



**PATIENT**

Buddy Veroneau

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

11.79 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Albany Animal Hospital

**REFERRING VET**

Dr. Hunt

**INVOICE**

12163

**DATE**

11/10/25

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Not eating for 5 days. Diarrhea. O says P going downhill ABNORMAL Labwork Values N/A

Current Medications Mirtazapine Transdermal

Radiographic Findings N/A

**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.

Nondependent particulate mild 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 3.8 cm in length. The right kidney measured 3.9 cm in length.

**Adrenal Glands**

The left adrenal gland was mildly enlarged with primarily symmetrical capsule contour and homogenous hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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 0.50 cm width level of the mid spleen.

**Liver**

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**



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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.

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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 0.26 cm width. The jejunum wall measured 0.24 cm width.

**BREED**

DLH

Diffusely thickened colon extending from just distal to the ileocolic junction to the level of the distal descending colon, ventral to the urinary bladder. The thickened colon wall exhibited intact to indistinct mural detail. The colon was nondistended to primarily empty with mild nonformed fecal matter consistent with patient's history. The colon wall measured 0.44 cm to 0.50 cm width.

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**Pancreas**

The pancreas presented normal in size, symmetrical contour and homogenous mildly hypoechoic parenchyma compared to adjacent omentum.

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**Free Abdomen**

No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

11.79 pounds

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Diffusely thickened colon containing soft to nonformed fecal matter.
- Sonographically unremarkable stomach and small intestine to the level of the ileocolic junction.
- Mild pancreatitis.
- Mild chronic renal changes.
- Mild gallbladder debris.
- Mild urine sediment.

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**Secondary Findings**

- Nonspecific mild prominent left adrenal gland.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The diffusely thickened colon may indicate severe chronic colitis, infectious disease, granulomatous disease (FIP) or neoplasia. Correlation with full lab work and urinalysis given urine sediment is recommended. A diarrhea PCR panel in combination with a GI panel to include PLI, TLI, cobalamin and folate to correlation with subjective mild pancreatitis is warranted. Cobalamin supplementation pending assessment of cobalamin level, deworming Panacur SID for 7-10 days, dietary trial which may include higher fiber diet or hydrolyzed diet with fiber supplementation and as needed gastrointestinal support with clinical monitoring may prove beneficial. Colon biopsies are required for a definitive diagnosis. If biopsies are not possible, consideration for a combination of compounded Prednisolone 5 mg, Metronidazole 62.5 mg and Sulfasalazine 62.5 mg in appropriate gel cap BID for 10-14 days, then SID with as needed clinical and sonographic monitoring, is suggested.

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Sonographic monitoring of the left adrenal gland is indicated if evidence of hypokalemia or hypertension.



