



**PATIENT**

Fritz Kennedy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

20 Years

**WEIGHT**

10.5 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Animal General  
Hudson

**REFERRING VET**

Dr. Digiuseppi

**INVOICE**

12798

**DATE**

12/22/25

**PRESENTING CLINICAL SIGNS**

Elevated LE's, mild plaque, AU otitis.

Meds: Animax, TrizEDTA ear cleaner.

Abnormal PE/Chem/CBC/UA Results: Felv/FIV "neg", Chem: AST145, ALT 467,ALP 194, Hyperglobulinemia, CBC WNL, T4 WNL

**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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.8 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.38 width and the right adrenal gland measured 0.30 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.

**Liver**

The liver presented mildly enlarged in size. Homogenous normal to mild increased hepatic parenchyma echogenicity. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor congealed biliary sludge. The proximal common bile duct was dilated and mild to moderate tortuous without overt post hepatic obstruction. Not definitively visualized to the level of the duodenum.

**Gastrointestinal**

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Ileocolic wall measured 0.41 cm wall width. Jejunum wall measured 0.39 cm wall width.

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

**Pancreas**

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The pancreas was normal in size with mild capsule asymmetry and mild heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Prominent left limb pancreatic duct.

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**Free Abdomen**

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 1.7 cm x 0.60 cm. Minor pockets of peri-intestinal free fluid were noted.

**AGE**

20 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

10.5 pounds

**Primary Findings**

- Intact thickened small intestine.
- Chronic pancreatitis.
- Hepatopathy.
- Minor gallbladder debris with nonobstructive common bile duct dilation.
- Mild mesenteric lymphadenopathy.
- Minor peri-intestinal effusion.

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**Secondary Findings**

- Bilateral chronic renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IBD or other inflammatory enteropathy with potential for triaditis or multicentric round cell neoplasia such as lymphoma are primary considerations. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology and correlation with a GI panel to include PLI, TLI, cobalamin and folate. Hepatosupportive medications, empirical therapy for cholangiohepatitis/triaditis with clinical and as needed sonographic monitoring if progressive hepatopathy, gastrointestinal signs or weight loss may be considered. A definitive diagnosis would require biopsies for histopathology.

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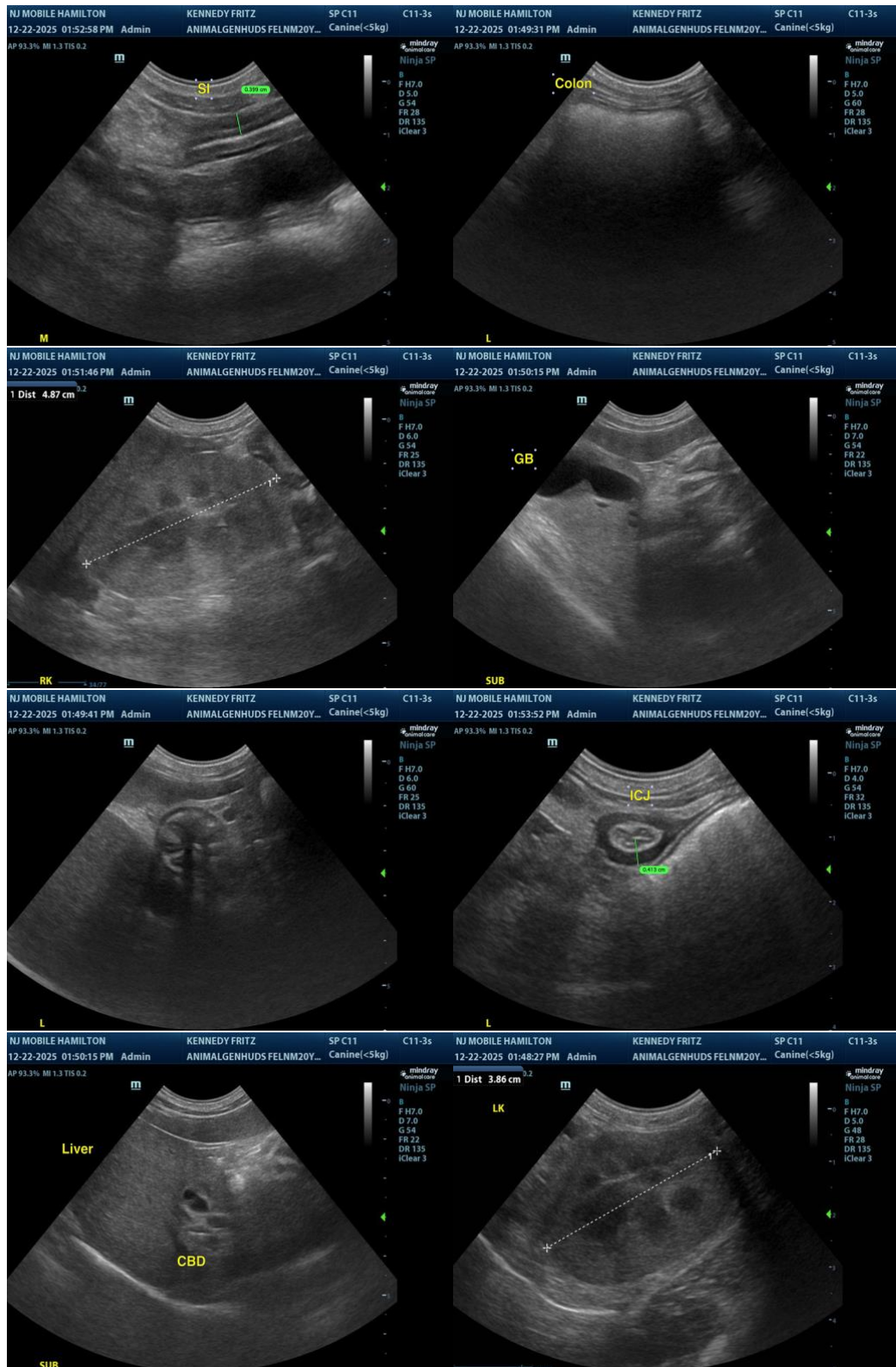
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)