



## PATIENT

Flossie Greeley

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

10 Years, 6 Months

## WEIGHT

3.09 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Patti Mayfield, DVM

## HOSPITAL NAME

Ridgeview VC

## REFERRING VET

Caelli Edmonds, DVM

## INVOICE

36384

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

- Flossie is a 10.5-year-old FS domestic shorthair presenting with a ~1 month history of significant weight loss, decreased energy, halitosis, and altered eating behavior. Appetite is inconsistent; patient often waits to eat after other household cats.
- She is an indoor-only cat living with two other cats. A new, more aggressive cat was introduced ~1 year ago with intermittent minor altercations.
- No vomiting or diarrhea reported aside from occasional hairballs (~2x/week). Drinking and urination appear normal.
- Current medications: Lysine supplement SID
- Preventatives: None
- Initial concerns included hyperthyroidism, CKD, dental disease, or neoplasia. Bloodwork ruled out hyperthyroidism and significant renal disease.
- Following lab results, primary differentials have shifted to:
  - - Lymphoma
  - - Feline infectious peritonitis (FIP)
  - - Other chronic inflammatory or infectious disease
- Owner has elected to proceed with abdominal ultrasound and protein electrophoresis for further characterization.
- Abnormal PE/Chem/CBC/UA Results: Physical Exam: - Marked weight loss (current weight 6.8 lbs; previously ~11-12 lbs per owner) - BCS 4/9 - Moderate dental disease (calculus/gingivitis) - Possible thyroid slip palpated - Left kidney subjectively small on palpation Blood work: - Hyperglobulinemia: 6.4 g/dL (↑) - Hypoalbuminemia: 2.3 g/dL (↓) - Low A:G ratio: 0.4 → Pattern concerning for chronic inflammation, FIP, or neoplasia (esp. lymphoma) - CBC: Within normal limits - Kidney values (BUN, creatinine, SDMA): Within normal limits - Urinalysis: USG 1.030 (mildly decreased concentration), 1+ protein, otherwise inactive sediment - Total T4: Normal (1.2 µg/dL) - FeLV/FIV: Negative - proBNP: Normal - Liver enzymes, bilirubin, electrolytes: Within normal limits

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.



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The right kidney revealed adequate size with asymmetrical margination. Caudomedial cortical infarcts were noted in the right kidney. Medullary mineralization to small renoliths were present. Subtle nonspecific medullary rim sign was noted. The right kidney measured 3.4 cm in length.

The left kidney was subnormal in size with marked loss of corticomedullary border demarcation. Mild pyelectasia was noted in the left kidney. The left kidney measured 1.9 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 0.43 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

### *Spleen*

The spleen was mildly enlarged (1.2 cm in width at the level of the mid spleen) with slight splenic folding, asymmetrical capsule contour and maintained homogenous parenchyma.

### *Liver*

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.

The gallbladder was non distended in size with mild nonorganized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

### *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 wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm. The jejunum wall measured 0.21 cm. The ileocolic wall measured 0.30 cm.

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

### *Pancreas*

The pancreas was normal in size and contour with heterogeneous, mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor prominent pancreatic duct was noted.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract
- Possible mild left limb chronic/chronic active pancreatitis



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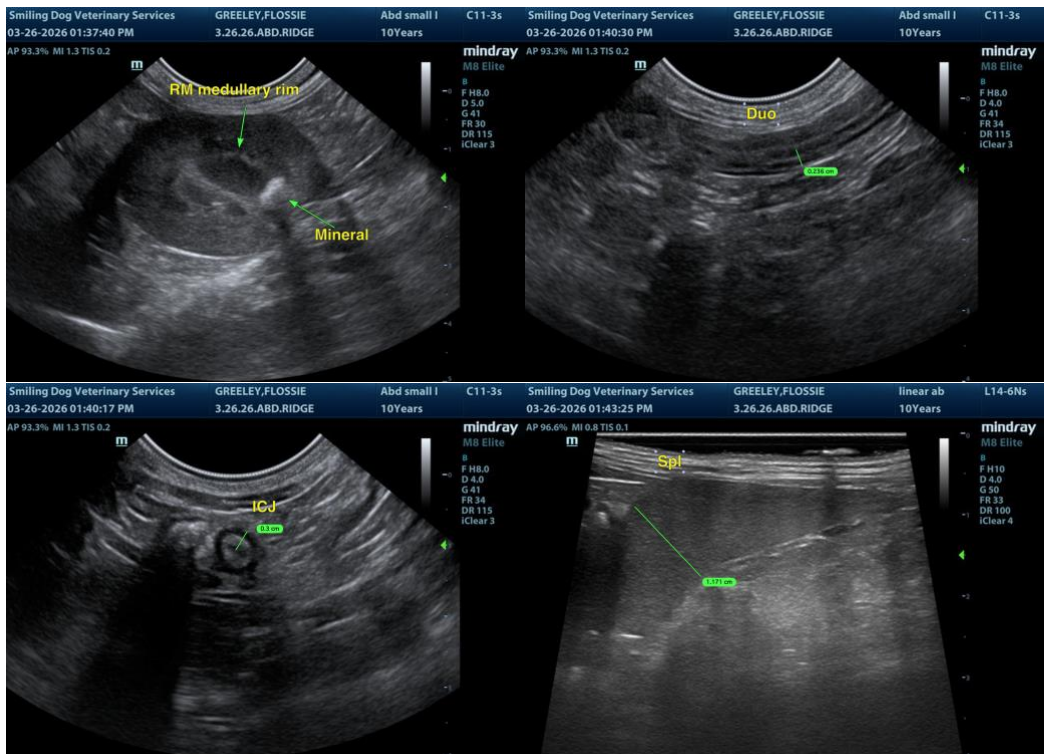
- Left kidney subnormal size, exhibiting marked chronic degenerative changes and mild pyelectasia.
- Right kidney nonspecific subtle renal medullary rim, nonobstructive pelvic mineral/renolith, and cortical infarcts.
- Mild gallbladder debris
- Mild splenomegaly- hyperplasia, hematopoiesis, sedation (if clinically applicable), splenitis. Occult emerging splenic round cell neoplasia cannot be excluded.
- Mild urine sediment