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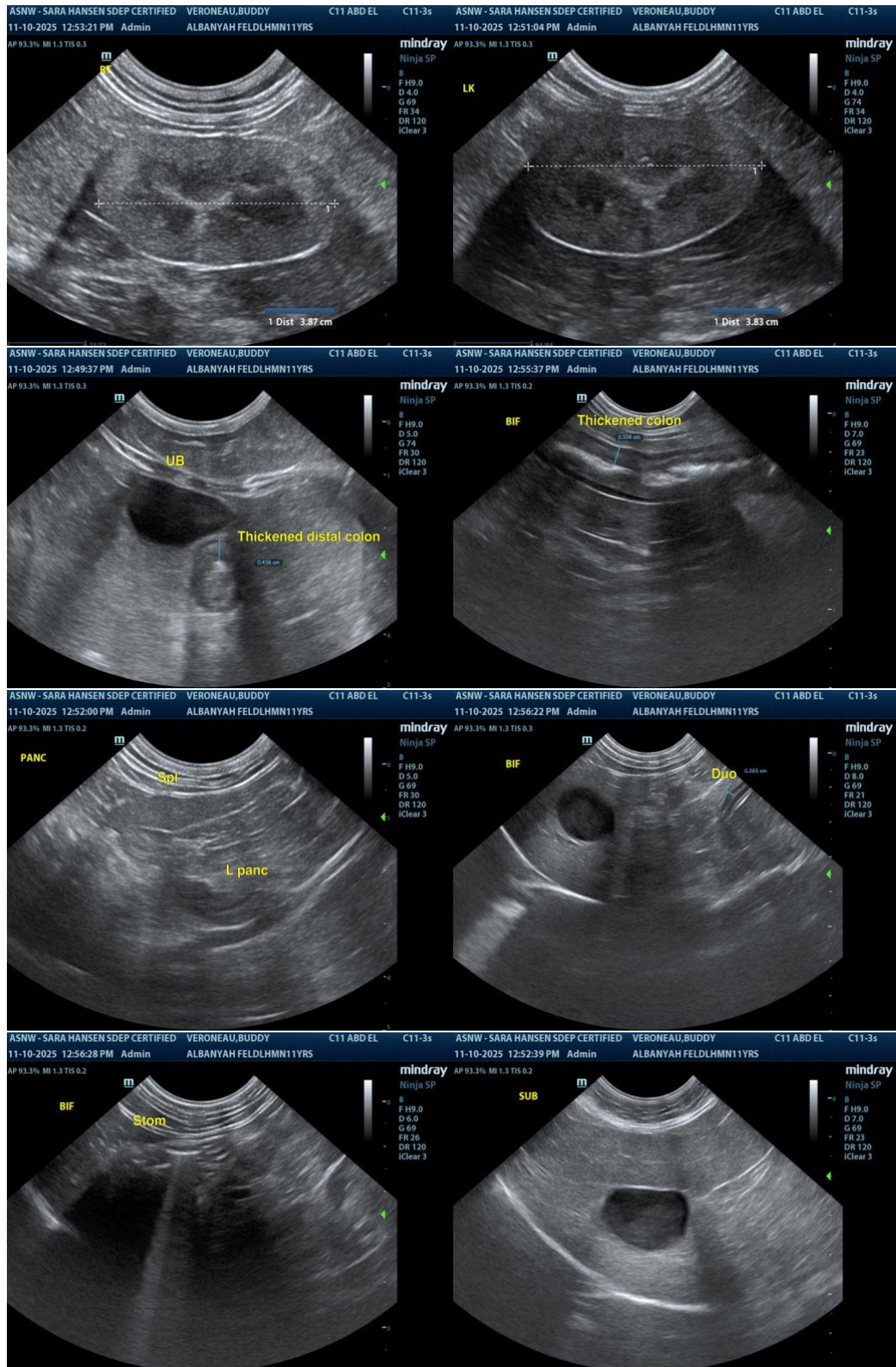
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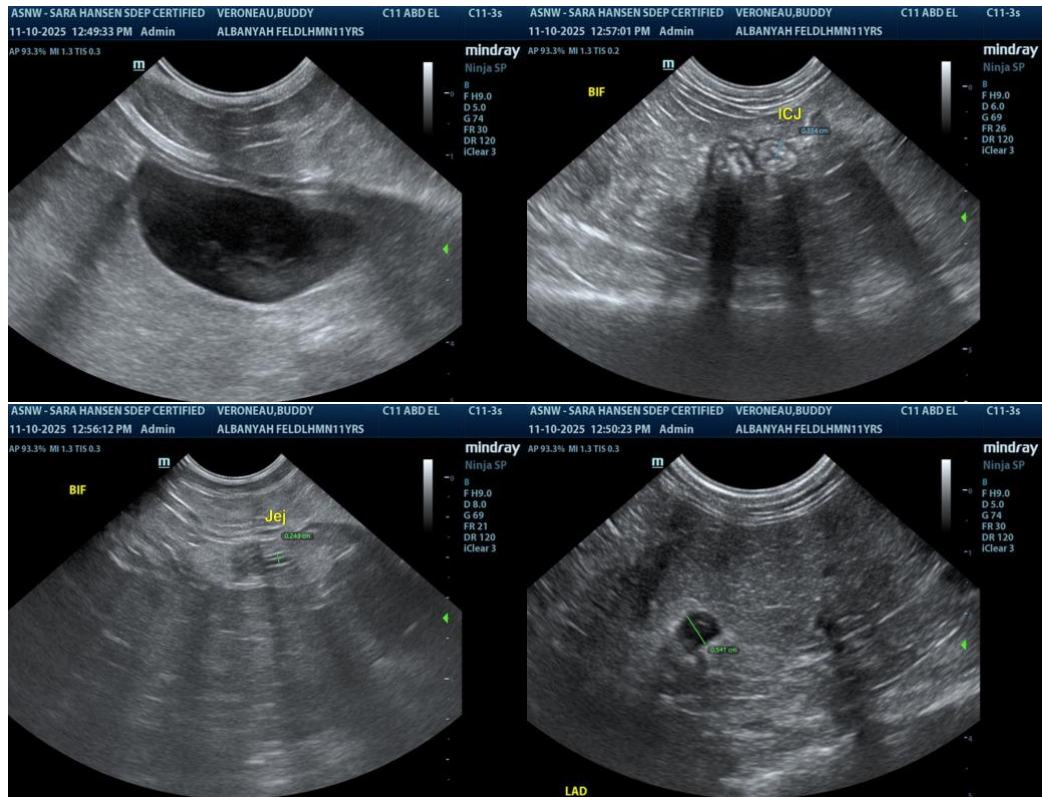
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)