



## PATIENT

Midnight Jolley

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

7

## WEIGHT

3.36

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brooke Bennett

## HOSPITAL NAME

Viking Veterinary

## REFERRING VET

Brooke Bennett

## INVOICE 24826

DATE  
05/14/2026

## PRESENTING CLINICAL SIGNS

Owner was referred from their primary care for full abdominal ultrasound. RDVM did blood work on 5/11/2026. p is a feral recovery program cat. P has lost 5lbs from her typical 12lbs last recorded in November of 2025 at annual exam. RDVM thinks it could be cancer. Owner reports that there is vomiting and diarrhea that is seen on occasion and when asked further, it seems to be every 7 to 14 days that it is seen but appears to resolve. Uncertain of how much food she has been consistently eating since there is another cat in the home. She is also indoor/outdoor unsupervised. UTD on rabies, FVRCP, and FeLV

Abnormal PE/Chem/CBC/UA Results: PE findings: BCS 3/9, mild generalized sarcopenia, mildly lethargic, otherwise WNLs Chem findings (performed by rDVM): TP 8.3 g/dL (5.4 to 8.2 ref range), T4 findings (performed by rDVM): 1.5 ug/dL (1.5 to 4.8 reference range) CBC findings (performed by rDVM): RBCs 5.6 (6.6 to 11.1), Absolute Monocytes 400 /uL (0 to 200 uL)

## 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 were 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. The left kidney measured 3.9 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 left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### 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.

### 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 non-organized debris. The cystic and common bile ducts were normal.



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## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained anechoic fluid without obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Mild non-obstructive duodenal ileus. The duodenum wall measured 0.30 cm width. The jejunum wall measured up to 0.31 cm width. The ileocolic wall measured 0.38 cm width.

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

## Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 0.91 cm in diameter.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- IBD intestinal pattern with mild non-obstructive gastroduodenal ileus.
- Normal area of pancreas
- Intermittent mild jejunocolic lymphadenopathy suggestive of benign criteria, i.e. reactive hyperplasia, possible mild lymphadenitis
- Mild gallbladder debris

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for triaditis could be considered if non-reported current or future hepatic enzyme elevations given presence of concurrent gallbladder debris. Potential for emerging to occult intestinal round cell neoplasia, i.e. lymphoma, which may present in similar sonographic manner, not definitively excluded. Definitive diagnosis would require biopsies for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirical IBD protocol with monitoring of clinical response, body weight, and sonographic reassessment if persistent gastrointestinal signs or evidence of weight loss may be considered.



