



## PATIENT

Fritz D'Amico

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

14yr

## WEIGHT

8.1lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kathy Cronin

## HOSPITAL NAME

Ark Animal Homecare

## REFERRING VET

Dr. Kathy Cronin

## INVOICE 24562

DATE  
04/21/2026

## PRESENTING CLINICAL SIGNS

Diagnosed with hyperthyroidism/CKD in December, started on methimazole. Did well after starting treatment initially and gained weight. About a month ago started vomiting bile several times a week. Vomiting has improved a bit this week. Good appetite.

Abnormal PE/Chem/CBC/UA Results: BC 4.5/9, weight stable from last month CBC/chem/T4 3/26/26 - SDMA 32, BUN 42, Creatinine 2.4 UA 2/6/26 - USG 1.014, otherwise wnl

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Mildly subnormal right kidney size and normal margination were present. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and 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 3.2 cm in length. The right kidney measured 2.9 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### *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/Gallbladder*

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



## PATIENT

Fritz D'Amico

The small intestine presented intact mildly thickened wall with propensity for mildly thickened mucosal layer. Segmental, similar appearing non-shadowing intestinal ingesta was present without obstructive pattern to the level of the colon. No overt pathology at the level of the ileocolic junction. The small intestinal wall measured 0.27-0.29 cm in width.

## SPECIES

Feline

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

### **Pancreas**

## BREED

Non-enlarged non-homogenous pancreas with mild asymmetrical capsule contour and mildly prominent left limb pancreatic duct.

DSH

### **Free Abdomen**

## SEX

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

MN

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

## AGE

14yr

- Intact, thickened small intestinal wall with gastrointestinal ingesta, ingesta consistent with food echogenicity
- Chronic pancreatitis pattern with remodeling.
- Normal liver with mild gallbladder debris
- Chronic renal changes with mildly subnormal right kidney size.

## WEIGHT

8.1lb

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with most recent meal ingestion recommended as the presence of gastric ingesta is most consistent with food echogenicity and may suggest some degree of metabolic or non-obstructive gastric/ gastrointestinal ileus or inefficient peristalsis. The intact thickened small intestinal wall, although non-specific with possible patient variant, may suggest chronic inflammatory criteria in conjunction with evidence of chronic pancreatitis and potential triaditis. Emergence of occult infiltrative intestinal round cell neoplasia, i.e. lymphoma, may present in a similar sonographic manner yet is considered less likely given no reported weight loss and lack of overt lymphadenopathy.

## INTERPRETED BY

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

A hydrolyzed diet trial and as needed gastroprotectants may prove beneficial. Sonographic monitoring indicated if continued gastrointestinal signs or weight loss.

## IMAGING PERFORMED BY

Dr. Kathy Cronin

## HOSPITAL NAME

Ark Animal Homecare

CKD therapy with consideration for baseline renal staging to include C/S and UPC level is recommended.

