



**PATIENT**

Moonlight Hessler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

12y

**WEIGHT**

6.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Amazon Park AC

**REFERRING VET**

Dr. Jones

**INVOICE**

13432

**DATE**

4/23/26

**PRESENTING CLINICAL SIGNS**

History: Has been a well-controlled hyperthyroid cat on transdermal methimazole. In the past few weeks she has been vomiting more often. Usually every once in a while, recently has been every day or multiple times a day.

ABNORMAL Lab work Values: Normal lab work

Current Medications: Methimazole 5 mg in AM and 2.5 mg in pm; MiraLAX 1/8 - 1/4 tsp daily in food.

Radiographic Findings: We will send films - there is a thick band of soft tissue running across the entire VD view, and on top of the liver silhouette on the lateral view.

**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, echogenic to particulate non-dependent 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.

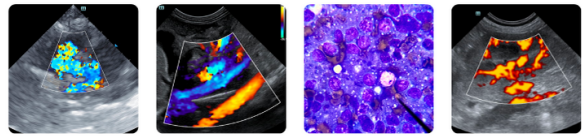
Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Cortical infarcts present. The left kidney measured 3.4 cm in length. The right kidney was subnormal in size with indistinct renal border compared to adjacent omentum. Asymmetrical renal margination with probable cortical infarcts. Marked loss of corticomedullary border demarcation as well as medullary mineralization. The right kidney measured 2.0 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position and shape. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.44 cm width in the caudal pole. The right adrenal gland measured 0.45 cm width in the caudal pole.

**Spleen**

The spleen was mildly enlarged in size with asymmetrical medial capsule contour. 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. The spleen measured 1.34 cm width level of mid spleen.



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**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, non-organized, echogenic, nonmineralized biliary sludge. 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 contained minor retained fluid.

The small intestine presented intact variably thickened wall exhibiting variably altered wall layer ratio owing to propensity for mildly thickened muscularis and mucosa layer. Empty lumen to the level of the colon. Small intestine wall measure dup to 0.32 cm.

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

**Pancreas**

The area of the pancreas was sonographically normal.

**Free Abdomen**

No visualized significant omental mesenteric lymphadenopathy and scant peritoneal effusion present.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate to marked chronic degenerative renal changes more prominent in the right kidney with subnormal right kidney size, bilateral cortical infarcts
- Enteropathy exhibiting variably thickened intestinal wall
- Normal stomach with minor retained gastric fluid
- Normal area of pancreas
- Mild gallbladder debris
- Mild urine sediment
- Splenomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consideration for the enteropathy may include IBD or other inflammatory etiology neoplasia such as lymphoma with potential for triaditis given short half-life of hepatic enzymes in cats and presence of gallbladder debris. Splenomegaly is secondary to sedation, hyperplasia, hematopoiesis inflammation or concurrent round cell splenic neoplasia possible. Further assessment may include, assuming normal clotting status and using 25-gauge needle, splenic FNA cytology. Biopsy is likely required for definitive diagnosis. No overt evidence of constipation present. Gastrointestinal support and empirical therapy for IBD with clinical and as needed sonographic monitoring may be considered. Urinary workup recommended if not recently done.



