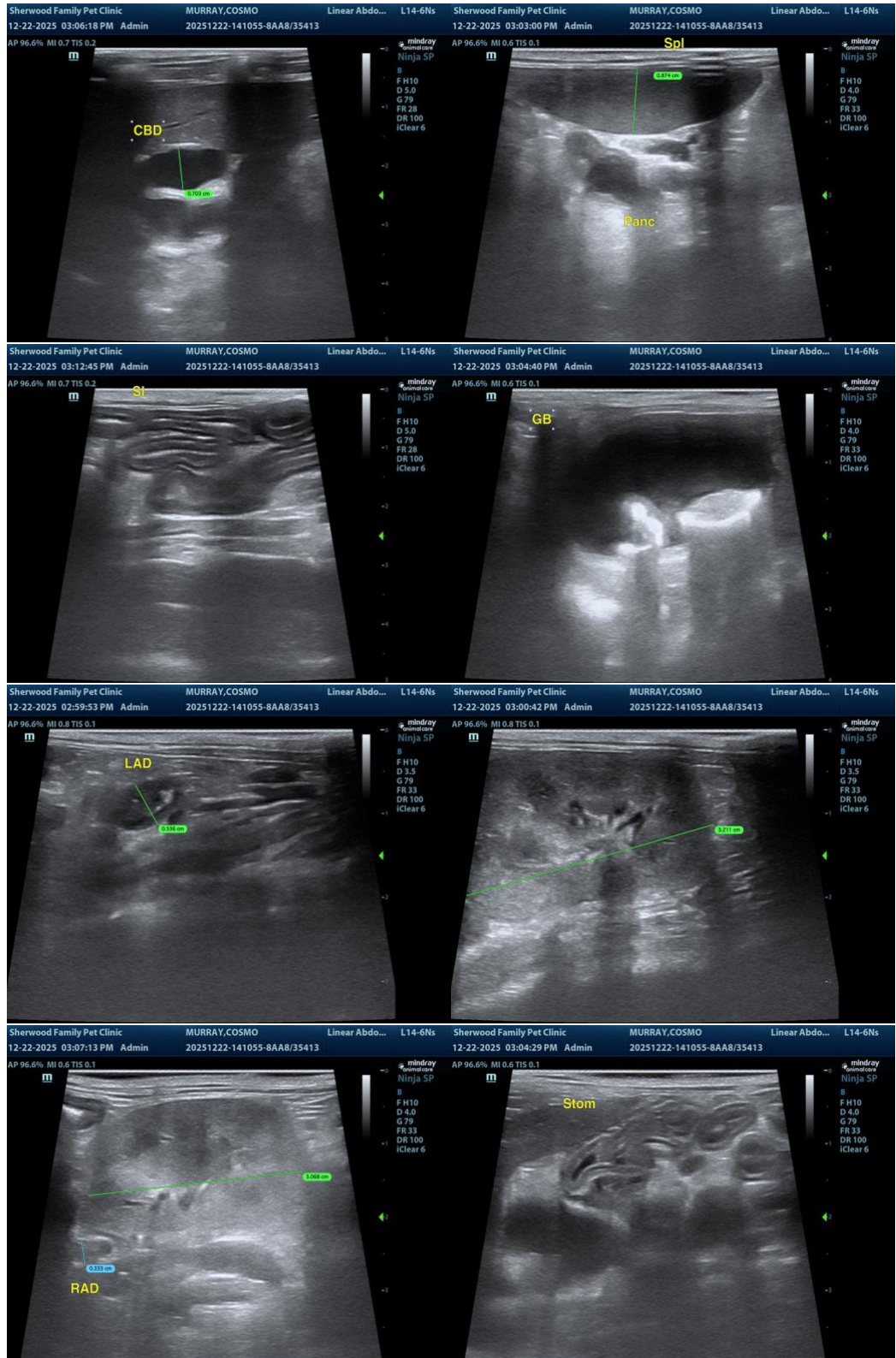
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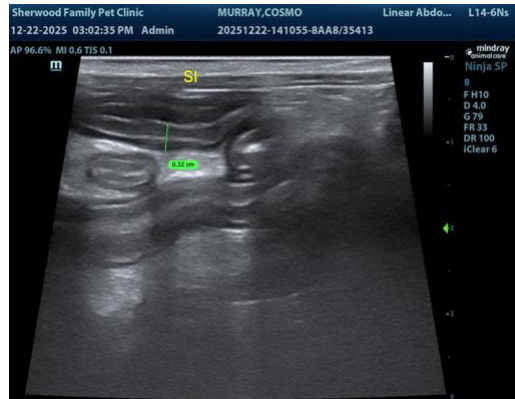
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)