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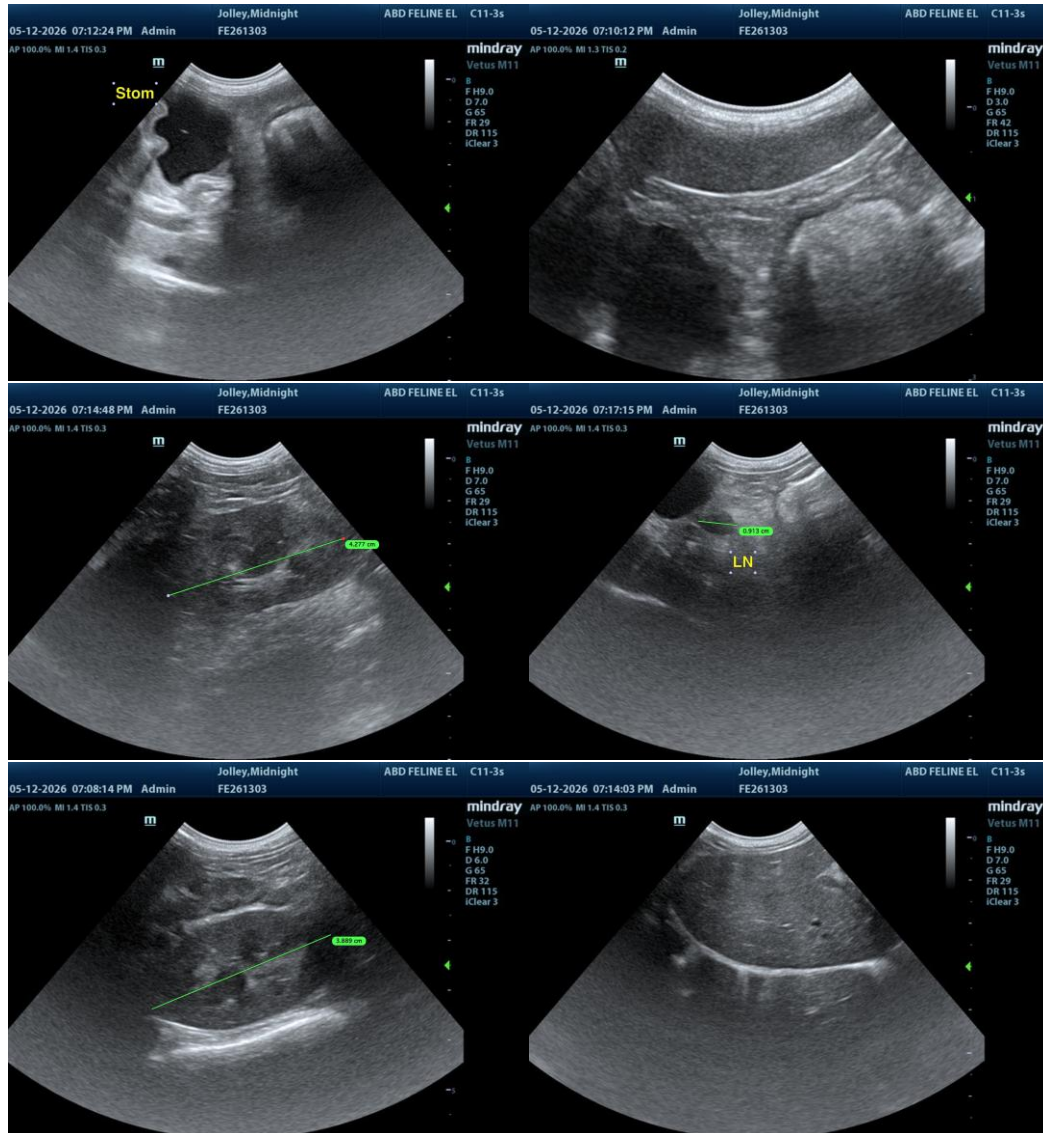
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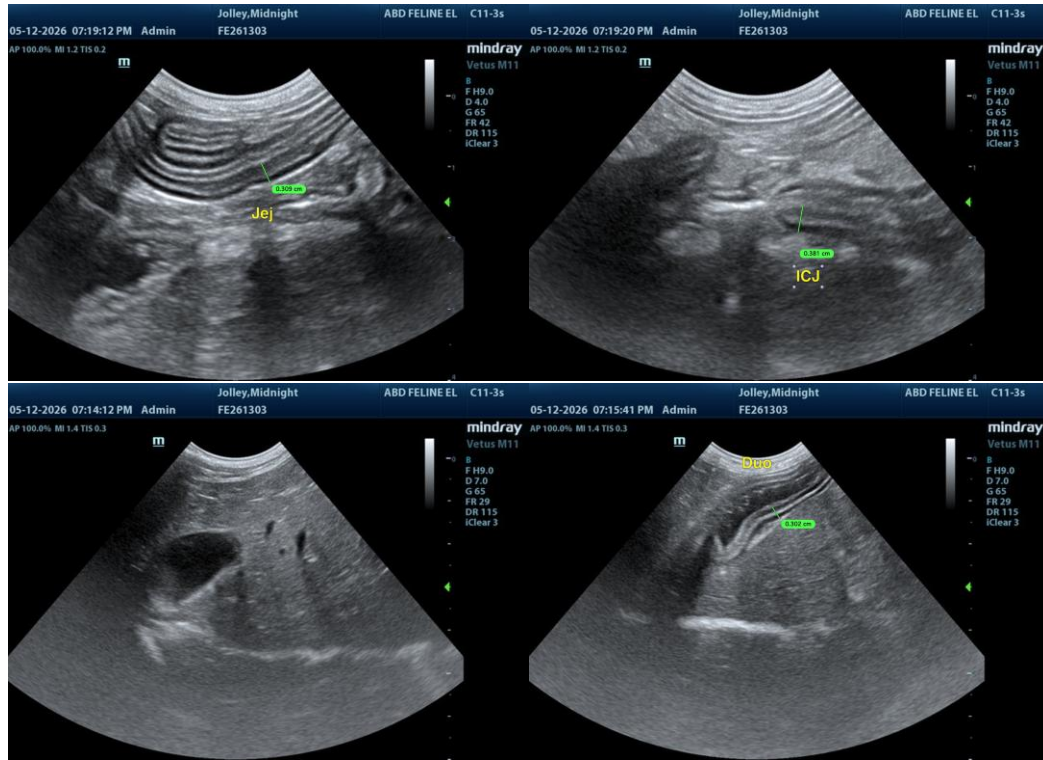
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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R. McKenzie Daniel,  
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(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**

Brooke Bennett

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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