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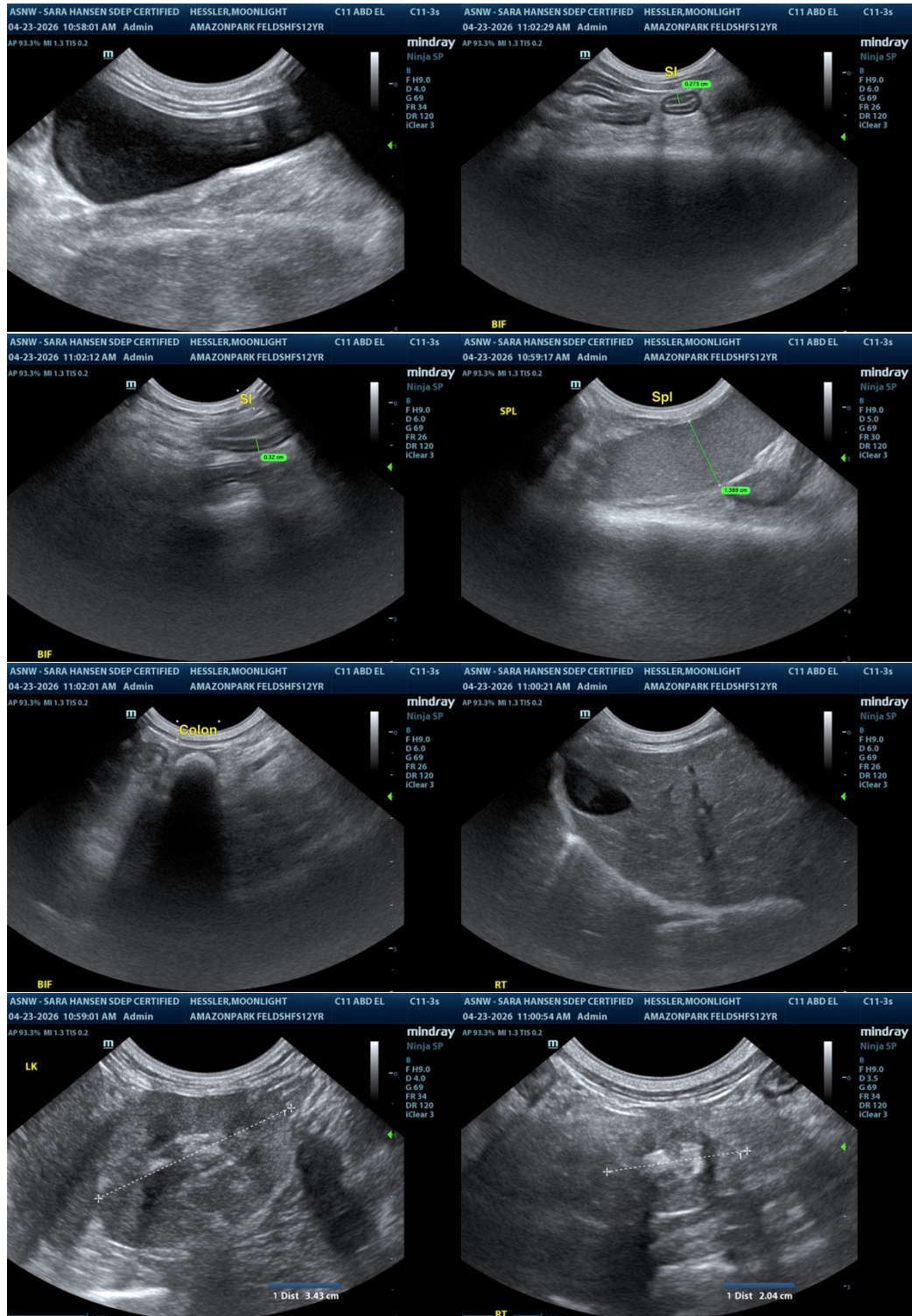
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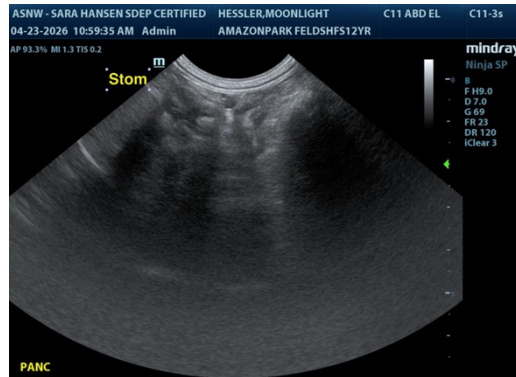
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)