



## PATIENT

Cooper Foco

## SPECIES

Feline

## BREED

Maine Coon

## SEX

MN

## AGE

14yr

## WEIGHT

3.9kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Mayfield

## HOSPITAL NAME

Ridgeview Veterinary  
Hospital

## REFERRING VET

Dr Edmonds

INVOICE  
24876

DATE  
05/18/2026

## PRESENTING CLINICAL SIGNS

- Significant progressive weight loss despite maintained appetite
- profound weight loss (13 lb to 8 lb over ~11 months),
- Chronic recurrent URI responsive only temporarily to azithromycin
- Severe dental disease
- Mild muscle wasting and decreased activity
- No vomiting or diarrhea reported

Top differentials discussed with owner include lymphoma, less likely multiple myeloma or FIP

Abnormal PE/Chem/CBC/UA Results: – chronic upper respiratory disease, hypoalbuminemia (2.3), hyperglobulinemia (6.1), doughy abdomen on palpation, and concern for gastrointestinal neoplasia (particularly lymphoma) – FeLV/FIV negative – CBC largely unremarkable – Chemistry notable for: - Hyperglobulinemia (6.1) - Hypoalbuminemia (2.3) - Low A:G ratio (0.4) – UA with minimal proteinuria, making GI protein loss more likely than renal loss

## 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 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.

Normal size and margination were present in the kidneys. 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 3.3 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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 0.75 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 debris extending into the cystic duct.



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## Gastrointestinal

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 overall intact wall layering with maintained muscularis/mucosa ratio. Segmental borderline to mild thickened jejunum exhibiting subtle altered wall layer ratio owing to propensity for borderline segmental thickened jejunum muscularis layer. Normal appearing small intestine measured 0.22 cm in wall width. Borderline thickened segmental jejunum wall measured 0.29 cm in 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Overall sonographically normal gastrointestinal tract /colon with segmental borderline thickened intact jejunum wall
- Normal area of pancreas
- Age-related renal changes
- Urine sediment
- Mild gallbladder debris
- Sonographically unremarkable liver /spleen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology such as definitive neoplastic criteria, significant lymphadenopathy, or active pancreatitis.

The intact borderline thickened segmental jejunum wall is non-specific with possible patient variant, mild inflammatory enteropathy such as IBD while emerging to occult intestinal round cell neoplasia thought less likely not excluded. Chronic pancreatitis likewise may present sonographically unremarkable.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Recheck three view chest radiographs are recommended if not recently done to assess for occult thoracic pathology. Gold standard intestinal biopsies likely required for definitive diagnosis.

Gastrointestinal support with consideration for empirical IBD protocol may be considered. Correlation to hyperglobulinemia with protein electrophoresis may be considered. Sonographic reassessment or monitoring indicated if continued weight loss to assess for progressive intestinal mural changes.



