



PATIENT

Lynx Kennedy

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.89 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Companion Animal
Hospital

REFERRING VET

Morgan Lider, DVM

INVOICE

16539

DATE

05/27/26

PRESENTING CLINICAL SIGNS

Patient presents with history of chronic vomiting (about 18 months). The vomit can contain some blood, typically vomits daily. There was some tissue in the vomit more recently. Tried diet changes, sensitive stomach and is free fed. Diarrhea that has been chronic - but no other clinical signs. Not on medications or supplements, indoor only but access to catio. Started Cerenia and Panacur with Z/D diet change on 5/21/26. DDX: GI lymphoma vs IBD

PE: QAR, lost about 2.5 lbs since last year, noted some alopecia on the caudal abdomen. CBC: Eosinophilia 0.99 Chem: Amylase 1102, otherwise wnl. TT4: normal (2.7)

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. Echogenic to particulate nondependent mild sediment was present which may indicate cellular debris, crystalline debris, lipid or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 4.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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.

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

The gallbladder was sonographically normal to decreased in size, likely secondary to the presence of gastric ingesta. The common bile duct was not visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild primarily nonshadowing pyloric ingesta. The pylorus wall measured 0.28 cm wall width.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Segmental nonshadowing ingesta was present. The jejunum wall measured 0.29 cm wall width. The ileocolic wall measured 0.49 cm wall width.

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

Pancreas

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

Mild colic lymphadenopathy was present with an example measuring 0.5 cm in diameter. No evidence of peritoneal effusion was present.

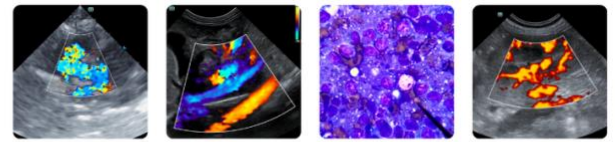
ULTRASONOGRAPHIC FINDINGS

- Intact mildly thickened small intestine wall with gastrointestinal ingesta- consistent with food echogenicity.
- Normal area of the pancreas.
- Age-related renal changes.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intact, thickened small intestine is consistent with infiltrative enteropathy, favored IBD or other inflammatory enteropathy is suspected, although early to low-grade intestinal round cell neoplasia such as lymphoma may present in similar manner and not definitively excluded. A definitive diagnosis would require biopsies for histopathology.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support and empirical IBD protocol with clinical and sonographic monitoring would be more conservative. Correlation with urinalysis is recommended.



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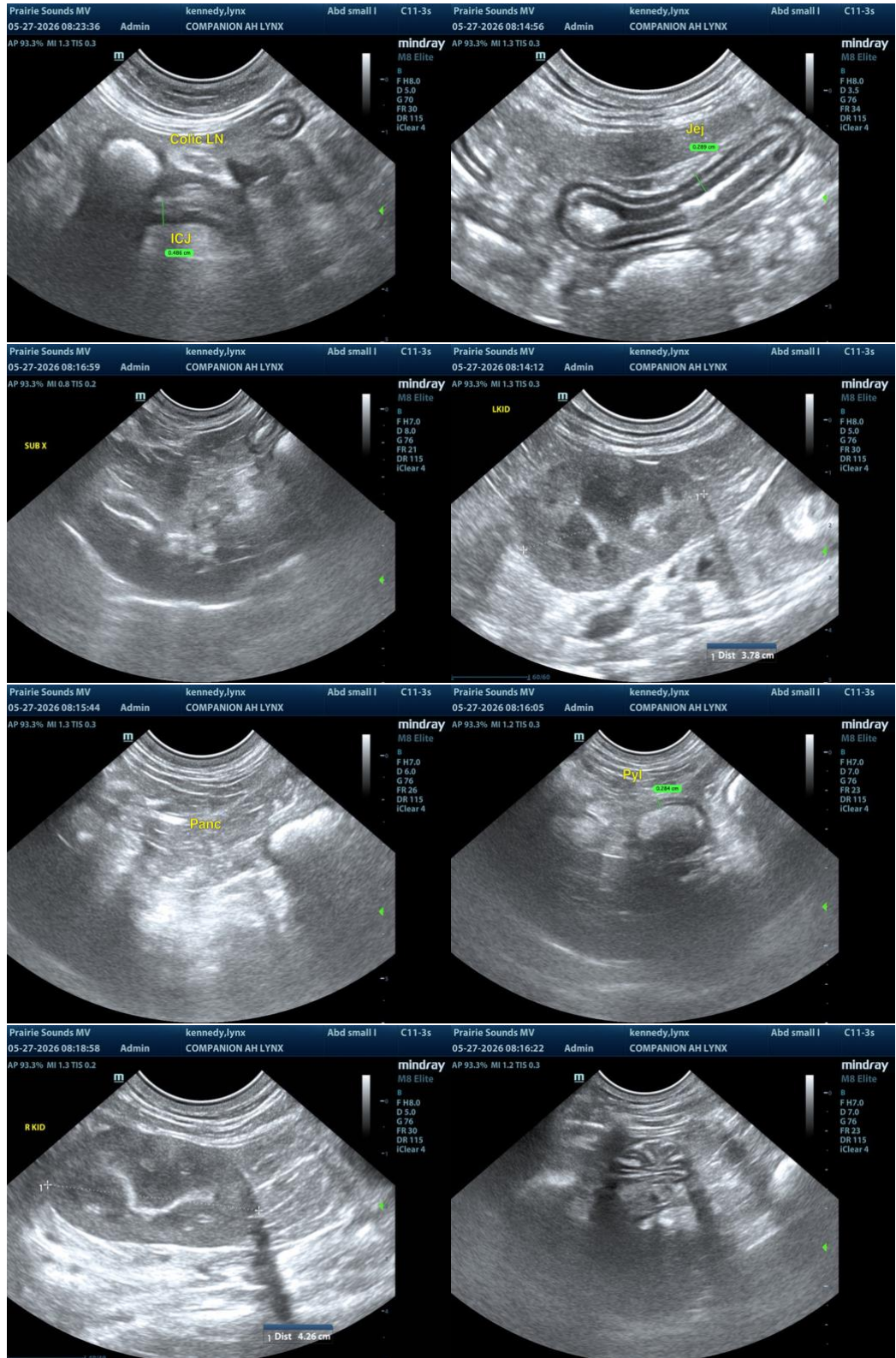
Morgan Lider, DVM

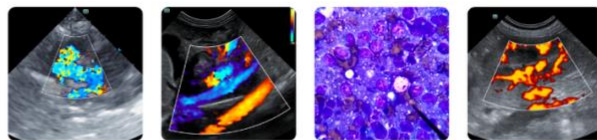
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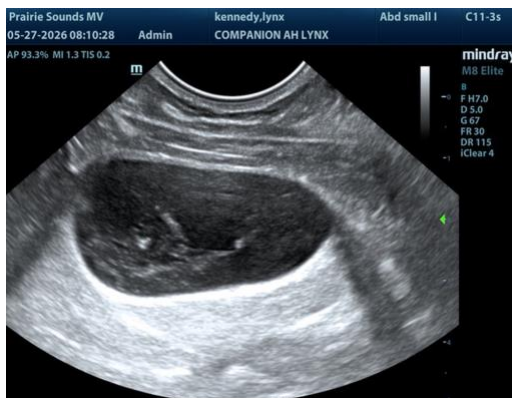
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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