



PATIENT

Midna Cilinceon

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12yr

WEIGHT

10.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Brita Kiffney

INVOICE 23796

DATE
02/04/2026

PRESENTING CLINICAL SIGNS

- Seen early January for chronic weight loss, doing well otherwise. Bloodwork revealed CKD stage 2]
- Denamarin was started (veraflox was sent home but not started). Owners soon after went on an 8 day vacation, returned to see significant crusting/sloughing on the dorsum, some on the neck and face. Only changes were denamarin and a variety of new canned foods. She is itchy but otherwise doing well.
- DTM culture negative . O

Abnormal PE/Chem/CBC/UA Results: Bloodwork revealed CKD stage 2 (Cre 2.2, isosthenuria) and a moderate hepatopathy (ALT 525, AST 139, ALP 198).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 2.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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. A discrete non-capsule deforming hyperechoic nodule was present in the mid spleen measuring 0.3 cm in diameter.

Liver/Gallbladder

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



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material. The small intestinal wall measured 0.24 cm in width.

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

Pancreas

The left pancreas was prominent in size with capsule asymmetry and heterogeneous hypoechoic parenchyma. Mildly hyperechoic peripancreatic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral mild to moderate chronic renal changes
- Prominent non-homogenous pancreas
- Hepatopathy
- Normal gallbladder
- Normal gastrointestinal tract with gastrointestinal ingesta- most consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Although non-specific the hepatopathy is most suggestive of benign criteria with primary consideration for inflammatory disease, i.e. cholangiohepatitis, or similar, potential non-obstructive cholestasis, vacuolar changes, or other hepatopathy possible. Suspect concurrent chronic pancreatitis with remodeling. No obvious evidence of neoplastic criteria. Correlation with sampling is recommended with consideration for concurrent spec fPL. A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs are recommended if not done to assess for additional occult disease as a contributing factor to the weight loss.



