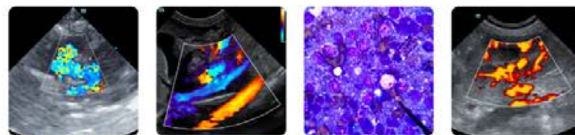


PATIENT

Jinx Murdock

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years 6 Months

WEIGHT

7.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Armstrong Animal Clinic

REFERRING VET

Dr. Aquino

INVOICE

74461

DATE

4/15/26

PRESENTING CLINICAL SIGNS

P presented for ultrasound due to abnormal bloodwork in January 2026 at last recheck 2 weeks ago owner reports p has labored breathing and a tense abdomen off and on. Chest rads taken today.

Abnormal PE/Chem/CBC/UA Results: HCT 30 SDMA 18, ALT 280, ALKP 222, Tbili 1 usg 1.025, trace protein, bilirubin crystals present

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 (3.38 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 (3.02 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 left adrenal gland is normal in size measuring 0.35 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.47 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.

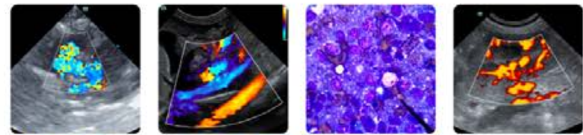
Spleen

The spleen is subjectively normal in size (0.83 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.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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 appears mildly thickened and hyperechoic, measuring 0.15 cm. There is a moderate amount of non-organized echogenic debris. The bile duct appears prominent and mildly dilated, measuring 0.25 cm.



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Gastrointestinal

The stomach contains mild fluid/ingesta. 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. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/gas 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 0.27 cm. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 pancreas is large and hypoechoic in both limbs (left > right), with a prominent pancreatic duct measuring 0.27 cm. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

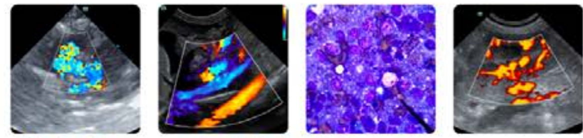
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. An example measures 0.35 cm and 0.28 cm. The omentum is hyperechoic around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic pancreatitis.
- Mildly heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate gallbladder debris with a prominent/hyperechoic gallbladder wall and a mildly dilated bile duct – Findings could be consistent with mild cholecystitis. No evidence of an obstruction is visualized.
- Occasional prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in liver enzymes reported. Subjectively, the parenchyma is mildly heterogeneous. This is a non-specific finding. Additionally, the gallbladder has some moderate debris and a slightly prominent gallbladder wall with a visible/mildly dilated bile duct. These findings could be consistent with mild cholecystitis.



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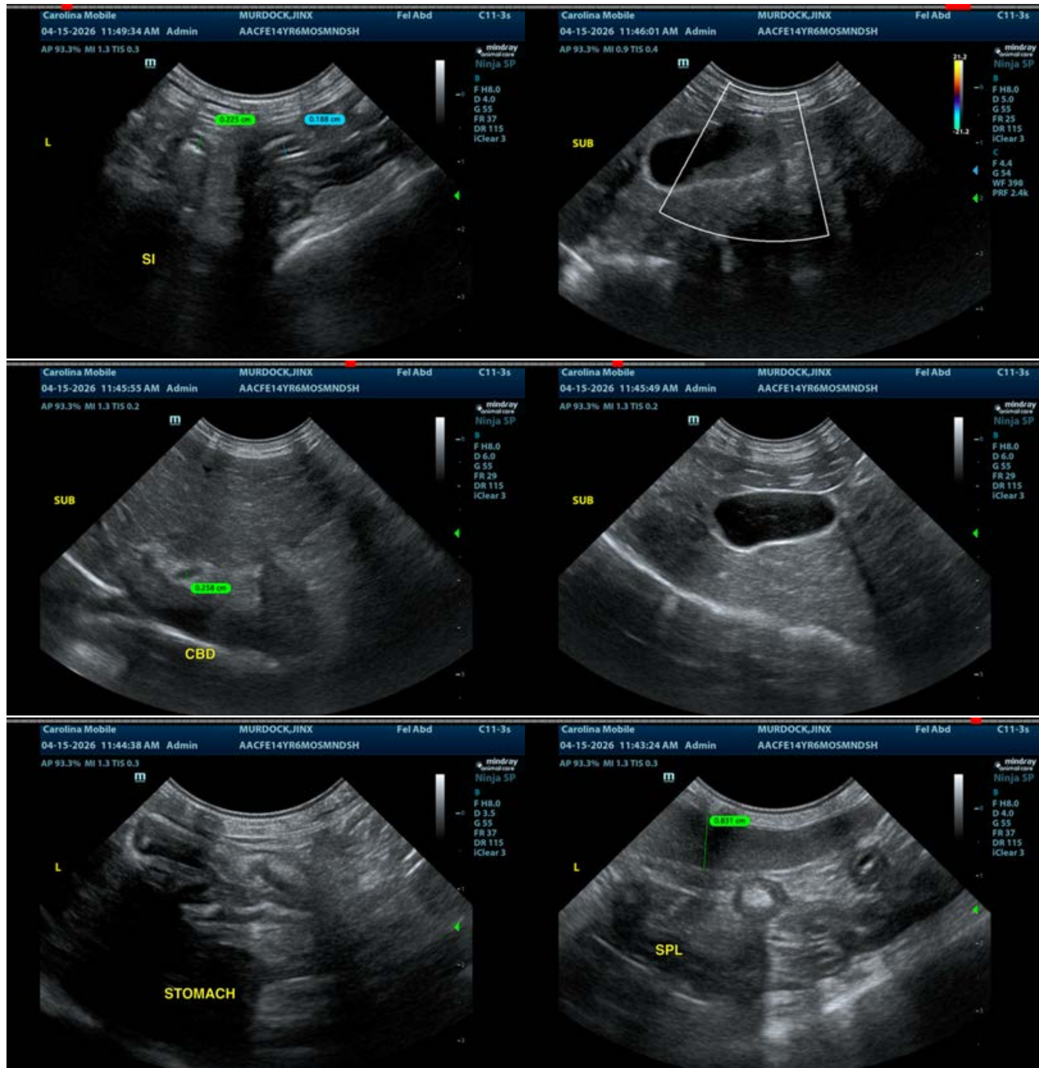
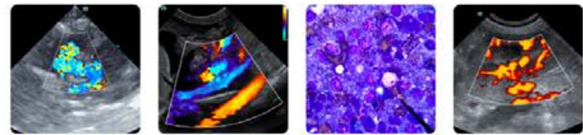
The pancreas (particularly the left limb) is large and hypoechoic with a prominent pancreatic duct. Correlate with PLI level. Findings are concerning for possible chronic pancreatitis. Recommend empirical treatment for pancreatitis and cholecystitis with supportive care, pain medication, Ursodiol, Denamarin +/- antibiotics. Ideally a fine needle aspirate of the liver should be considered prior to this to rule out underlying round cell neoplasia or some other unexpected infiltrate.