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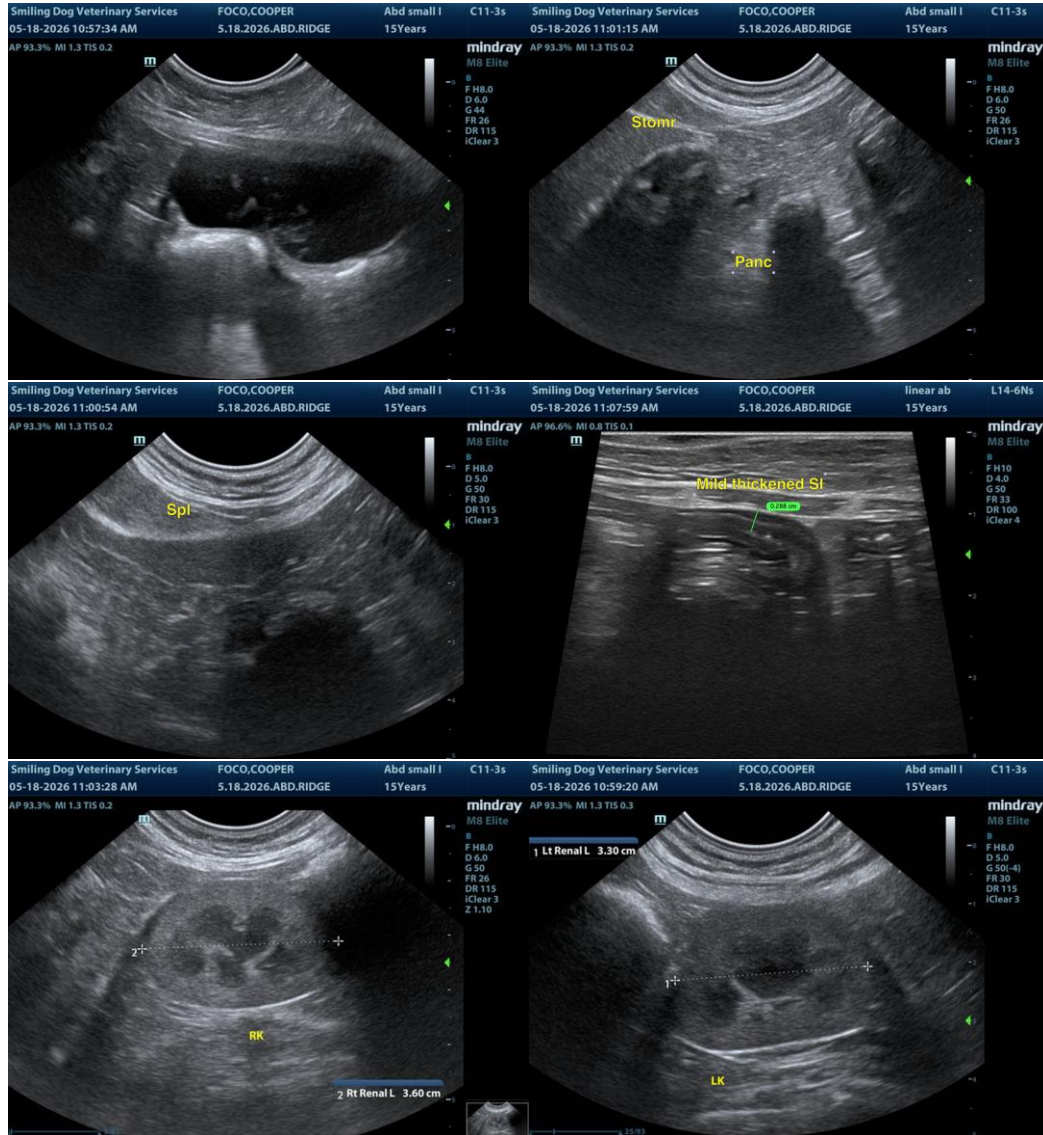
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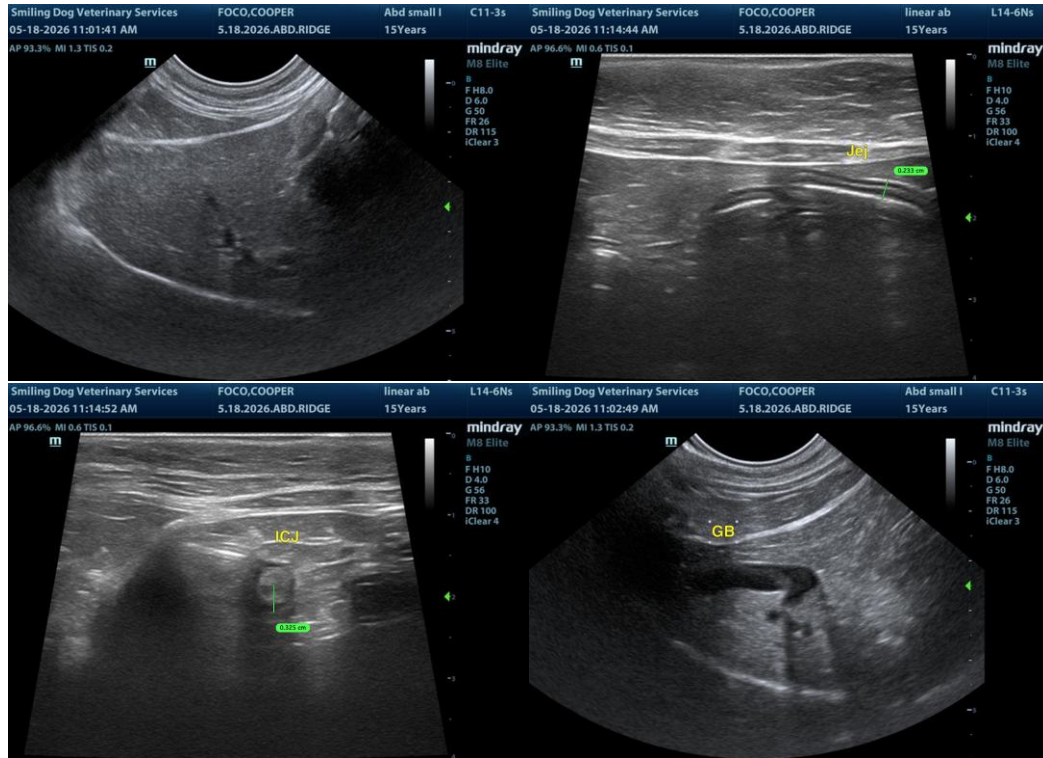
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)