



PATIENT

Remy Dochenetz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9

WEIGHT

145 lbs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

73079

DATE

2/19/26

PRESENTING CLINICAL SIGNS

Remy, a 9-year-old neutered male domestic shorthair, presented on 1/28/2026 for acute weight loss, hyporexia, ataxia, and icterus, with diagnostics supporting hepatic lipidosis likely secondary to pancreatitis; he was hospitalized for supportive care and placement of an esophagostomy feeding tube with initiation of nutritional and medical management. Serial monitoring through February showed clinical improvement with weight gain and improving cholestatic markers (decreasing bilirubin and ALP), though mild persistent hepatocellular enzyme elevation remained. During the course of treatment he developed a regenerative anemia consistent with suspected immune-mediated hemolytic anemia, prompting immunosuppressive therapy with steroids and later chlorambucil and ongoing monitoring. Repeat diagnostics, including abdominal ultrasound on 2/19/2026, were performed to reassess hepatic and pancreatic disease, and overall trends indicate improving hepatic function and clinical status while continuing management of IMHA and supportive care.

Prednisolone – immunosuppression for suspected IMHA. Chlorambucil – additional immunosuppressive therapy. Nutritional support via esophagostomy tube – management of hepatic lipidosis. Supportive medications (anti-nausea/GI and liver support as prescribed). Also on Doxycycline as well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.26 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.99 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The right adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.66 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile duct appear mildly dilated and tortuous, measuring at 0.25 cm. Visualization is lost distally.

Gastrointestinal

The stomach contains mild/moderate fluid and gas. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. A small amount of fluid and gas interferes with full evaluation of the pyloric region.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.28 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Moderate gallbladder debris with mildly dilated/tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).



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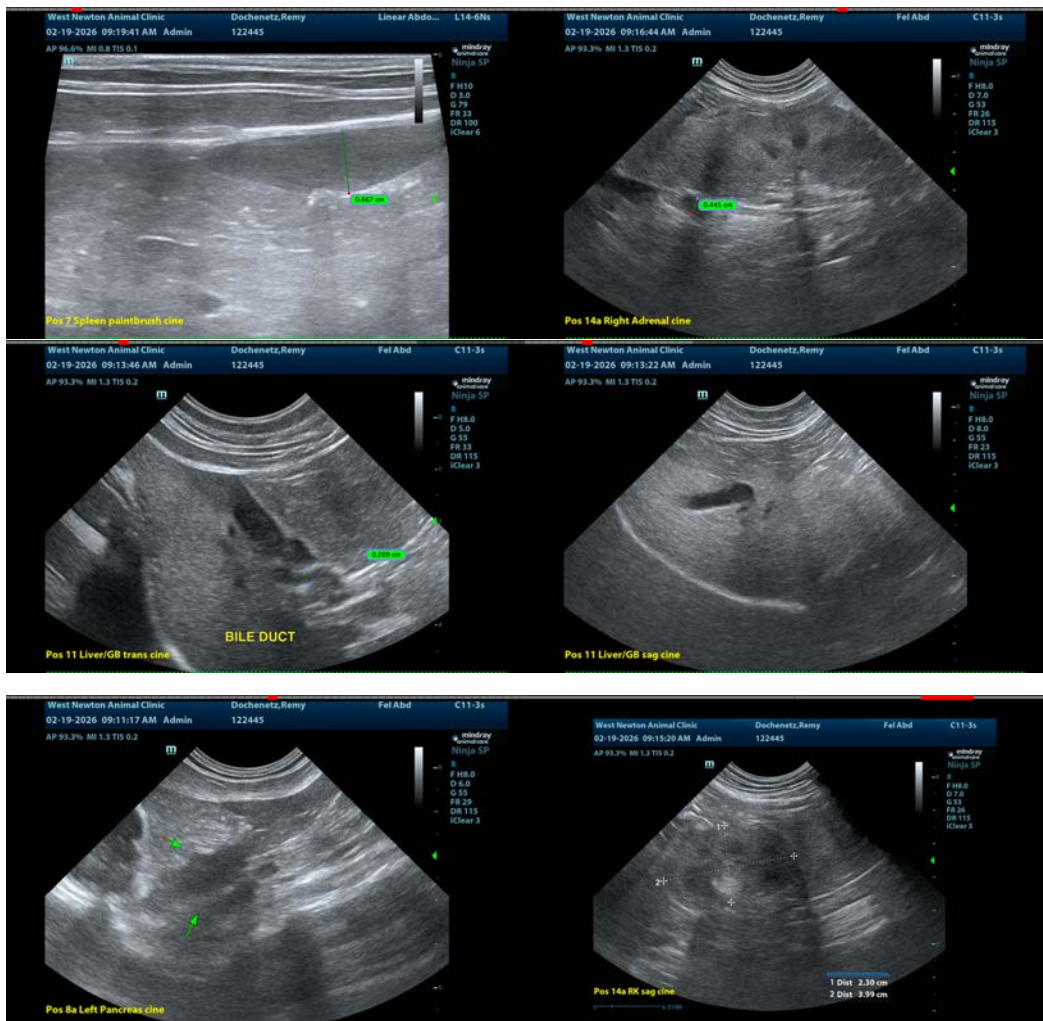
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the liver issues reported. The liver does appear diffusely hyperechoic, potentially consistent with lipidosis. Other differentials such as hepatitis or round cell neoplasia can have a similar appearance. If patient stops improving, a fine needle aspirate of the liver could be considered to further investigate.

The gallbladder has a moderate amount of debris and there is some mild bile duct dilation. Given the chronicity and the mild dilation present, an obstruction is very unlikely. You could consider empirical use of Ursodiol in the case of possible mild cholangitis/cholangiohepatitis.

The left limb of the pancreas is prominent and hypoechoic, most consistent with chronic pancreatic remodeling, but given the elevation in PLI, chronic active pancreatitis is suspected. Recommend concurrent treatment.

This combination of findings could be consistent with Triaditis, round cell neoplasia, etc. Your current treatment is likely appropriate. If the patient is not responding, then consider sampling of the liver to investigate further.





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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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com