**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. Assuming normal clotting status, and using a 25-gauge needle, and if patient is non-sedated, splenic FNA cytology is recommended to assess for occult disease.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

The gallbladder debris is nonspecific yet may be associated with nonobstructive cholestasis or hepatobiliary inflammation given the short half-life of hepatic enzymes in cats. Monitoring of hepatic enzyme levels is recommended.





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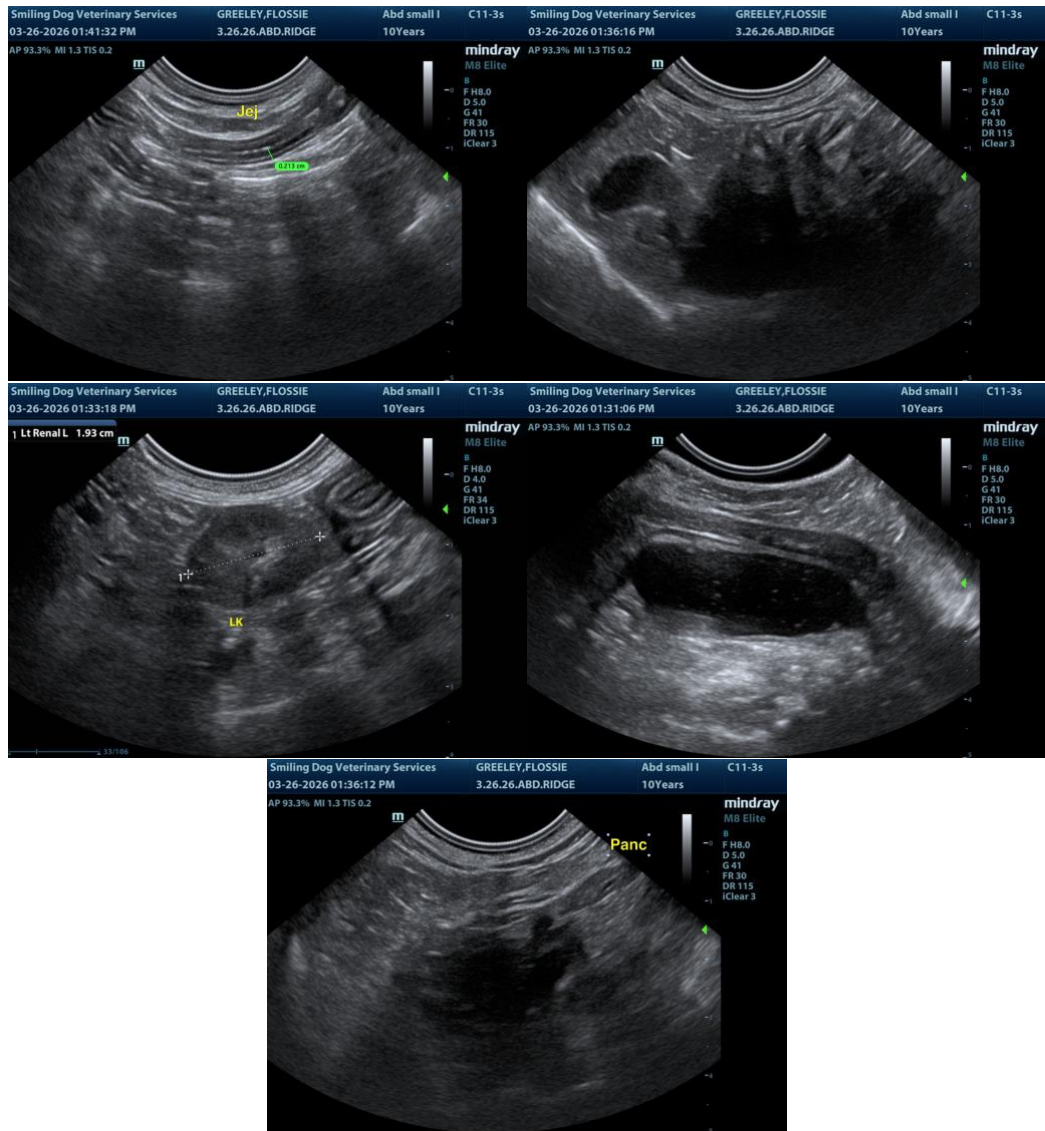
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)