



PATIENT

Murphy Sher

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

19 Years

WEIGHT

8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

HOSPITAL NAME

Kingston Animal
Hospital

REFERRING VET

Dr. Turner

INVOICE

13582

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- Not gaining weight. Polyphagic. Significant muscle loss. Hyperthyroid but well controlled
- Current meds: Methimazole, Panacur

Abnormal PE/Chem/CBC/UA Results: Eos 3509, BUN 50, Giardia +

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. Markedly thickened hyperechoic renal cortex with reduced medullary volume. Loss of corticomedullary border demarcation was also present. Pinpoint dystrophic medullary mineral was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 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 0.40 width and the right adrenal gland measured 0.43 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 borderline to possibly mildly enlarged in size. 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 small intestine presented intact generalized mild thickened intestinal wall with maintained to mild segmental altered wall layer ratio owing to segmental mildly thickened muscularis layer. The



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duodenum wall measured 0.30 cm wall width. The jejunum wall measured 0.29 cm wall width. The ileocolic wall measured 0.35 cm wall width.

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

Pancreas

The pancreas presented mildly enlarged in size with capsule asymmetry and nonhomogenous hyperechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

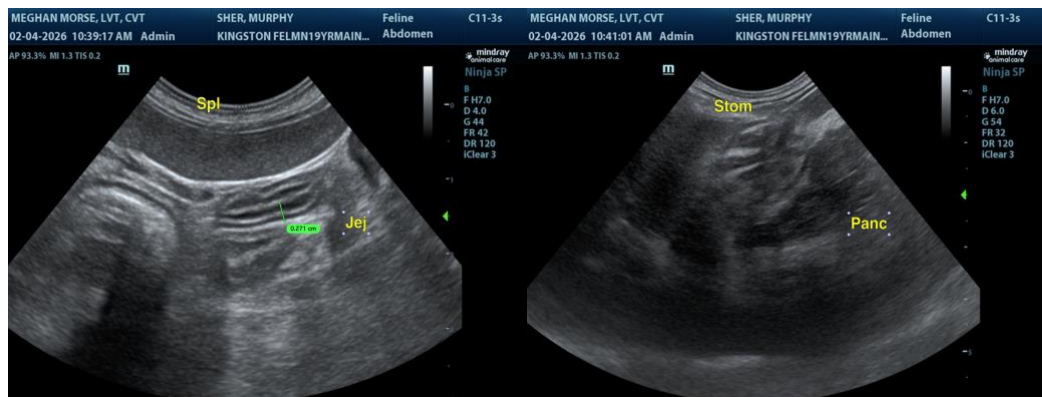
ULTRASONOGRAPHIC FINDINGS

- Intact mildly thickened small intestine.
- Chronic/chronic active pancreatitis pattern.
- Subjective borderline/mild hepatomegaly.
- Chronic nephropathy/interstitial nephrosis renal pattern.
- Semi formed fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy in conjunction with eosinophilia and chronic/chronic active pancreatitis with potential for triaditis is favored. Emerging to low-grade intestinal or potential multicentric round cell neoplasia is thought less likely given lack of concurrent significant lymphadenopathy yet not definitively excluded.

A GI panel to include PLI, TLI, cobalamin and folate and three view chest radiographs if not recently done is suggested. Given short half-life of the hepatic enzymes in cats and assuming normal clotting status, screening hepatic FNA cytology (using 25-gauge needle) could be considered to assess for an occult disease. Empirical IBD/triaditis protocol may prove beneficial. Urinary workup is suggested if not done.





