



## PATIENT

Luna Menzel

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

5.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

A. Murphy CVT

## HOSPITAL NAME

Wauwatosa Veterinary  
Clinic

## REFERRING VET

Dr. Mai

## INVOICE

13900

## DATE

02/20/26

## PRESENTING CLINICAL SIGNS

- History of chronic vomiting for years. Acute worsening over the past few weeks. Non-responsive to hydrolyzed diet, oral Cerenia, metronidazole, pred. Previously weighed in at 9.8# October 2nd, 2025.

## 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.

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. Minor medullary mineral was present within the left kidney. The left kidney measured 3.5 cm in length. The right kidney measured 4.0 cm in length.

### Adrenal Glands

No obvious pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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.

### 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.

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 generalized variably thickened walls exhibiting altered to segmentally inverted wall layer ratio owing to variable to segmental markedly thickened



**PATIENT**

Luna Menzel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

5.6

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

A. Murphy CVT

**HOSPITAL NAME**

Wauwatosa Veterinary  
Clinic

**REFERRING VET**

Dr. Mai

**INVOICE**

13900

**DATE**

02/20/26

muscularis layer. Generalized empty intestinal lumen to the level of the colon. The thickened small intestine wall measured up to 0.79 cm in area of markedly thickened jejunal muscularis layer.

The colon presented intact mildly thickened wall. The colon contained soft fecal matter primarily visualized in the proximal to transverse colon.

**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**

Markedly enlarged nonhomogenous mesenteric lymph nodes were present with an example measuring 3.5 cm x 2.0 cm exhibiting width: length ratio (<0.5). Scant peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

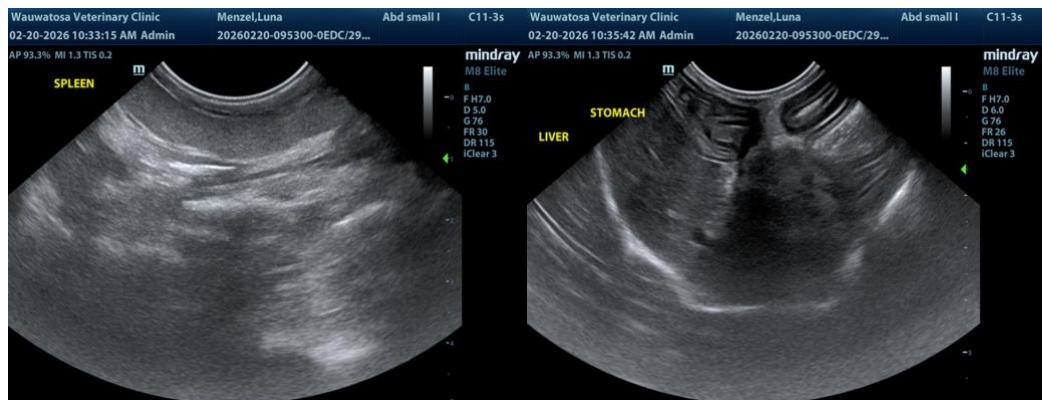
- Normal empty stomach.
- Diffuse variable to markedly thickened intact small intestine wall with associated marked mesenteric lymphadenopathy.
- Scant peritoneal effusion.

**Secondary Findings**

- Bilateral mild chronic renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the enteropathy and lymphadenopathy may include significant to severe IBD or other inflammatory enteropathy, neoplasia i.e. lymphoma, significant reactive lymph node hyperplasia, lymphadenitis or metastatic lymphadenopathy. Neoplastic criteria is suspected. Technically, FIP is a potential yet considered unlikely given patient's age. FNA cytology of accessible lymph node is recommended for initial clarification. Biopsy may be required for a definitive diagnosis. A GI panel to include PLI, TLI, cobalamin and folate is recommended.