If symptoms and liver enzyme elevations are persistent/progressive despite these steps, consider repeat imaging, as ultimately biopsies of the liver and pancreas may be warranted.





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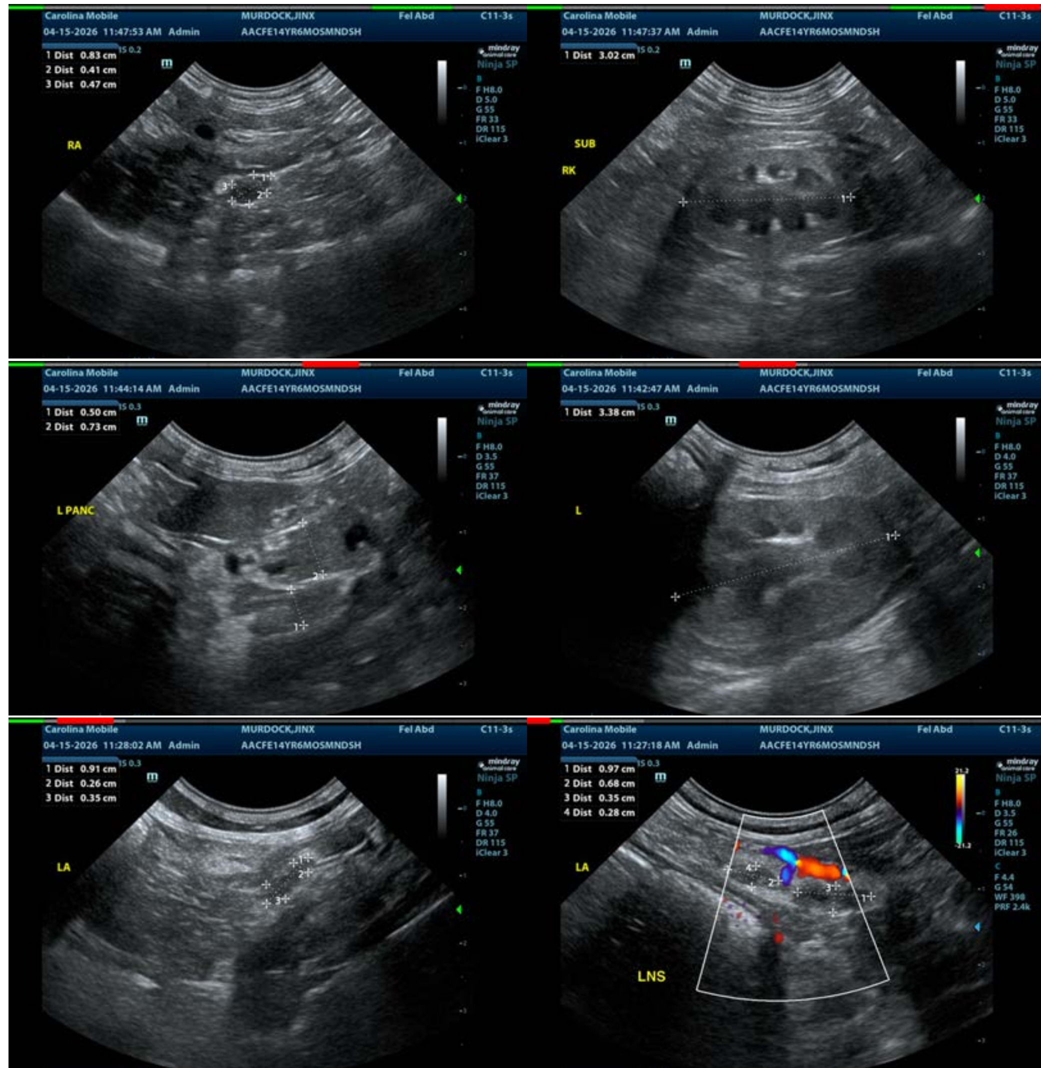

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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