

PATIENT

Eggsy McDonough

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

11

WEIGHT

11.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Heather Cochran

HOSPITAL NAME

Millis Animal Hospital

REFERRING VET

Dr. Heather Cochran

INVOICE

24662

DATE

04/28/2026

PRESENTING CLINICAL SIGNS

1 month history of hyporexia and weight loss (2 lb). Hx of HCM and hyperthyroidism, on atenolol and methimazole but owner has had a hard time medicating since eats in food. no vomiting.

Abnormal PE/Chem/CBC/UA Results: weight loss, renal asymmetry, L kidney small and irregular. lab work all wnl other than mild increase wbc's and mild decrease Cl. radiographs- progressive mineral opacities in lung, present since 2024. radiopaque material in transverse colon.

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

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.

The left kidney was sub-normal in size with asymmetrical renal margination. Variably thickened hyperechoic cortex was present with reduced medullary volume and loss of cortical medullary border demarcation. Mild dystrophic medullary mineral. No pyelectasia was present.

The right kidney was borderline enlarged with primarily symmetrical margination and mildly thickened hyperechoic cortex with enhanced to indistinct corticomedullary border demarcation. Adequate medullary volume. Mild pelvic to medullary mineral was present. No pyelectasia.

The left kidney measured 2.6 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.42 cm width. The right adrenal gland measured 0.42 cm width.

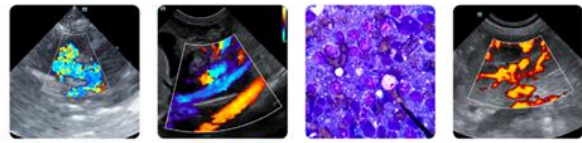
Spleen

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. The spleen measured 0.78 cm in width at the level of the mid spleen.

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 mild gravity dependent debris. The proximal common bile duct was dilated and mildly 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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.20 cm in width.

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

Pancreas

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

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Left kidney, marked chronic degenerative changes, subnormal size.
- Right kidney, compensatory hypertrophy pattern with mild chronic changes and mild medullary mineral
- Sonographically unremarkable gastrointestinal tract
- Mild heterogeneous pancreas
- Gallbladder debris with mild non-obstructive proximal common bile duct dilation
- Mild urine sediment

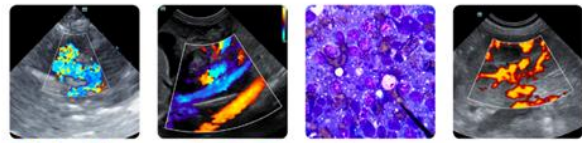
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The gallbladder debris and non-obstructive common bile duct dilation is non-specific yet may be associated with non-obstructive cholestasis or mild cholangitis given short half-life of hepatic enzymes in cats. Monitoring of hepatic and renal parameters going forward is suggested for evidence of emerging hepatobiliary inflammation and given renal presentation.

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.

Gastrointestinal support indicated with sonographic reassessment if evidence of hepatopathy, progressive azotemia, or continued to progressive gastrointestinal signs /weight loss.



