



## PATIENT

Midnight McCarty

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

12yr

## WEIGHT

9.8lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Meghan Myers VMD

## HOSPITAL NAME

Hershire Animal  
Hospital

## REFERRING VET

Casey Kauffman

## INVOICE

24795

## DATE

05/11/2026

## PRESENTING CLINICAL SIGNS

Presented 4/22 for straining to defecate 2-3 weeks duration, decreased appetite, weight loss, vomiting. weight loss noted.

radi: concern space occupying mass pushing stomach to left on VD.

Senior profile: elevated TP & bilirubin. Decrease EOS & Na

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *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 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 was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A subtle hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.41 width, and the right adrenal gland measured 0.48 width.

### *Spleen*

The spleen was borderline enlarged (1.1 cm width at the mid spleen) and 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.

### *Liver/Gallbladder*

The liver was subjectively mildly enlarged with primarily homogenous parenchyma and symmetrical contour. Solitary mild capsule deforming, ventrocaudal non-homogenous to mildly cystic mass with mild associated hepatic capsule distortion was present measuring 3.6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*



## PATIENT

Midnight McCarty

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

12yr

## WEIGHT

9.8lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Meghan Myers VMD

## HOSPITAL NAME

Hershire Animal  
Hospital

## REFERRING VET

Casey Kauffman

## INVOICE

24795

## DATE

05/11/2026

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid and lumen gas without obstruction to pyloric outflow. The pylorus wall measured 0.23 cm in width.

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 duodenum wall measured 0.23 cm width. The jejunum wall measured 0.21 cm width.

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

### **Pancreas**

The left pancreas was normal size and contour with minor homogenous hypoechoic parenchyma compared to adjacent omentum with minor prominent left limb pancreatic duct.

### **Free Abdomen**

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Mildly expansive, non-homogenous cystic liver mass- suspect biliary cyst adenoma, potential for carcinoma felt less likely yet not excluded.
- Sonographically unremarkable gastrointestinal tract with mild non-obstructive hypomotile stomach.
- Possible low-grade left limb chronic /chronic active pancreatitis.
- Bilateral non-specific subtle renal medullary rim sign.
- Pinpoint left adrenal mineralization, normal age-related variant in a cat.
- Borderline splenomegaly-sedation if clinically applicable, incidental hyperplasia, hematopoiesis, emerging occult splenic neoplasia if not sedated, possible.
- Sonographically normal visible colon.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of gastroenterocolic mural pathology. Mild chronic to chronic active pancreatitis, may be suspected of cranial abdomen/subxiphoid discomfort on palpation. The clinical significance of the hepatic mass to the patient's clinical signs is unclear. Some degree of mild gastric irritation given location of the liver mass may be possible, although no evidence of obstruction to pyloric outflow.

A GI panel to include PLI/TLI/cobalamin and folate and three view chest radiographs suggested to assess for occult intestinal or thoracic disease as a contributing factor. Assuming normal clotting status, using 25ga needle, hepatic mass and screening splenic FNA cytology if patient non-sedated could be considered. Gastrointestinal support is indicated.