## REFERRING VET

Dr. Kathy Cronin

## INVOICE

24562

## DATE

04/21/2026



**PATIENT**

Fritz D'Amico

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

14yr

**WEIGHT**

8.1lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Kathy Cronin

**HOSPITAL NAME**

Ark Animal Homecare

**REFERRING VET**

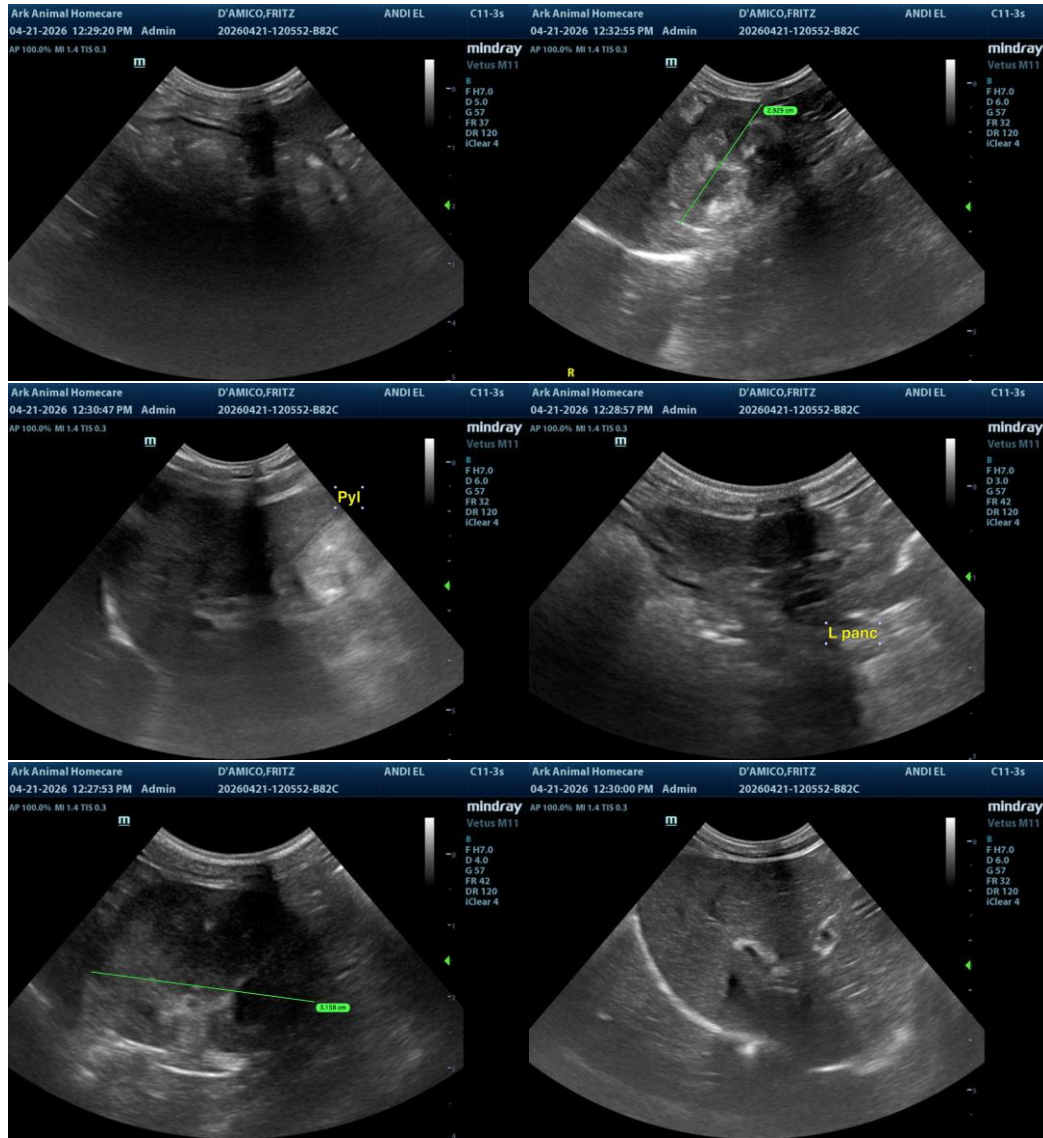
Dr. Kathy Cronin

**INVOICE**

24562

**DATE**

04/21/2026





**PATIENT**

Fritz D'Amico

**SPECIES**

Feline

**BREED**

DSH

**SEX**

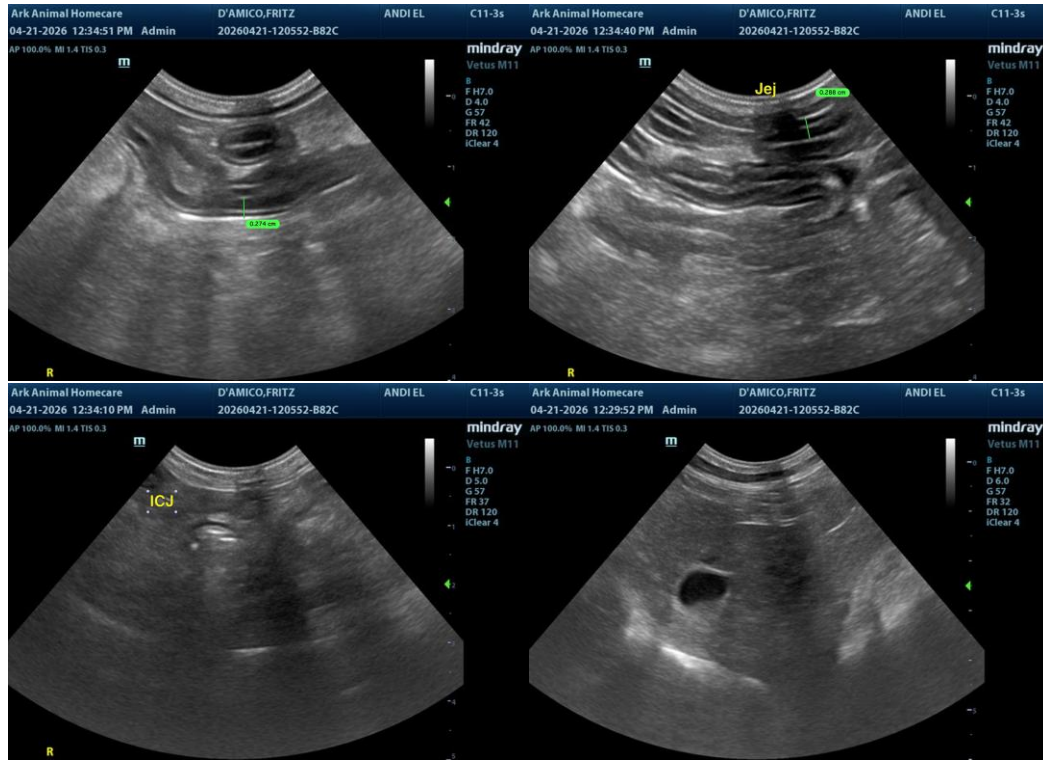
MN

**AGE**

14yr

**WEIGHT**

8.1lb



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Kathy Cronin

**HOSPITAL NAME**

Ark Animal Homecare

**REFERRING VET**

Dr. Kathy Cronin

**INVOICE**

24562

**DATE**

04/21/2026

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)