



PATIENT

Lily Delamarter

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

14 years

WEIGHT

3.86 kg

PRESENTING CLINICAL SIGNS

Signalment: 14-year-old female spayed domestic longhair cat. Presenting Complaint: Lily presents for wellness visit with weight loss and decreased appetite

Patient History:

- Weight loss from 9.8 lbs (April 2025) to 8.5 lbs (current visit) over one year
- Chronic intermittent vomiting throughout life
- Possibly eating less recently
- Multi-cat household with free-choice dry and wet food
- Increased stiffness and reduced mobility
- Fractious temperament, difficult to medicate
- Previous trial of Dasuquin discontinued due to administration difficulties
- Housemate cat experienced urinary blockage 3 weeks ago, now on prescription urinary diet
- Progressive leukopenia: WBC 3.0 (April 2025) decreasing to 2.1 (current)

Abnormal PE/Chem/CBC/UA Results: - Comprehensive senior panel and urinalysis (4/30/26): - Chemistry normal, SDMA normal, T4 normal, urine specific gravity >1.050 - Complete blood count: WBC 2.1 (L), neutrophils and lymphocytes decreased, eosinophils decreased - FeLV/FIV/HW: Negative - CBC Pathology review: Unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate urine sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width, and the right adrenal gland measured 0.33 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

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

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Rachel Poet DVM

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to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.96 cm width at the level of the midspleen.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented normal intact wall layering, exhibiting borderline prominent pylorus wall and minor retained pyloric fluid. There was no obstruction to pyloric outflow. The pylorus wall width measured 0.32 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 ileus, obstruction, or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.29 cm width.

Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No significant or swollen mesenteric lymphadenopathy was visualized. No evidence of peritoneal effusion was present. Normal omental echogenicity was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overall sonographically unremarkable gastrointestinal tract with borderline prominent pylorus wall and mild retained pyloric fluid
- Normal area of pancreas
- Mild nonobstructive proximal common bile duct dilation – nonspecific, possible age-related variant, or potential low-grade cholangitis

Secondary Findings

- Mild age-related renal changes
- Minor urine sediment



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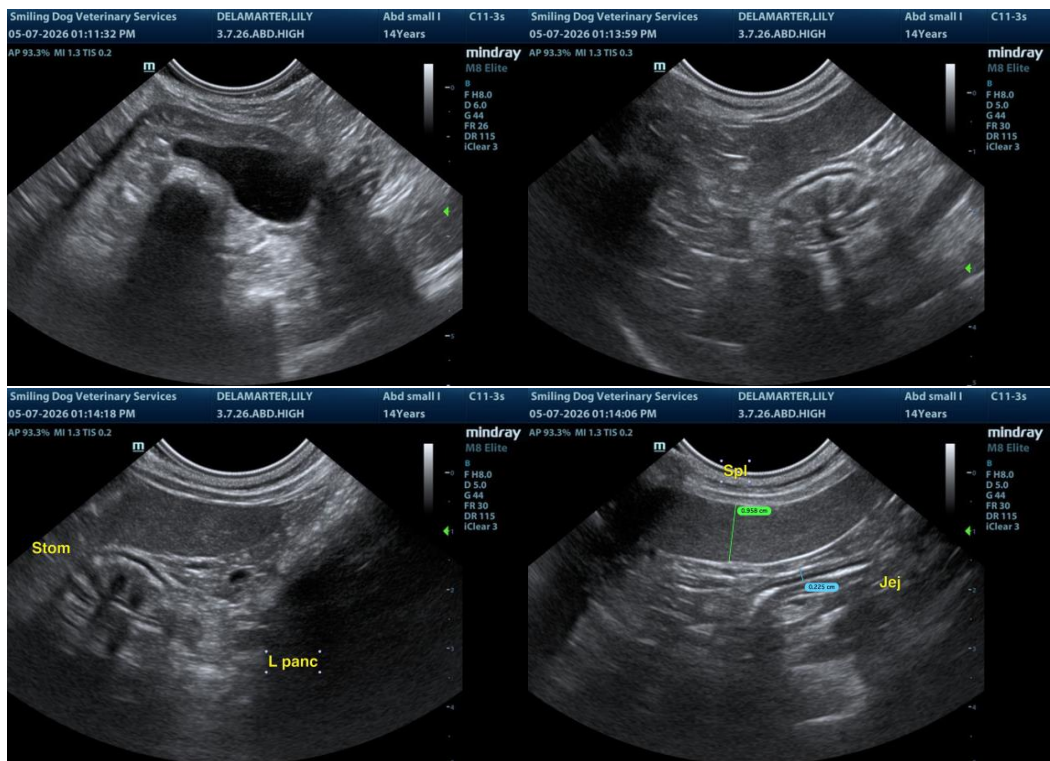
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral, specifically gastrointestinal or pancreatic, pathology. There is no overt evidence of neoplastic criteria. The borderline prominent intact pylorus wall with minor retained fluid may suggest mild pyloric inflammation and nonobstructive stasis. Microscopic gastrointestinal disease or low-grade pancreatitis may present as sonographically normal. Given the weight loss in this patient, further assessment may include a GI panel (PLI/TLI/Cobalamin/Folate), three view chest radiographs, and correlation with neurologic / musculoskeletal examination.

Gastrointestinal support, which may include dietary trial and as-needed gastroprotectants with clinical monitoring and sonographic reassessment, if progressive gastrointestinal signs or weight loss, is indicated. Gastrointestinal biopsies may be required for a definitive diagnosis.