**PATIENT**

Midnight McCarty

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12yr

**WEIGHT**

9.8lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Myers VMD

**HOSPITAL NAME**

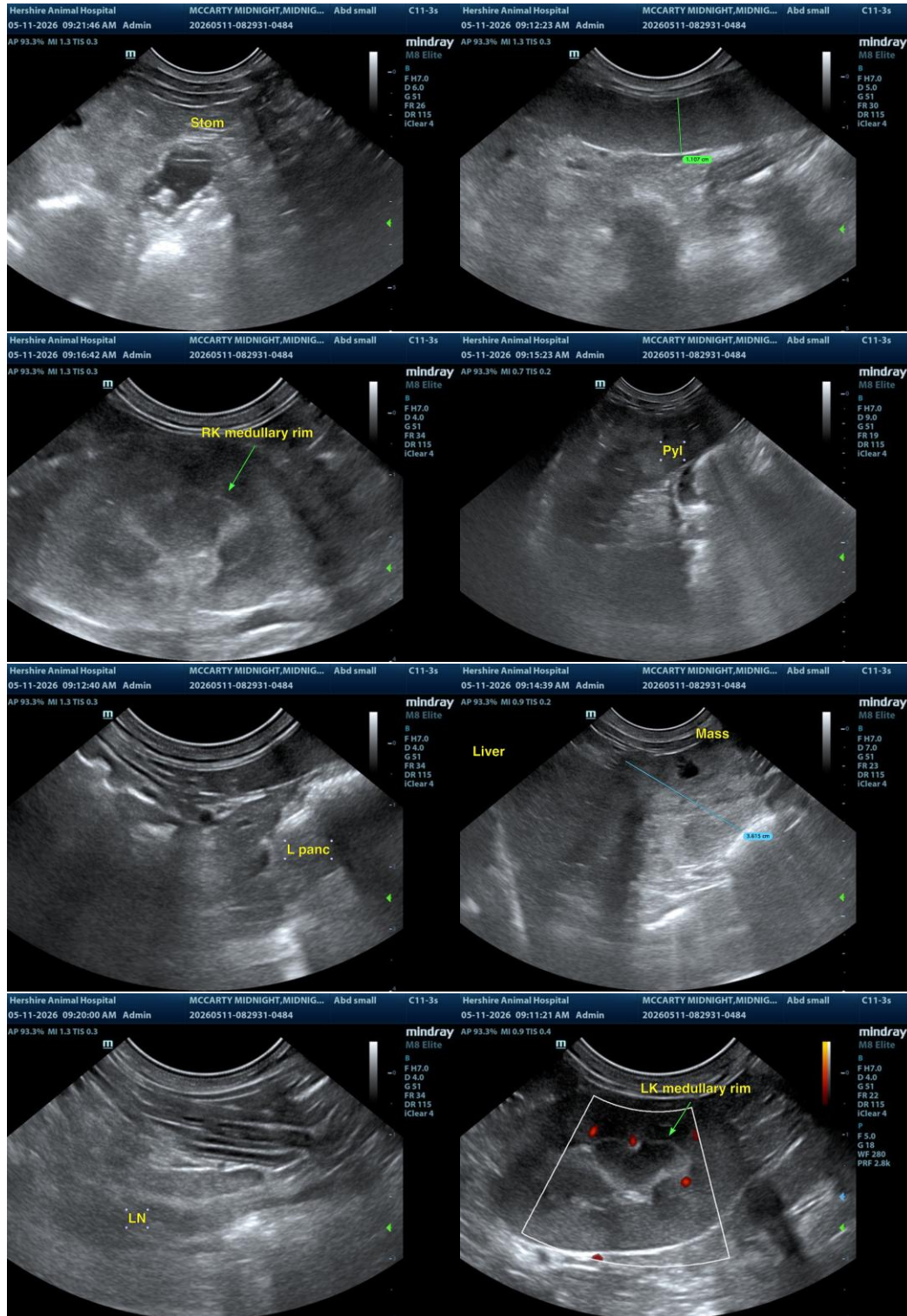
Hershire Animal  
Hospital

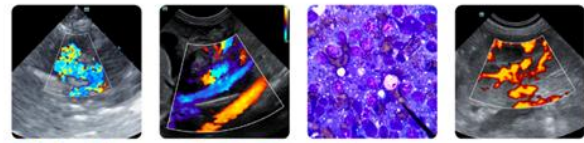
**REFERRING VET**

Casey Kauffman

**INVOICE**  
24795

**DATE**  
05/11/2026





**PATIENT**

Midnight McCarty

**SPECIES**

Feline

**BREED**

DSH

**SEX**

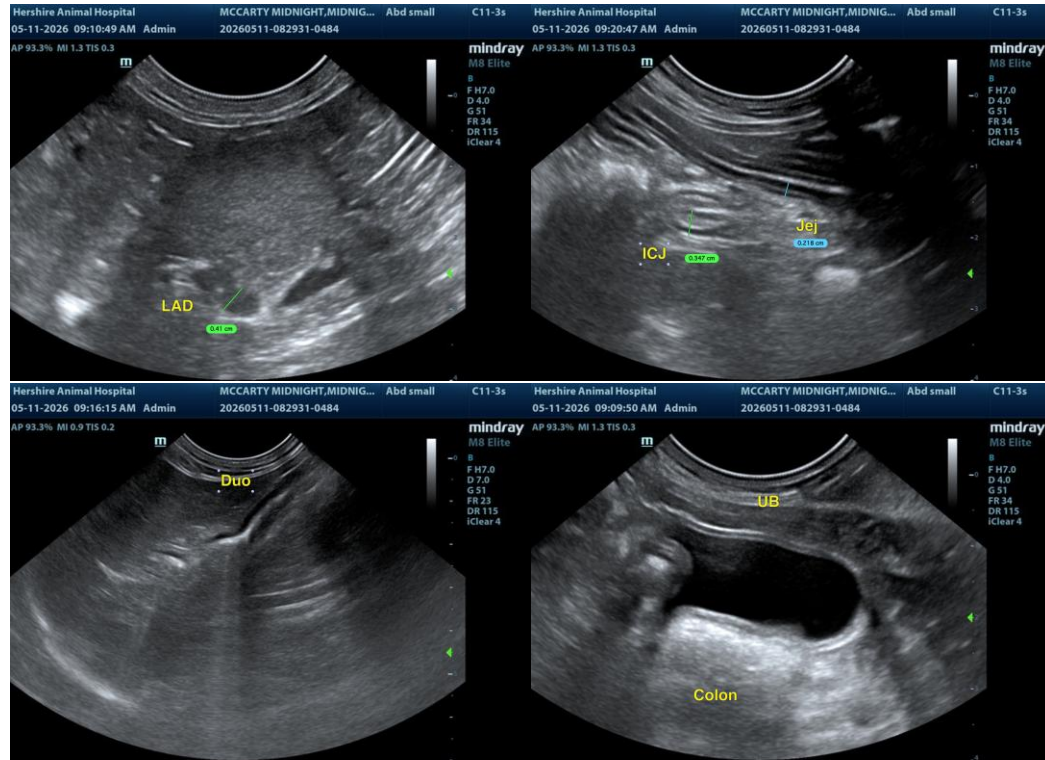
MN

**AGE**

12yr

**WEIGHT**

9.8lb



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)

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Myers VMD

**HOSPITAL NAME**

Hershire Animal  
Hospital

**REFERRING VET**

Casey Kauffman

**INVOICE**  
24795

**DATE**  
05/11/2026