

PATIENT

Baby Girl Brazil-Lucas

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

12.20

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mavis McCormick-
Rantze

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Mavis McCormick-
Rantze

INVOICE

13882

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- Baby Girl presents for vomiting, lethargy, and inappetence over the last 2 days. The patient has vomited multiple times and has not consumed any food in the last 2 days. She has been staying in one spot and reportedly vocalizes in a way that suggests pain when she is picked up, though she is generally a talkative cat. Mom is concerned about potential dehydration. The patient shows interest in food but will not eat, which is abnormal as she typically has a good appetite. There is no known history of ingesting foreign material. The patient is prescribed Methimazole at a dose of 7.5 mg (one click) twice daily for hyperthyroidism; however, administration has been inconsistent, and recent bloodwork indicated her thyroid levels remain elevated. In the last couple of weeks she has been vomiting once every 2 - 3 days but still eating and only in the last 2 days as she stopped eating and started vomiting more consistently. Recent bloodwork shows potential early renal disease w/ low USG. Diagnosed w/ hyperthyroidism in Jan. 2025.

Abnormal PE/Chem/CBC/UA Results: Done on 2/9/26 CBC: slight neutropenia (2.53k) Chem: WNL/NSF UA: low USG (1.019); otherwise NSF T4: mildly high (5.8) - still not well-controlled

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 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. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 & Gallbladder

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.



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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.

The intestinal walls demonstrated intact wall layers with nonthickened walls exhibiting mild altered jejunal wall layer ratio owing to mildly prominent muscularis layer. Primarily empty intestinal lumen with minor segmental nonobstructive jejunal ileus. The jejunum wall measured 0.22 cm to 0.25 cm wall width.

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

Pancreas

The pancreas was normal in size and mild asymmetrical capsule contour with mild heterogeneous parenchyma compared to adjacent nonreactive omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

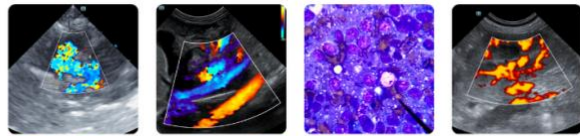
ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Mild nonspecific enteropathy pattern with minor segmental nonobstructive jejunal ileus.
- Mild heterogeneous remodeled pancreas.
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine is nonspecific and may indicate nonspecific enteritis or acute inflammatory bowel, mild IBD or other inflammatory enteropathy without overt sonographic evidence of intestinal neoplastic criteria which is thought less likely. No evidence of mechanical gastrointestinal obstruction or foreign material. Mild chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation.

Correlation with a spec fPL or ideally full GI panel to include PLI, TLI, cobalamin and folate is suggested. Gastrointestinal support indicated with monitoring of gastrointestinal signs and renal parameters. Recheck sonogram if continued or progressive gastrointestinal signs or arising azotemia.



