



## PATIENT

Loki Metcalfe

## SPECIES

Feline

## BREED

DMH

## SEX

Neutered Male

## AGE

16 Years 3 Months

## WEIGHT

4.21 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Bridgeland Vet Clinic

## REFERRING VET

Dr. Flath

## INVOICE

13561

## DATE

02/03/26

## PRESENTING CLINICAL SIGNS

- - investigate the cause of his ongoing weight loss and muscle wasting
- - Progression of CKD
- - Hx of IBD
- -Hyperthyroid but appears controlled at this time. How continues to lose weight.
- Also has had an AUS done previously. Have attached report below.

## 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 left kidney was subnormal in size compared to the right kidney. 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 pyelectasia was present bilaterally. Indistinct probable cortical infarct present within the left kidney. The left kidney measured 3.2 cm in length. The right kidney measured 3.9 cm in length.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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. Definitive previously diagnosed peritoneal hernia was not visualized yet not excluded. Intermittent small benign intraparenchymal cysts were present.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering exhibiting mild altered wall layer ratio owing to propensity for mildly prominent muscularis layer. Empty intestinal lumen to the level of the colon. The duodenum wall measured 0.30 cm wall width. The jejunum wall measured 0.26 cm wall width. The ileocolic wall measured 0.36 cm wall width.

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

### ***Pancreas***

The pancreas presented normal in size with capsule asymmetry and mild heterogeneous remodeled parenchyma and prominent left limb pancreatic duct.

### ***Free Abdomen***

Intermittent mildly prominent to enlarged jejunocolic 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).

A suspect small omental cyst versus cystic lymph node was visualized adjacent to the caudal spleen. No evidence of peritoneal effusion.

## **ULTRASONOGRAPHIC FINDINGS**

- Mild non-shadowing gastric ingesta- consistent with food echogenicity.
- Chronic enteropathy pattern with probable concurrent chronic pancreatitis.
- Intermittent mild jejunocolic lymphadenopathy.
- Intermittent small hepatic and focal omental cysts.
- Chronic nephropathy exhibiting bilateral pyelectasia.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In conjunction with previous ultrasounds, chronic inflammatory enteropathy and benign to reactive mesenteric lymphadenopathy is probable, low-grade intestinal round cell neoplasia, i.e. lymphoma and early metastatic lymphadenopathy is thought less likely.

A GI panel to include PLI, TLI, cobalamin and folate is recommended. Screening three view chest radiographs are suggested if not recently done. Bilateral pyelectasia owing to chronic renal changes or pelvic scarring is suspected with low potential for bilateral pyelonephritis. Correlation with urinary workup including urine culture and sensitivity +/- UPC level if non-inflammatory proteinuria for renal staging is suggested.



