



**PATIENT PRESENTING CLINICAL SIGNS**

Candy Turner V+, bloody diarrhea, CKD, tense abdomen  
Current meds: Methimazole transdermal 3.75g AM and 2.5g PM

**SPECIES** Abnormal PE/Chem/CBC/UA Results: BUN 44, SDMA 24.6, Creat normal 2.0, Amylase 1489, UPC 0.3, USG 1.019  
Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH 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.

**SEX** FS Normal size and margination were present in the left kidney. 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. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length.

**AGE** 15yr Subnormal size and normal margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 2.8 cm in length.

**WEIGHT** 8.7lb

**INTERPRETED BY** The area of the aortic trifurcation was free of pathology.

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) **Adrenal Glands**  
The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.37 cm width. The right adrenal gland measured 0.39 cm width.

**IMAGING PERFORMED BY** Meghan Morse LVT CVT **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.

**HOSPITAL NAME** Kingston Animal Hospital **Liver/Gallbladder**

**REFERRING VET** Dr Turner 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.

**INVOICE** 24584 **Gastrointestinal**

**DATE** 04/23/2026



**PATIENT**

Candy Turner

The stomach presented overtly normal intact visible wall. The stomach exhibited subjective mild to possible moderate distention, primarily with gas and a mild amount of variably echogenic non-shadowing pyloric ingesta. No overt obstruction to pyloric outflow.

**SPECIES**

Feline

The small intestine presented generalized thickened intestine with overall intact altered intestinal wall owing to propensity for primarily thickened intestinal muscularis layer. Segmental progressively shadowing intestinal content without obstructive pattern and mild segmental non-obstructive intestinal ileus to the level of the colon. The small intestine wall measured 0.38-0.42 cm in width.

**BREED**

DSH

The colon walls presented intact yet mild thickened wall layering. Semi formed to soft fecal matter was present in the colon lumen.

**Pancreas**

**SEX**

FS

The left pancreas was normal in size and contour with mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

**Free Abdomen**

**AGE**

15yr

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**WEIGHT**

8.7lb

- Mild to moderate gastric distension with gas and retained non-shadowing pyloric ingesta
- Diffusely thickened intact small intestinal wall exhibiting segmental progressively shadowing non-obstructive content
- Mildly thickened colon containing semi-formed to soft fecal matter
- Suspect mild left limb chronic / chronic active pancreatitis
- Chronic renal changes, more prominent in right kidney with subnormal right kidney size

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The intestine is consistent with infiltrative enteropathy with considerations including IBD or other inflammatory enteropathy while potential for emerging to occult intestinal round cell neoplasia, i.e. lymphoma which may present in similar sonographic manner. The colon suggests concurrent colitis. Minor potential for a small amount of non-obstructive possibly passing hairball type material in the small intestine is suspected. Correlation with most recent meal ingestion is recommended. No overt indication for immediate surgical intervention given no intestinal obstructive pattern. However, intestinal biopsies would be required for definitive diagnosis.

**IMAGING PERFORMED BY**

Meghan Morse LVT  
CVT

Gastrointestinal support with consideration for documented 12-hour fast and sonographic reassessment of the gastrointestinal tract is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**HOSPITAL NAME**

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Hospital

**REFERRING VET**

Dr Turner

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**SPECIES**

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**BREED**

DSH

**SEX**

FS

**AGE**

15yr

**WEIGHT**

8.7lb

**INTERPRETED BY**

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 DVM, DABVP  
 (Canine and Feline)