**PATIENT**

Luna Menzel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

5.6

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

A. Murphy CVT

**HOSPITAL NAME**

Wauwatosa Veterinary  
Clinic

**REFERRING VET**

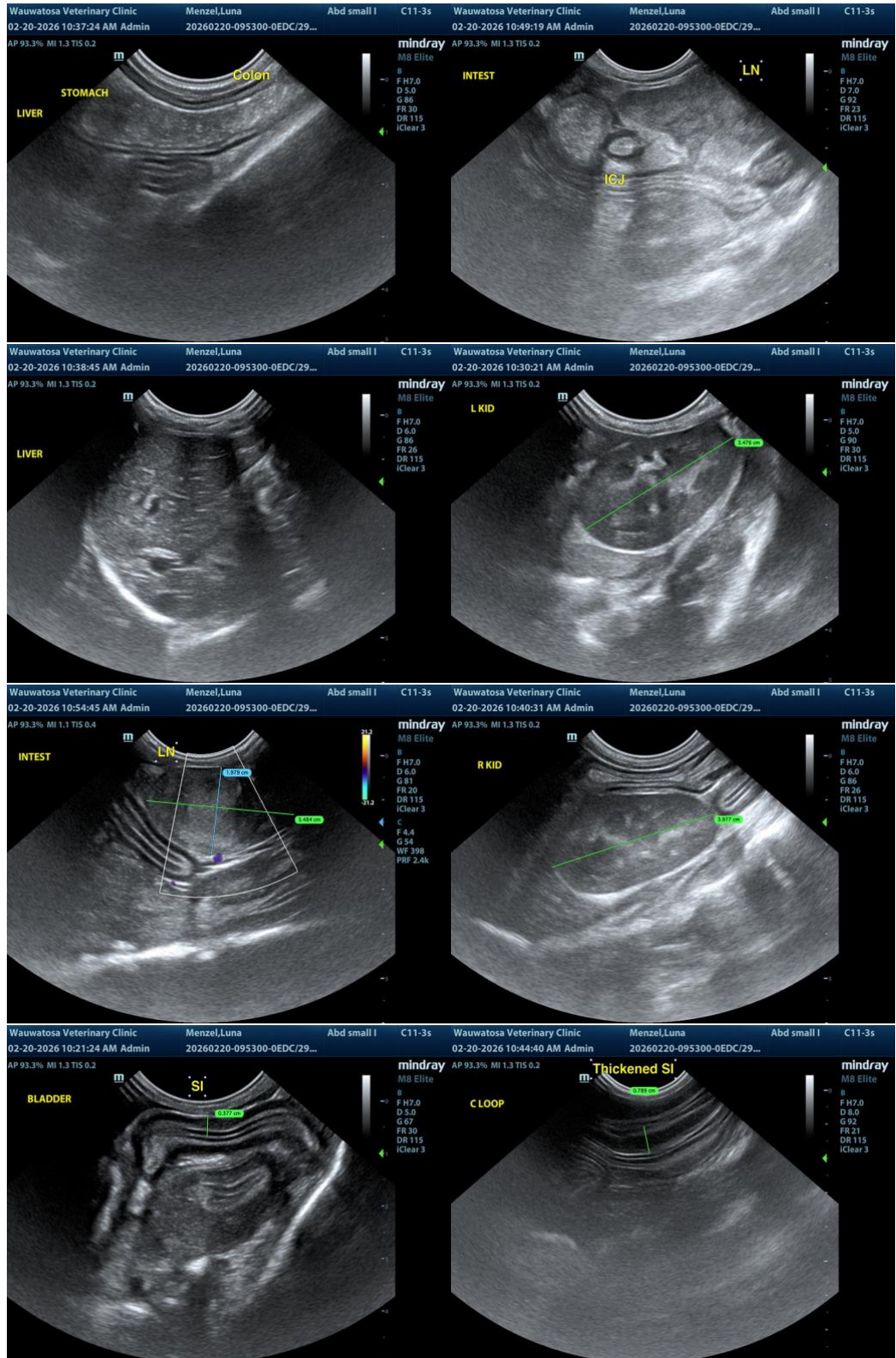
Dr. Mai

**INVOICE**

13900

**DATE**

02/20/26





## PATIENT

Luna Menzel

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

5.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

A. Murphy CVT

## HOSPITAL NAME

Wauwatosa Veterinary  
Clinic

## REFERRING VET

Dr. Mai

## INVOICE

13900

## DATE

02/20/26

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)