



## PATIENT

Benny Kogan

## PRESENTING CLINICAL SIGNS

\*Weight loss despite polyphagia  
\*Normal bloodwork

## SPECIES

Feline

## 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.

## BREED

DSH

## SEX

MN

Enlarged renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.0 cm in length. The right kidney measured 5.5 cm in length.

## AGE

12yr

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

## WEIGHT

12.4lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width

### *Spleen*

## INTERPRETED BY

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

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.

## IMAGING PERFORMED BY

Melinda Persson

### *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 mildly subnormal in size with thin walls and primarily anechoic luminal content. 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 variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

## INVOICE

24897

## DATE

05/20/2026



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The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Mild thickened intestinal wall. Concurrent segmental to primarily generalized mild non-shadowing intestinal ingesta without obstructive pattern to the level of the colon. The duodenum wall measured 0.29 cm width. The jejunum wall measured up to 0.33 cm width.

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

### **Pancreas**

## BREED

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

DSH

### **Free Abdomen**

## SEX

MN

No peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric 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 1.8 cm x 0.65 cm.

## AGE

12yr

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Chronic enteropathy pattern with gastrointestinal ingesta- ingesta consistent with food echogenicity
- Remodeled left pancreas
- Intermittent mesenteric lymphadenopathy-subjective benign
- Chronic renal changes with bilateral renomegaly
- Mild urine sediment

## WEIGHT

12.4lb

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy and associated mild benign mesenteric lymphadenopathy and potential chronic pancreatitis is favored. Emerging to occult intestinal round cell neoplasia and metastatic lymphadenopathy thought less likely yet not technically excluded. Likewise, the bilateral kidneys may suggest nonspecific chronic renal changes or nephritis, such as interstitial nephritis with renal neoplastic criteria thought less likely given overall intact renal architecture.

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A GI panel to include PLI/TLI/Cobalamin/Folate, UA and three view chest radiographs, consideration for neurological / musculoskeletal examination and assessment of caloric plain to assess for occult disease is recommended. Supportive care with clinical and sonographic monitoring indicated if persistent weight loss to assess for progressive intestinal or renal changes is recommended.

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**SPECIES**

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**BREED**

DSH

**SEX**

MN

**AGE**

12yr

**WEIGHT**

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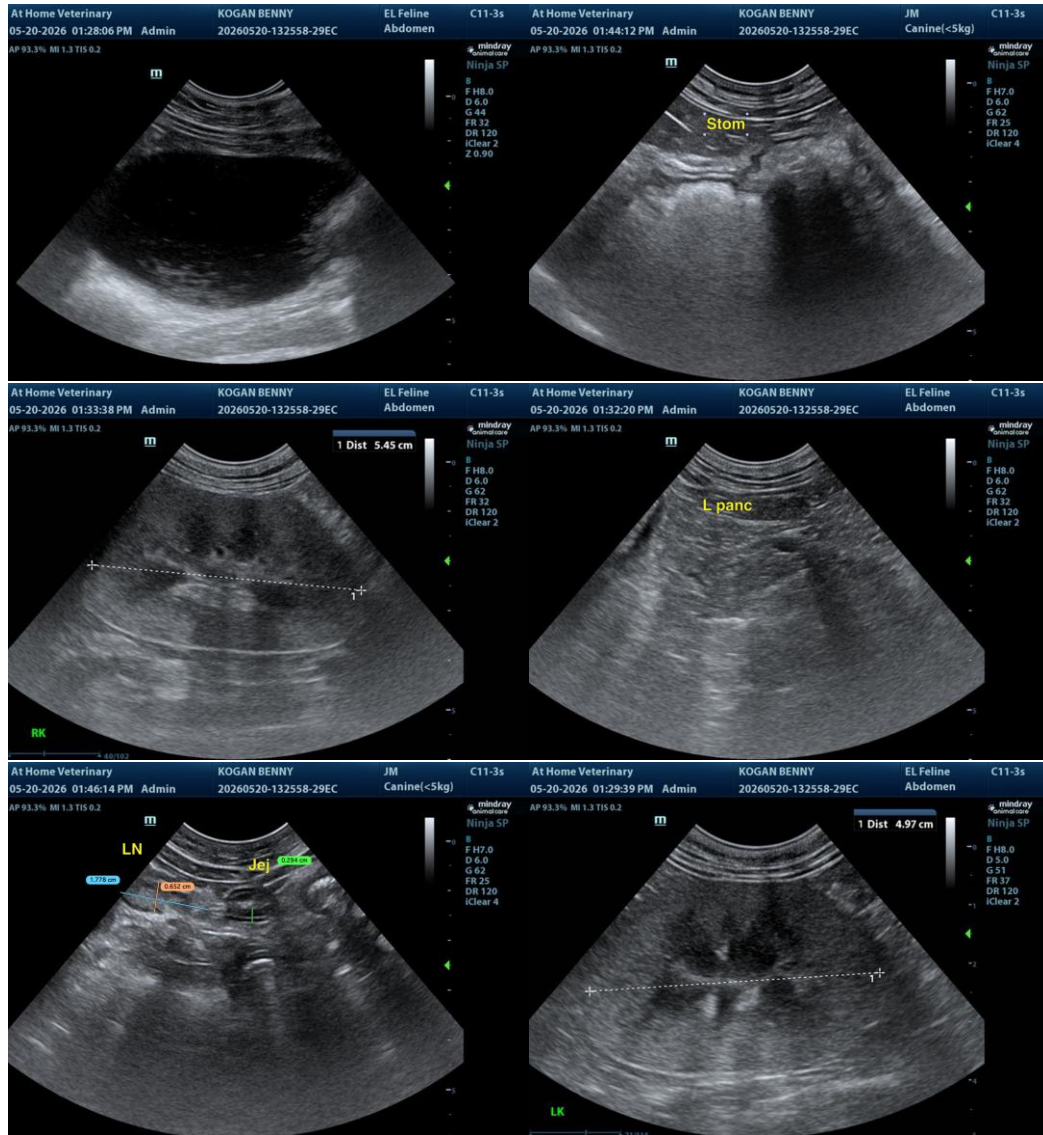
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**SPECIES**