**IMAGING PERFORMED BY**

Meghan Morse LVT  
 CVT

**HOSPITAL NAME**

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**REFERRING VET**

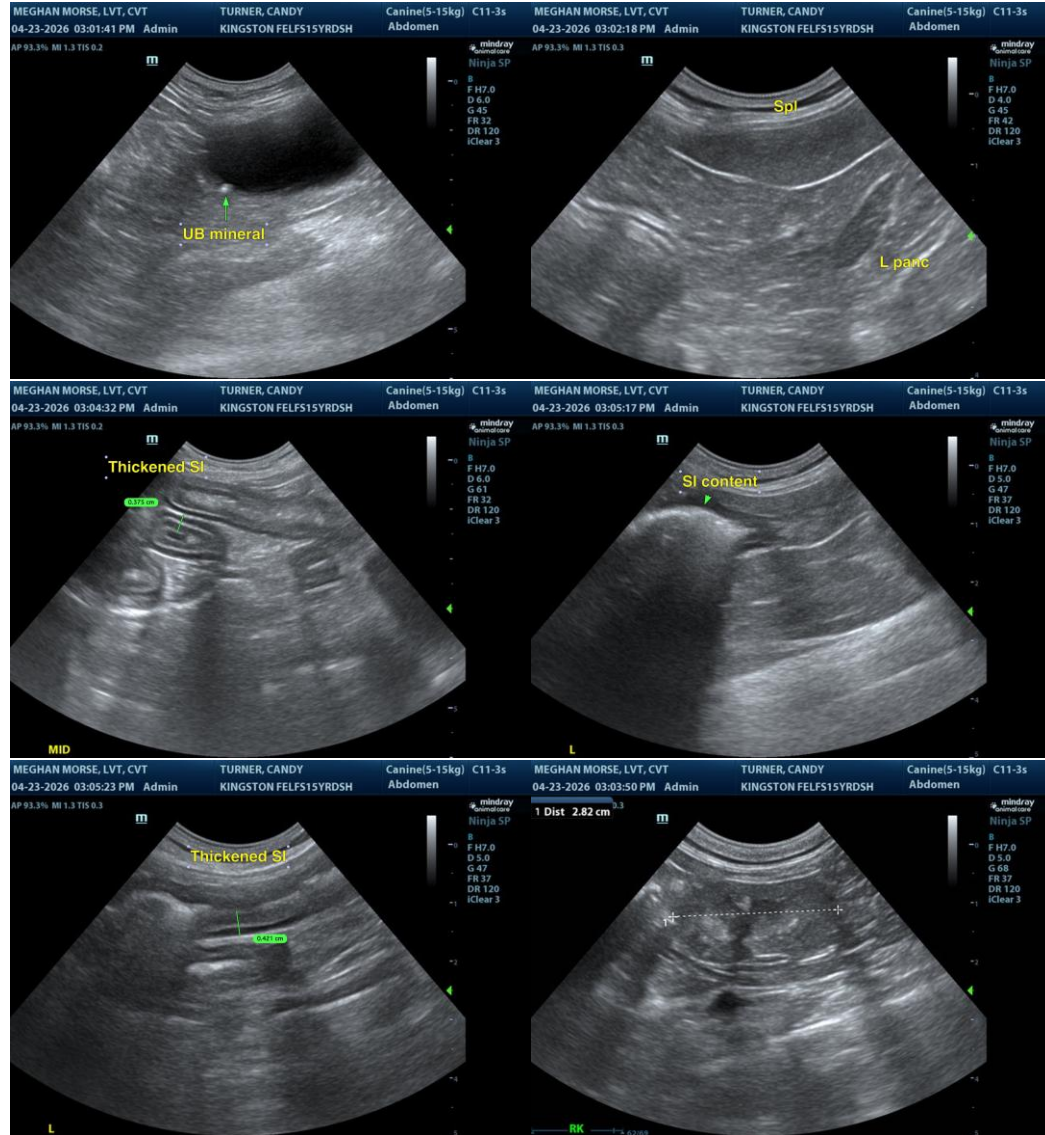
Dr Turner

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**PATIENT**

Candy Turner

**SPECIES**

Feline

**BREED**

DSH

**SEX**

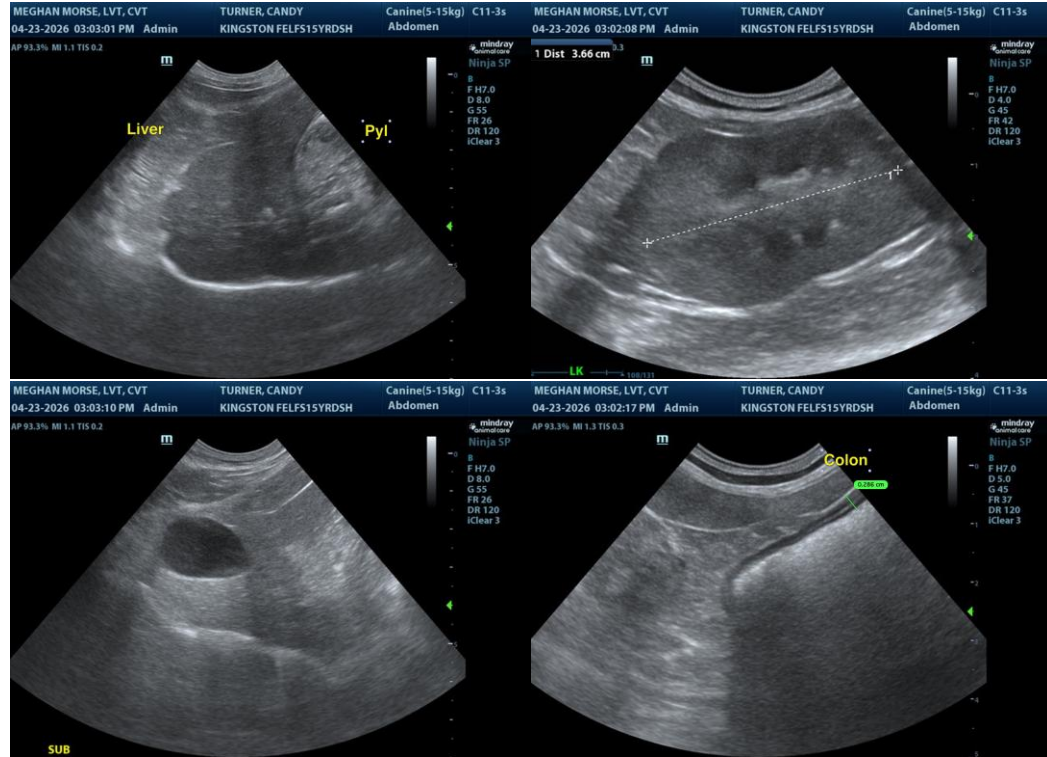
FS

**AGE**

15yr

**WEIGHT**

8.7lb



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.

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Meghan Morse LVT  
 CVT

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