



## PATIENT

Dixie Huffman

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

14yr

## WEIGHT

6lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mack

## HOSPITAL NAME

Northside Veterinary  
Clinic

## REFERRING VET

Michelle Mack

## INVOICE

24179

## DATE

03/13/2026

## PRESENTING CLINICAL SIGNS

- Patient experiencing polydipsia
- Recent significant weight loss of 5 pounds
- Abnormal PE/Chem/CBC/UA Results: - Specific Gravity of urine was 10.16 - SDMA 15 - GGT 8

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor right kidney pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.2 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 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.

### *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. Moderately sized, thinly walled caudal hepatic cyst was present measuring ~ 4.3 cm in diameter adjacent to separate non-capsule deforming, non-homogenous cystic liver nodules, an example measured 2.7 cm in diameter. 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 proximal common bile duct was dilated and minorly tortuous without overt post hepatic obstruction.

### *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 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestine measured 0.3 cm in wall width.

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

## *Pancreas*

The pancreas was normal in size with asymmetrical contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct.

## *Free Abdomen*

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Diffusely thickened intact small intestinal wall
- Hepatic cyst and intermittent non-homogenous cystic hepatic nodules
- Minor non-obstructive proximal common bile duct dilation
- Mild chronic renal changes exhibiting minor right kidney pyelectasia
- Chronic pancreatitis pattern with remodeling

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy with potential for intestinal round cell neoplasia such as lymphoma are primary considerations for the thickened small intestine. Potential triaditis could also be a consideration. The hepatic cyst and cystic nodules are likely consistent with benign criteria, i.e. hepatic cyst or biliary cyst adenomas. No obvious visualized evidence of adrenal pathology.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor to the weight loss.