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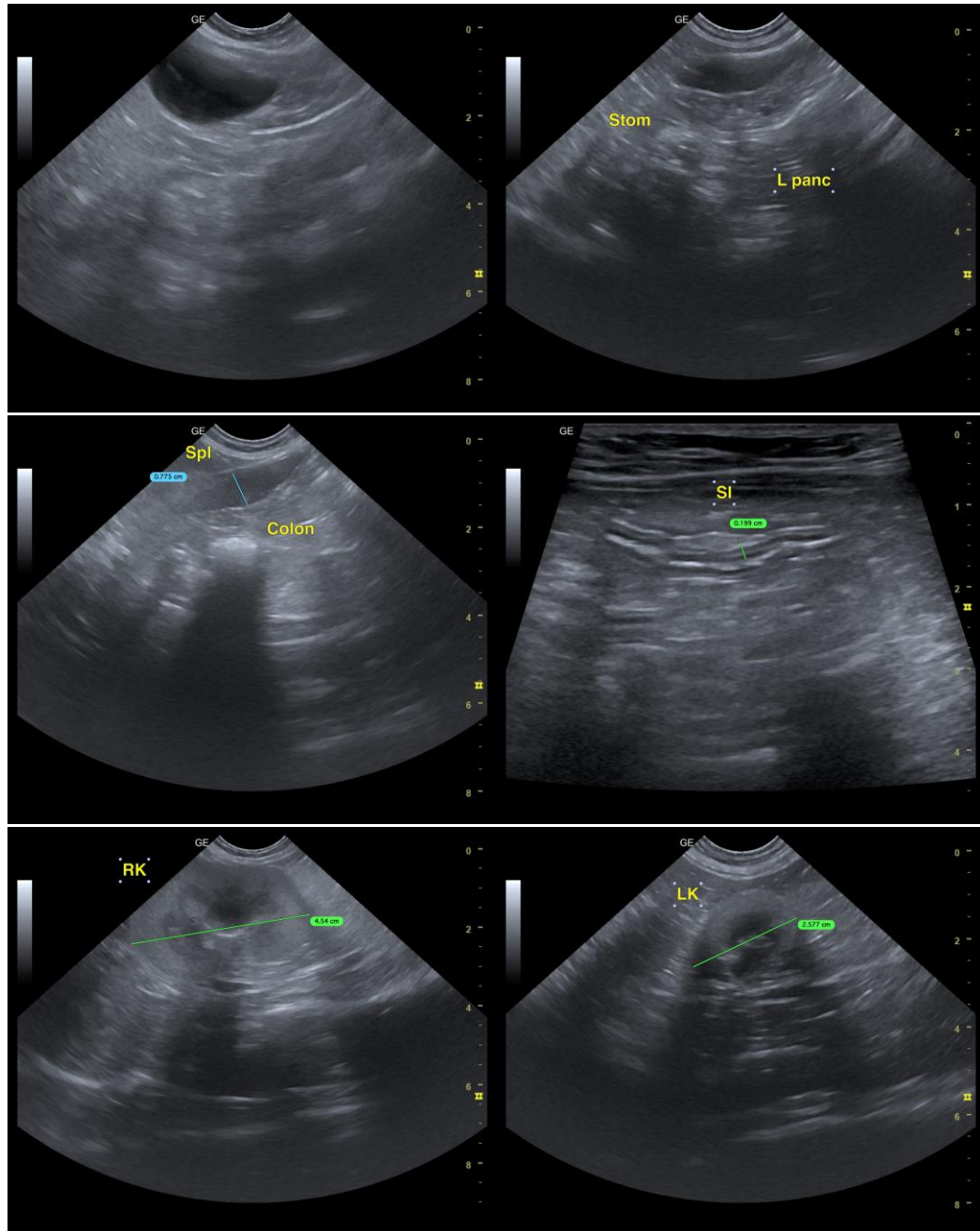
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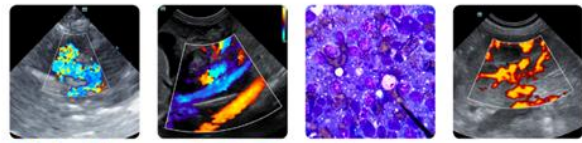
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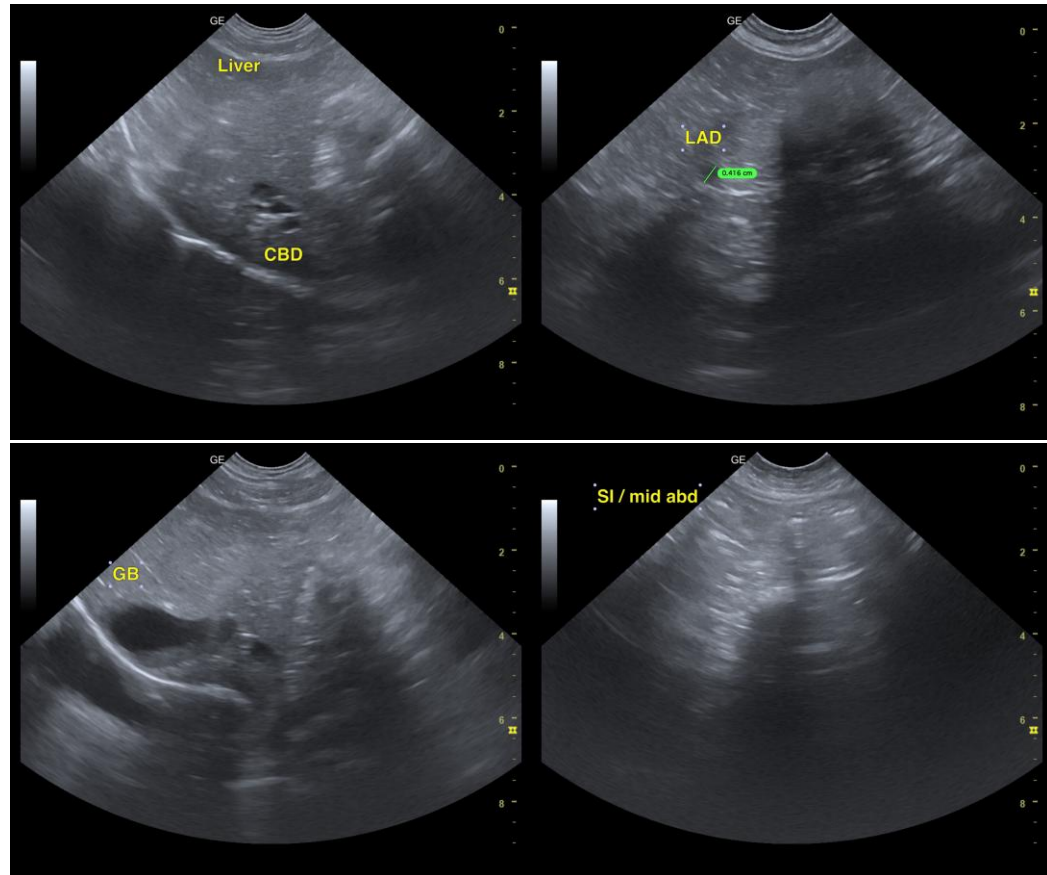
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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