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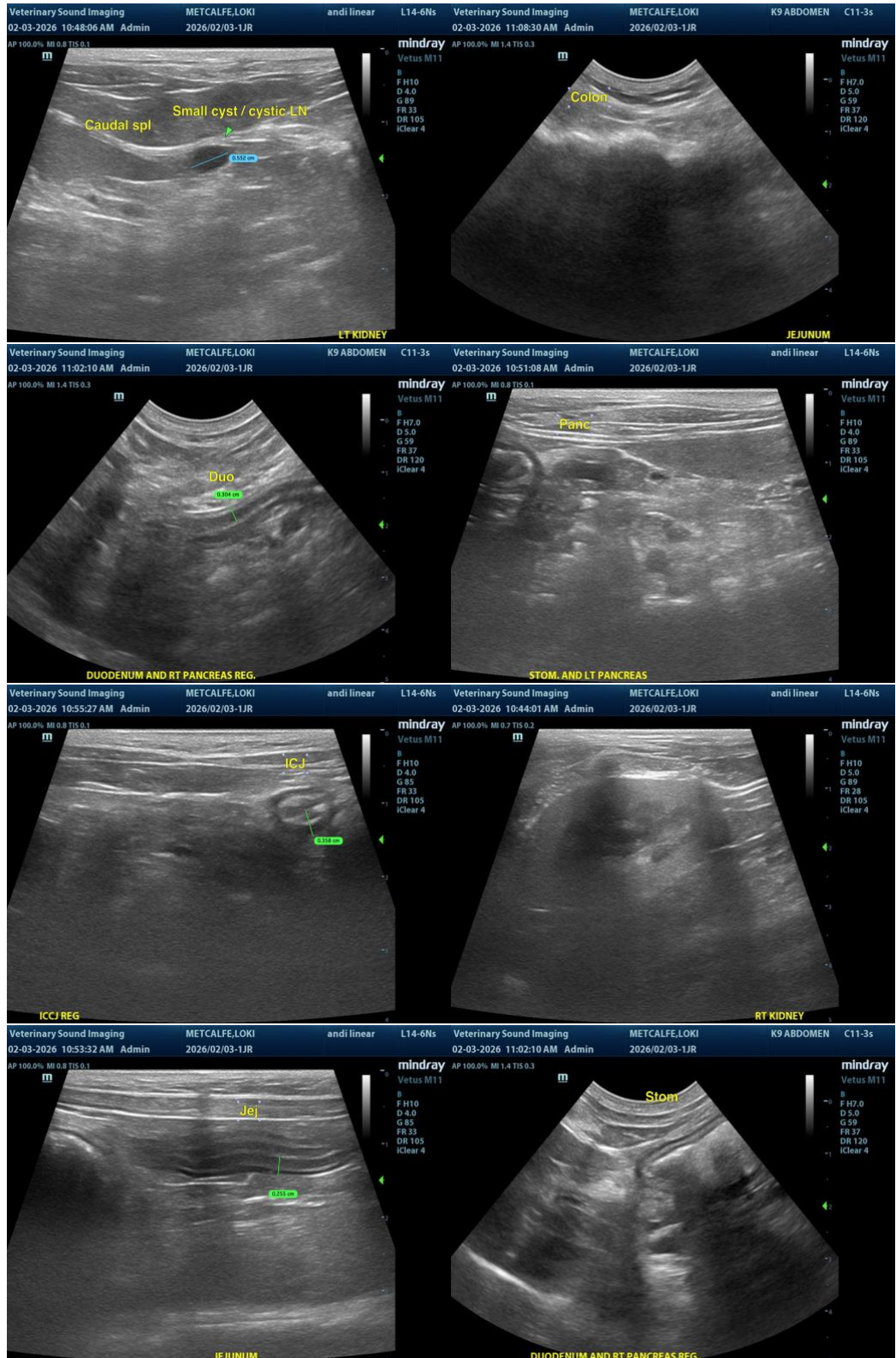
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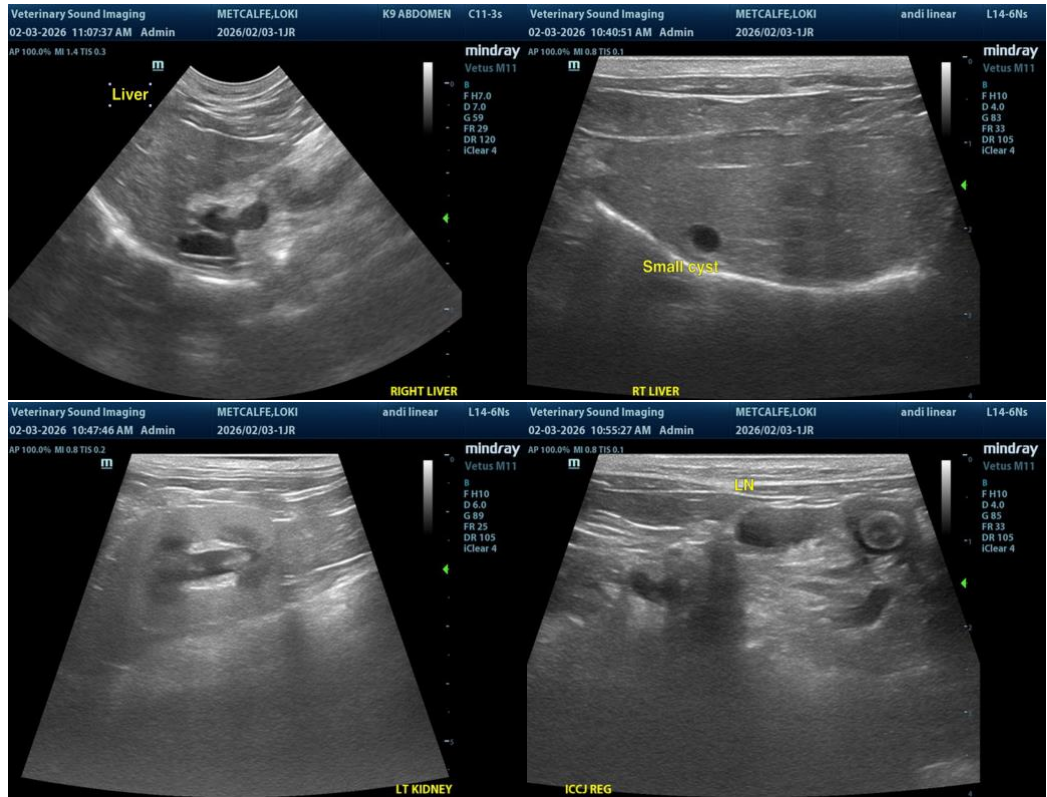
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)