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





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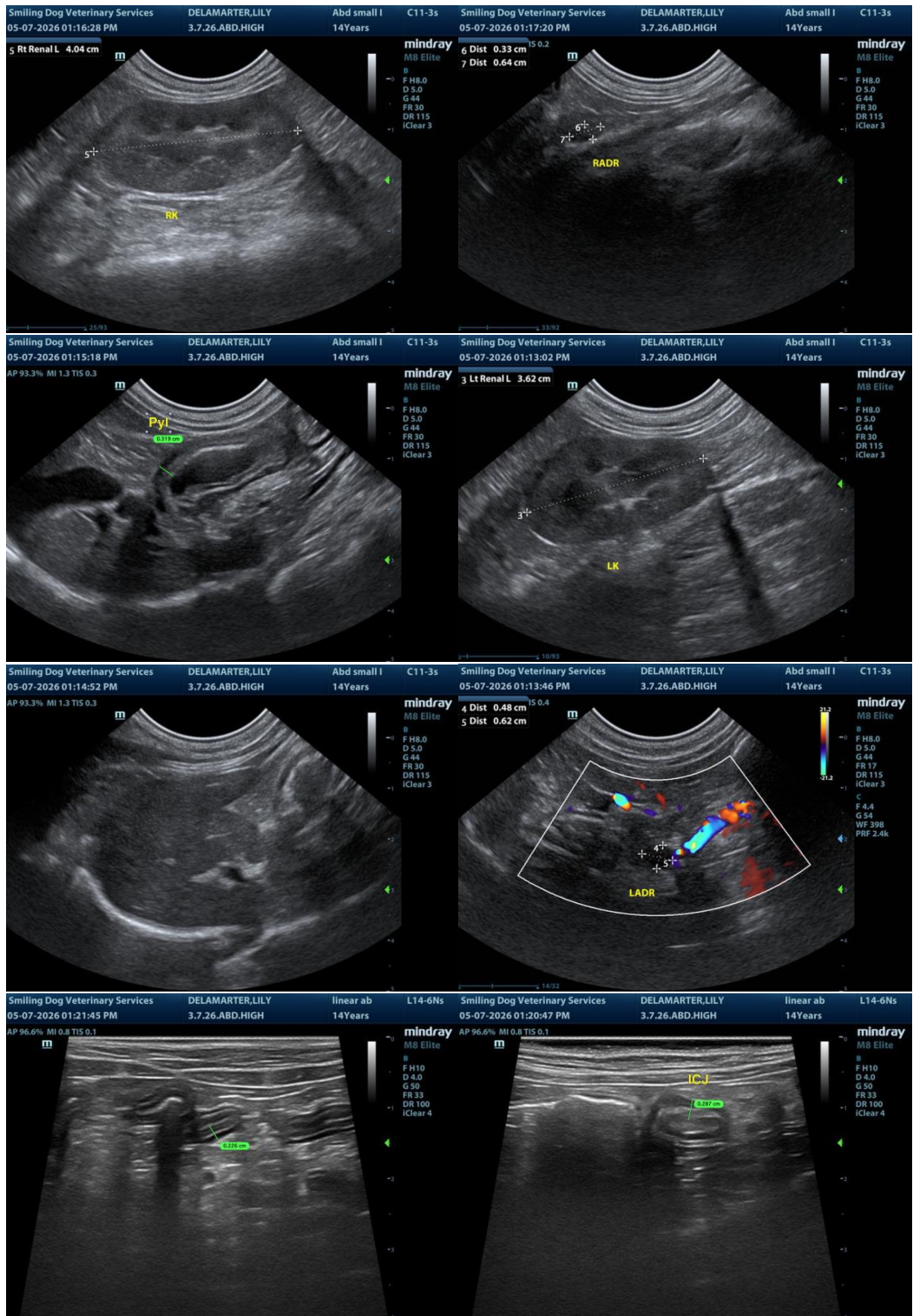
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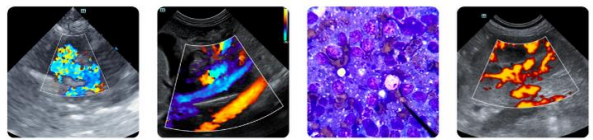
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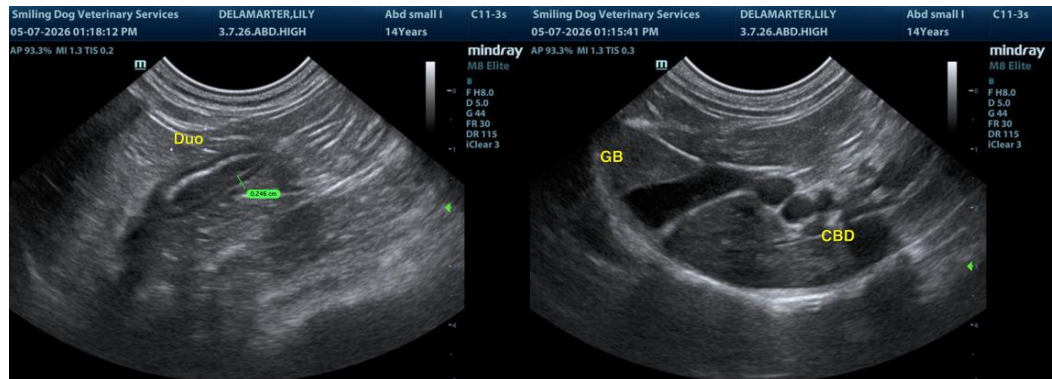
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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