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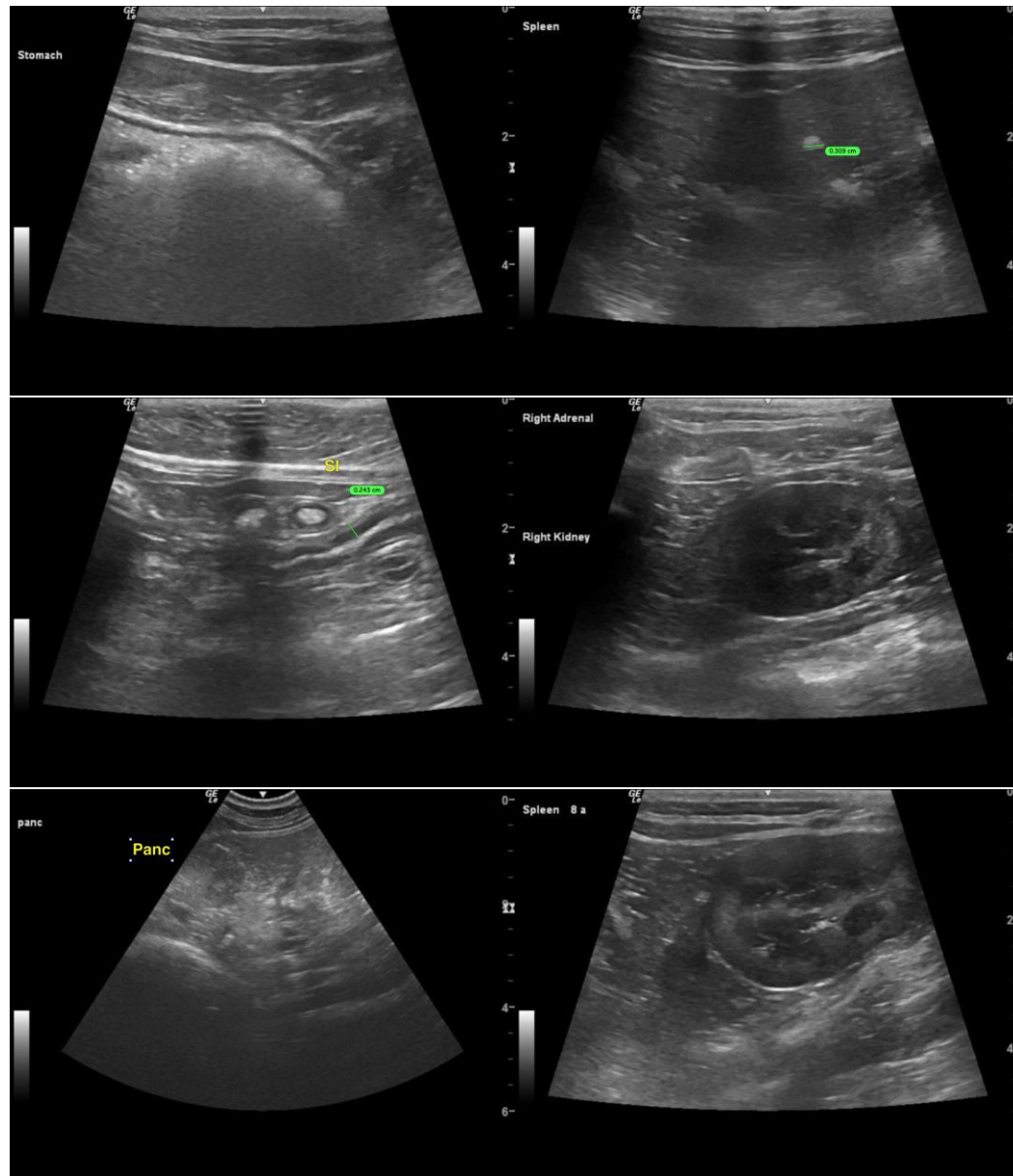
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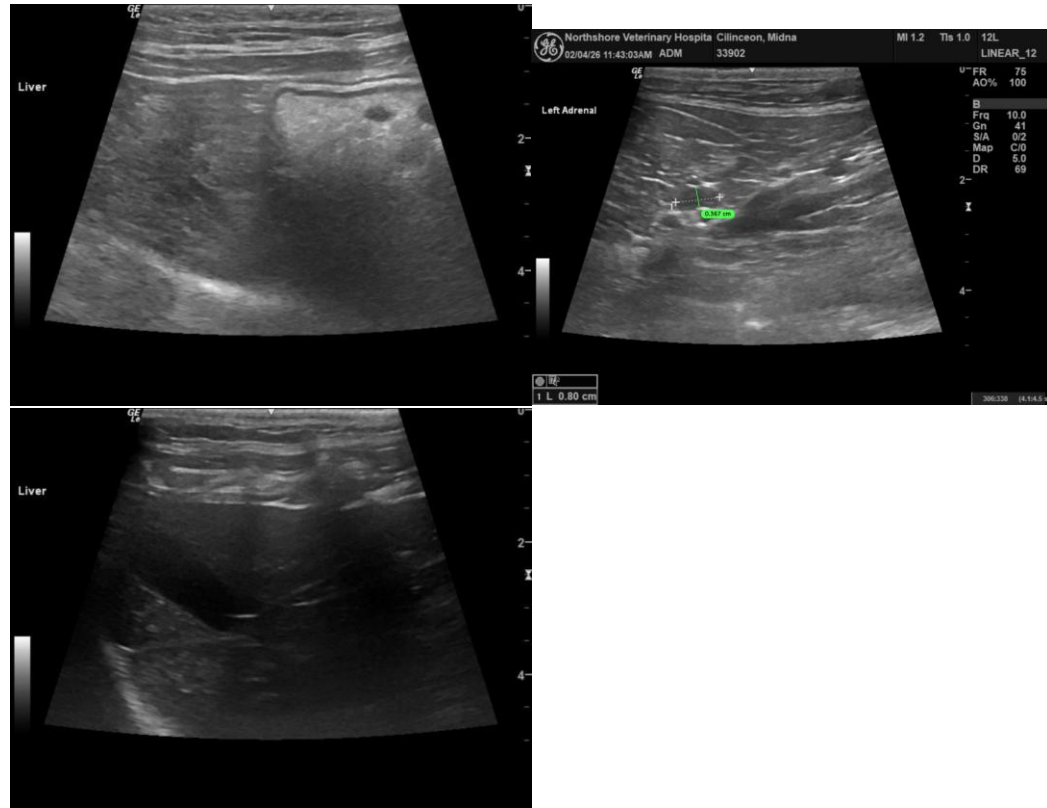
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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