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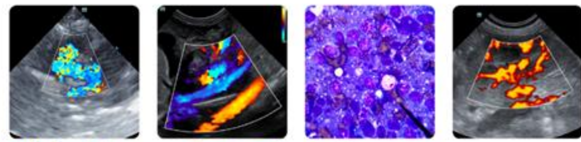
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Momma Cat Heidlauf

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14.5yr

**WEIGHT**

7.74lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jack Reese

**HOSPITAL NAME**

Willow Run Veterinary Clinic

**REFERRING VET**

Kaeli Witmer DVM

**INVOICE**
23795

**DATE**
02/05/2026

## PRESENTING CLINICAL SIGNS

- 2 month history of vomiting, weight loss
- Significantly decreased appetite over last 7-10 days; O does not feel P has eaten anything substantial since 1/30/26
- Soft stools noted over last month

Abnormal PE/Chem/CBC/UA Results: Albumin 1.9 (2.3 - 3.9( All other values on bloodwork unremarkable

## 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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Left kidney cortical infarcts were present. Bilateral pinpoint to focal dystrophic medullary mineral was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.5 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 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

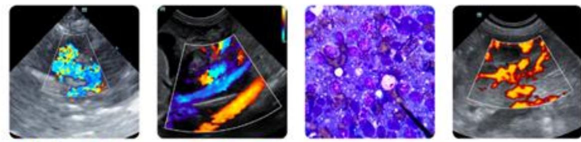
### *Spleen*

The spleen exhibited normal size with primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

### *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. Normal vascular volume. 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*





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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 diffusely thickened walls and altered to segmental inverted muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Mild indistinct mural detail was present. Primarily empty intestinal lumen with mild segmental non-obstructive intestinal ileus. The duodenum wall measured 0.46 cm width. The jejunum wall measured 0.39 cm width.

Normal visible colon wall layers were present with semi formed to soft feces in lumen.

### *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*

No evidence of peritoneal effusion was present.

Several asymmetrically enlarged non-homogenous mid-abdomen mesenteric root lymph nodes were present with mild surrounding perilymphatic hyperechoic omentum. An example measured 2.7 cm x 1.1 cm.

## ULTRASONOGRAPHIC FINDINGS

### Primary

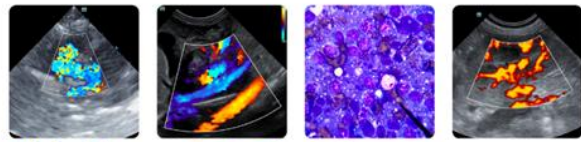
- Normal empty stomach
- Enteropathy exhibiting thickened primarily intact intestinal wall with segmental mild indistinct mural detail
- Semi-formed to soft fecal matter in colon
- Enlarged non-homogenous mesenteric lymphadenopathy
- Bilateral significant chronic renal changes exhibiting medullary mineral and left kidney cortical infarcts

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the enteropathy and mesenteric lymphadenopathy may include IBD or other inflammatory enteropathy with reactive lymphatic hyperplasia or lymphadenitis with primary concern for round cell intestinal neoplasia i.e. lymphoma with metastatic lymphadenopathy. Dry form FIP considered unlikely given patient age.

Assuming normal clotting status, accessible lymph node FNA cytology recommended for further clarification. Biopsy is likely required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Empirical IBD protocol with gastrointestinal support, clinical monitoring of gastrointestinal signs or for progressive weight loss and as needed sonographic reassessment would be more conservative.





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Right Kidney

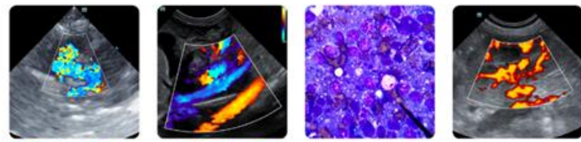
Right Adrenal Gland

FNA

Left Kidney

Infarct

Cortical hypertrophy





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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

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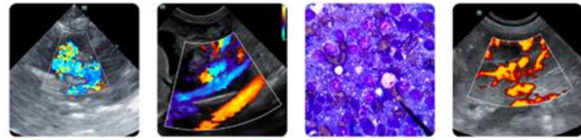

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