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**BREED**

DSH

**SEX**

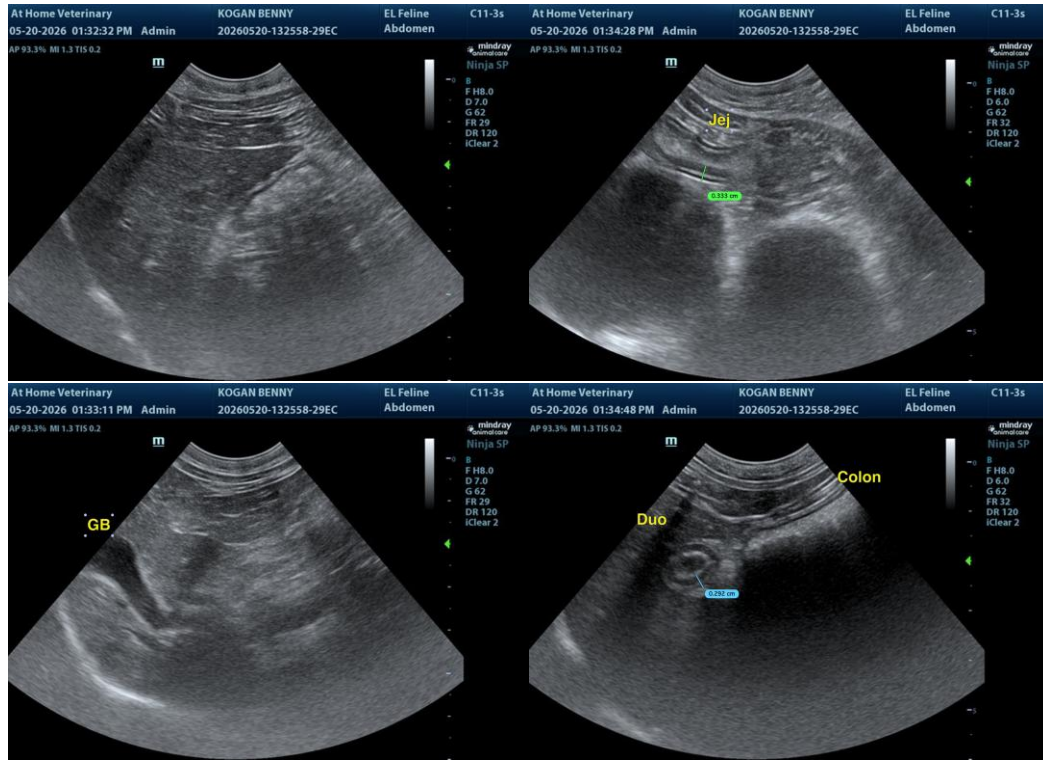
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**AGE**

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**WEIGHT**

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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.

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