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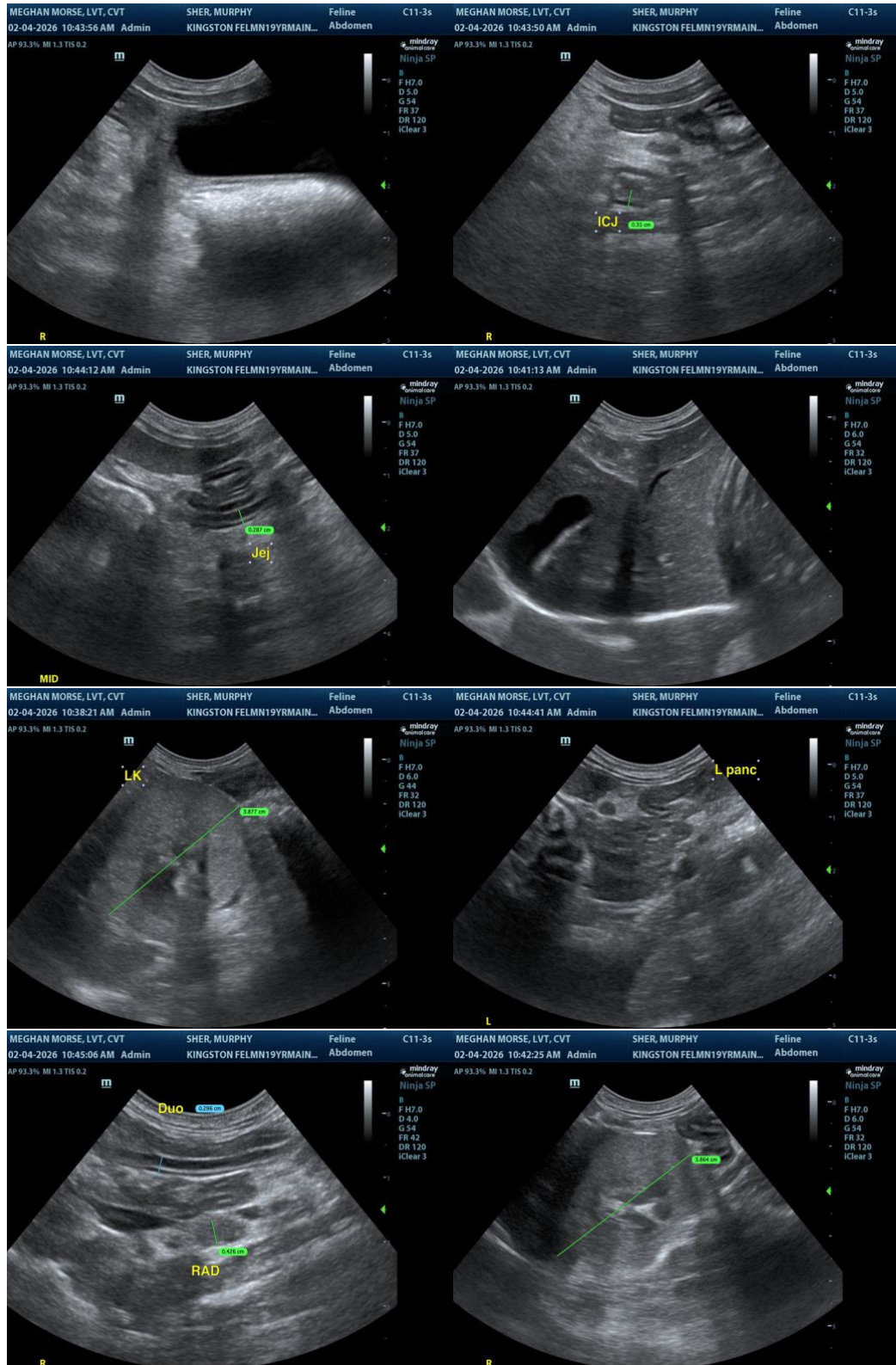
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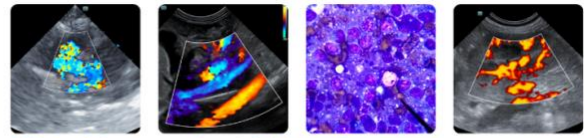
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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