



PATIENT

Leo Kempson

PRESENTING CLINICAL SIGNS

Lethargy, mildly weak, hyporexia, bladder wall thickening, possible reactive LN. Possible scant free fluid caudal to bladder. Moderate dental dz.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Lymphopenia 9%; Neuts 80%; Monos 6%; PLT 536 u/l; UA: Bld 3+; Protein 3+; PH 7.5; RBC >50; WBC >50; T4 0.5; SDMA 22.6; PSL 28; Cpk 42

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate mild sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

MN

Normal size and margination were 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 4.3 cm in length. The right kidney measured 4.5 cm in length.

AGE

14yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

10.08lb

Adrenal Glands

Mildly enlarged hypoechoic lymph nodes vs left adrenomegaly with lymph nodes vs left adrenal gland measuring 1.0 cm in diameter.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Shari Reffi CVT

Liver/Gallbladder

HOSPITAL NAME

Andover Animal Hospital

The liver was mildly enlarged. Mild non-homogenous parenchyma. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder exhibited mild thickened edematous wall. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

REFERRING VET

Dr Adam Sebag

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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Extensive intestinal mural mass exhibiting marked to variable thickened hypoechoic intestinal wall and loss of wall layer detail, potential for multiple intestinal masses possible. An example of intestinal mass measured ~ 7 cm in length with wall width measuring 1.7 cm. Concurrent adjacent thickened intact intestinal wall with altered wall layer ratio measuring 0.32 cm intestinal wall width was present.

SPECIES

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

Pancreas

BREED

DSH

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

SEX

MN

Mildly echogenic peritoneal effusion.

Transdiaphragmatic view of the caudal thorax revealed concurrent echogenic pleural effusion.

Generalized non-homogenous mesentery.

AGE

14yr

Enlarged, hypoechoic mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 2.8 cm length and 1.6 cm width.

WEIGHT

10.08lb

ULTRASONOGRAPHIC FINDINGS

Primary

INTERPRETED BY

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

- Extensive intestinal mural mass /masses with concurrent segmental intact thickened intestinal wall.
- Mildly enlarged non-homogenous congested liver
- Mildly thickened edematous gallbladder
- Normal spleen.
- Generalized non-homogenous mesentery with bicavitary echogenic effusion
- Multiple hypoechoic swollen abdominal lymph nodes.
- Normal urinary bladder with mild urine sediment.

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Andover Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multi-centric bicavitary neoplastic criteria is met and likely consistent with suspected high-grade round cell neoplasia, i.e. lymphoma. Technically, FIP is a potential yet thought less likely given patient age. Regardless, curative surgical options are precluded, indicating an unfavorable prognosis.