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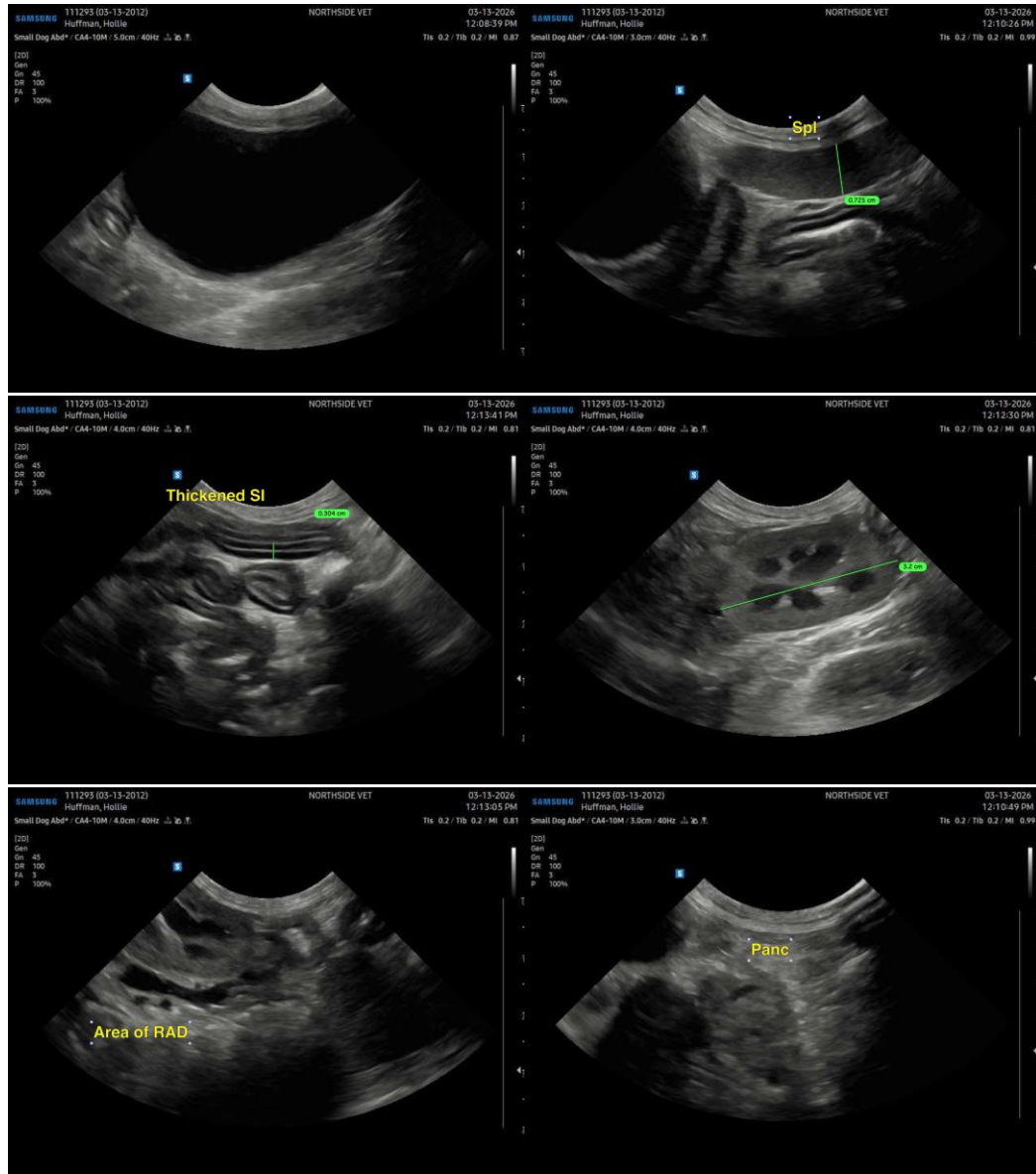
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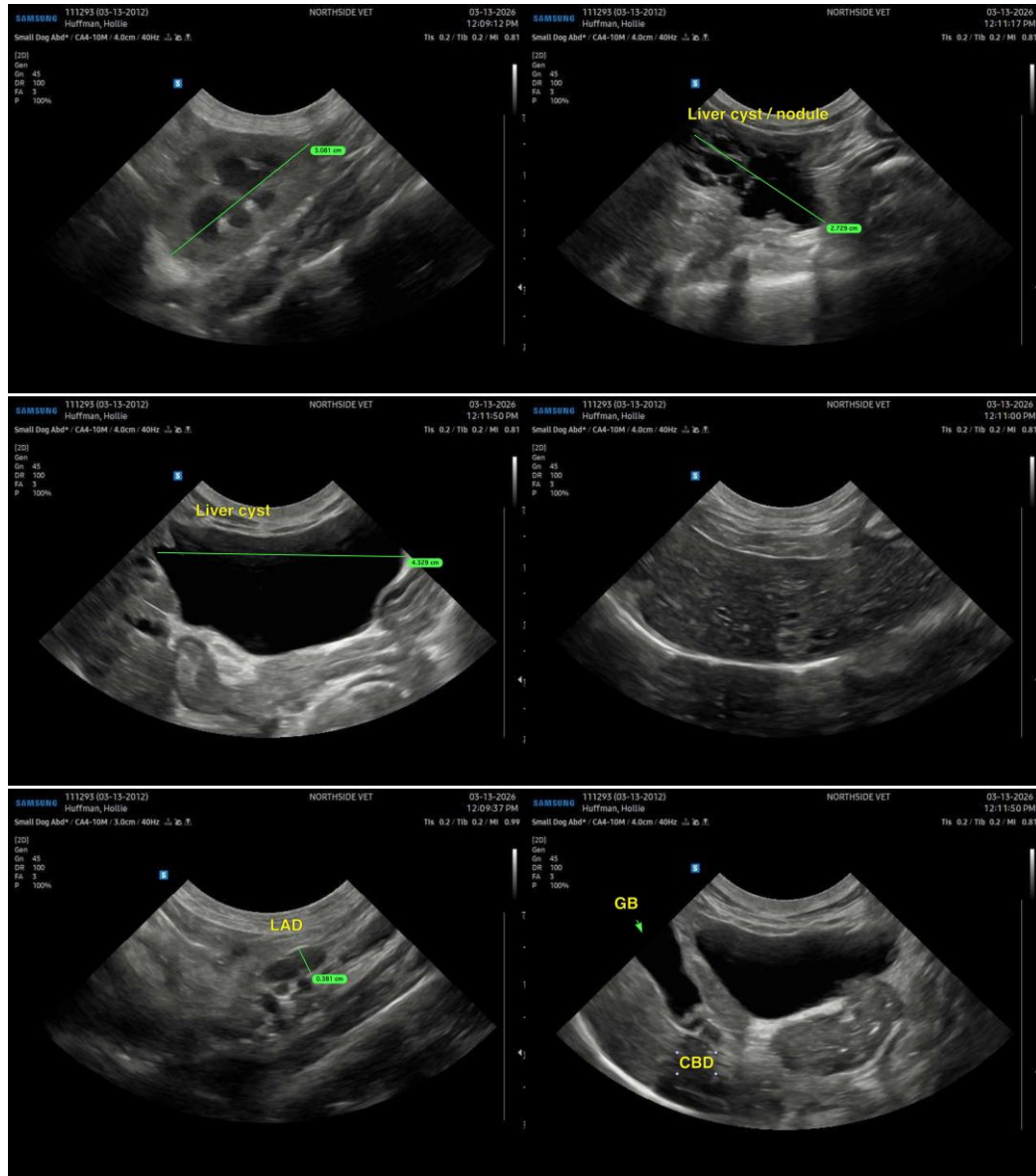
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)



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