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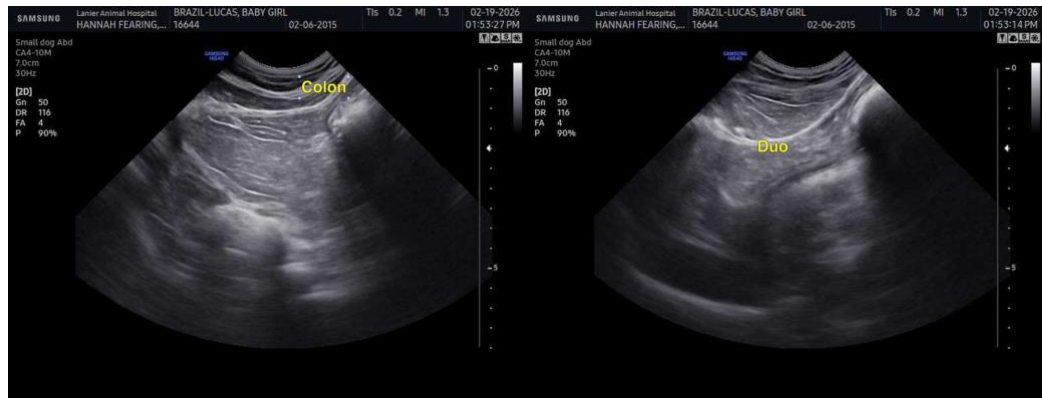
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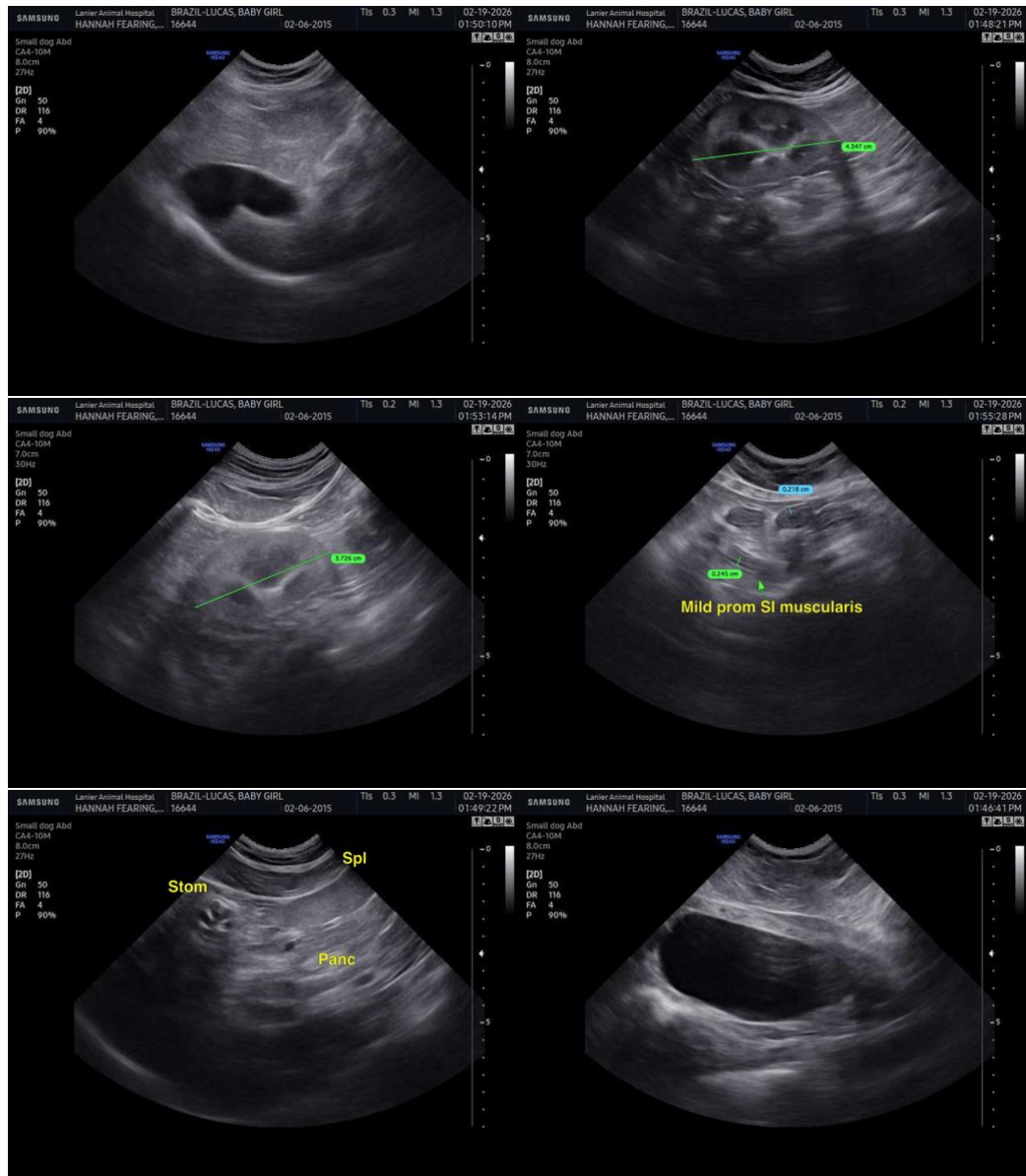
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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