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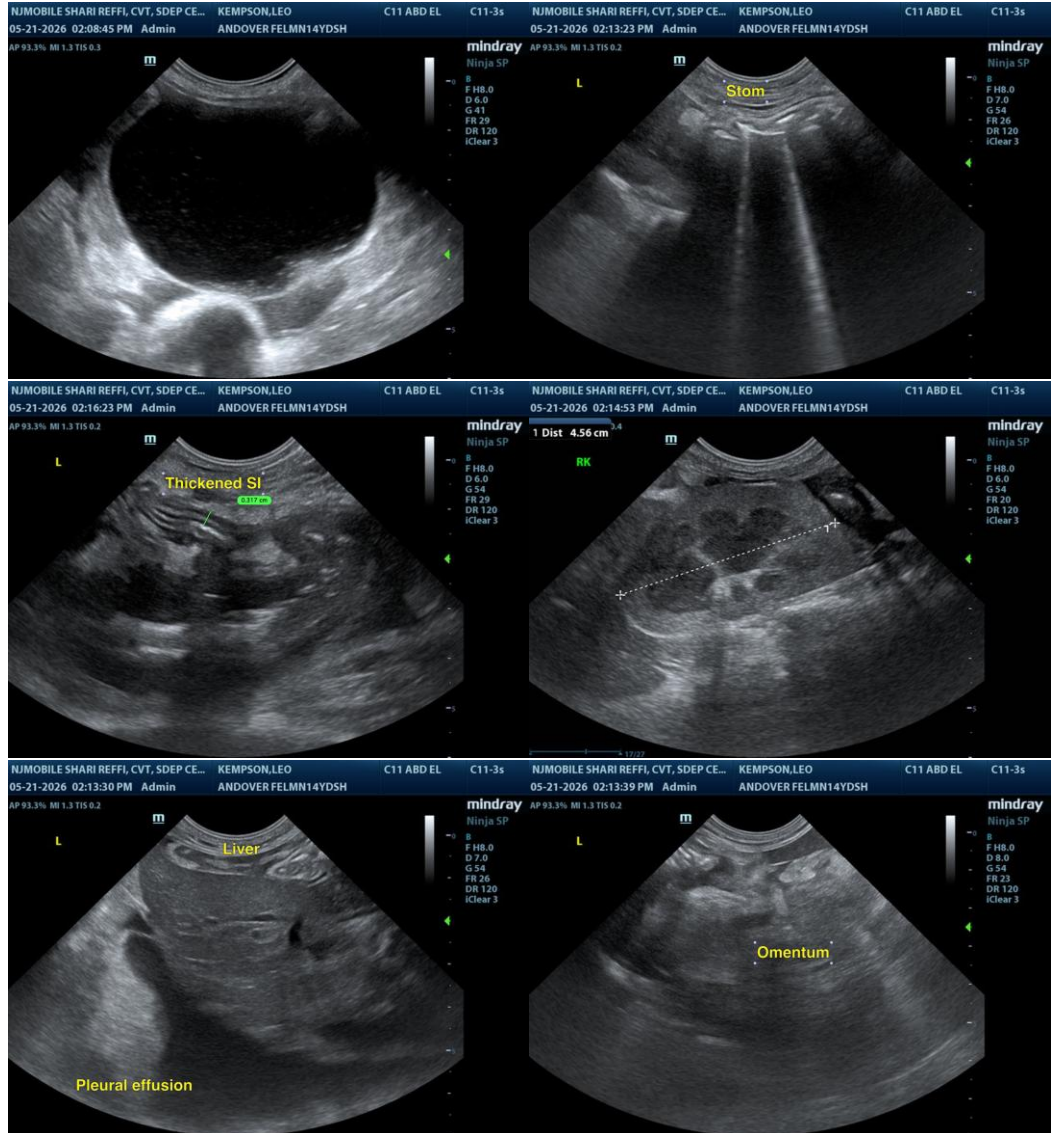
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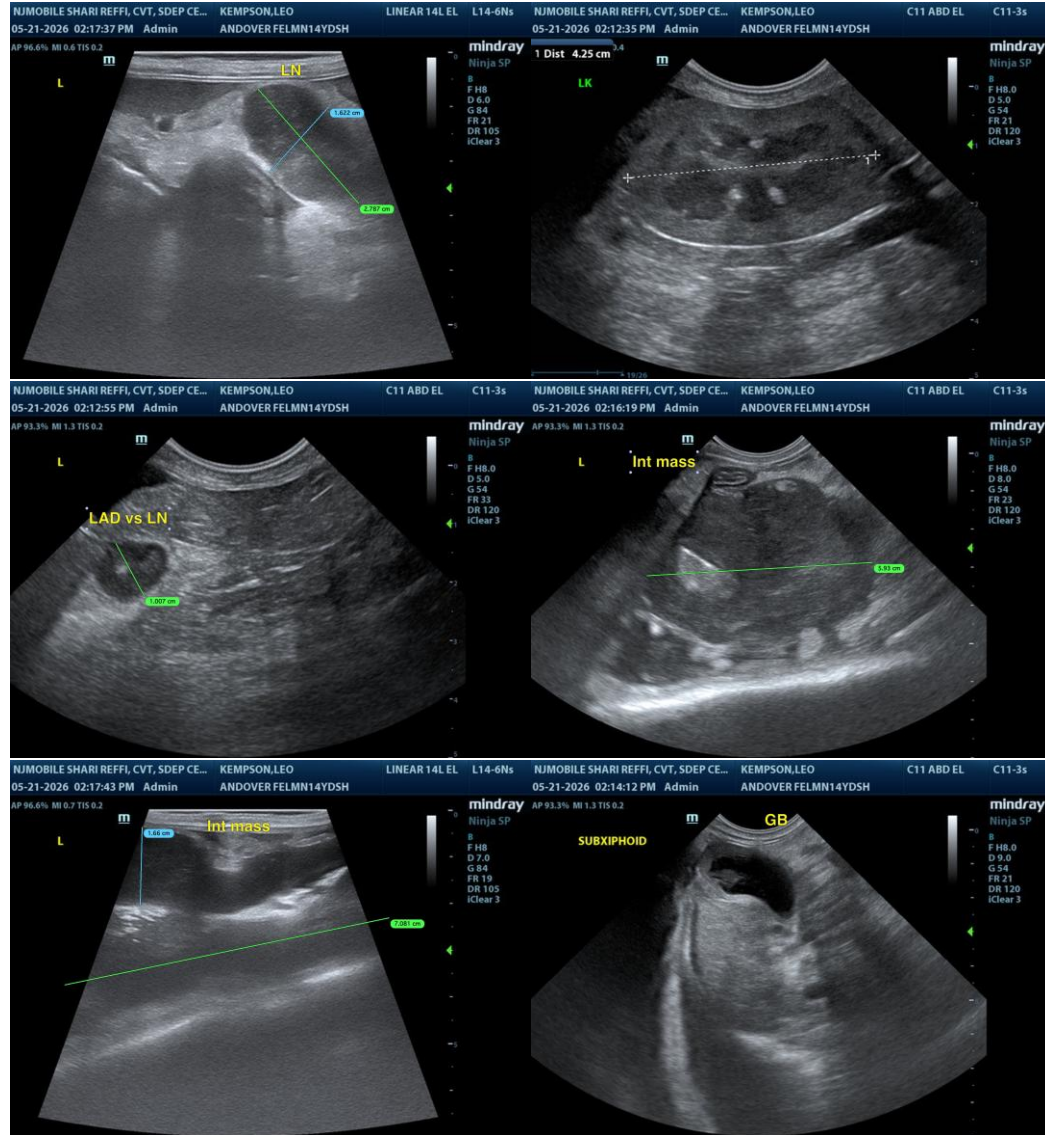
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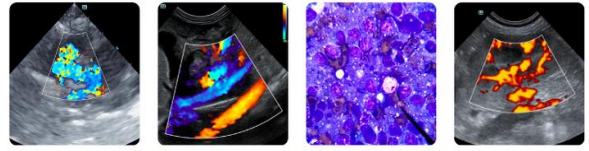
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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