

PATIENT

Phineas Welsh

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4

WEIGHT

15.4

INTERPRETED BY

Kathleen Sennello
DVM, MS, Diplomate
ACVIM (Small animal
Internal Medicine)

IMAGING PERFORMED BY

Christensen

HOSPITAL NAME

Tranquility Veterinary
Clinic

REFERRING VET

Dr. Castellani

INVOICE

13144

DATE

01/14/26

PRESENTING CLINICAL SIGNS

Presenting for hyporexia since yesterday in a 4-year 3-month-old indoor-only male DSH. Owner reports prior episodes of inappropriate urination a couple months ago; extensive urinalysis at that time reportedly normal and thought behavioral. Around Christmas, urination outside the box recurred and was attributed to a manufacturer formula change in the Foxy Cat Pro litter; after addressing litter, he is currently urinating in the litter box. Yesterday he ate only a small amount of wet food, skipped the 3 pm wet meal, and this morning only snacked. Owner notes soft stool with multiple small spots over the past 2 days and historical scooting on carpet; no vomiting reported. Drinking has been observed. Weight today is 15 lb, down approximately 1 lb from last visit during an intentional diet/weight loss effort.

Abnormal PE/Chem/CBC/UA Results: Radiographs abnormal in cranial abdomen, BW (CBC/Chem/FELV/FIV) all WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with suspended echogenic debris in the urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.67 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.64 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.28 cm at the cranial pole and 0.38 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. The spleen measured 0.87 cm width.

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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild to moderate shadowing ingesta and fluid. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (0.24 cm in wall thickness) and the jejunum measured as normal (0.23 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Focal shadowing material and fluid visualized within the gastric lumen- correlate with feeding history. Findings could be consistent with ingesta, ingested foreign material, etc. No evidence of an obstruction is present at this time.
- Mild enteritis type pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some focal shadowing material visualized within the gastric lumen and some fluid. This could represent ingesta (kibble), treats, medication, etc., or could represent ingested foreign material. There's no evidence of an obstructive process at this time. Additionally, there are some sections of small intestine which have some mild fluid and gas distension, possibly consistent with an enteritis type pattern, passing ingested foreign material or partial obstructive pattern or a focal lesion cannot be



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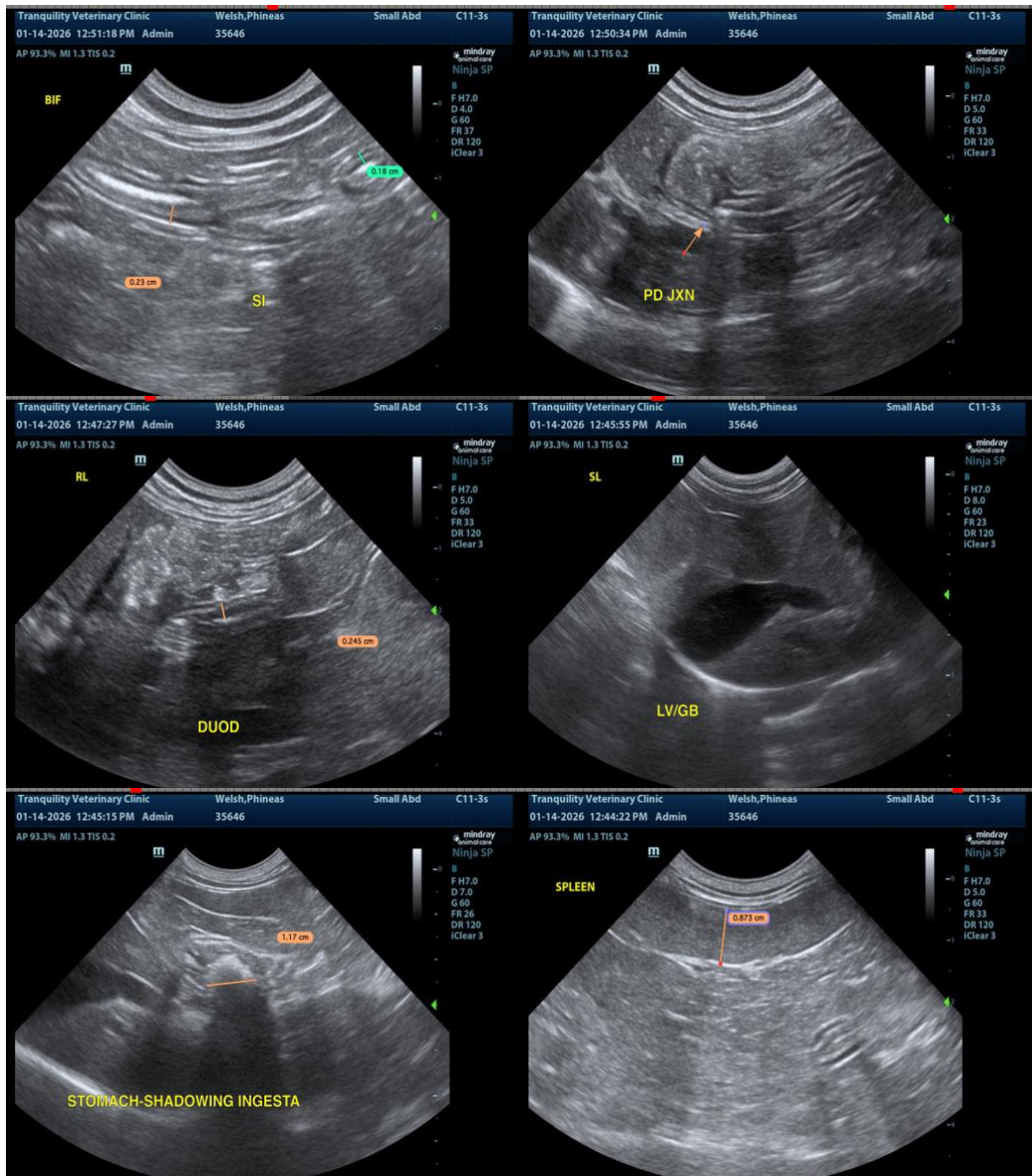
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definitively ruled out.

Recommend nonspecific treatment for acute gastroenteritis and continued monitoring. If symptoms are persistent, consider repeat imaging (radiographs +/- ultrasound) looking for the development of a more focal lesion.





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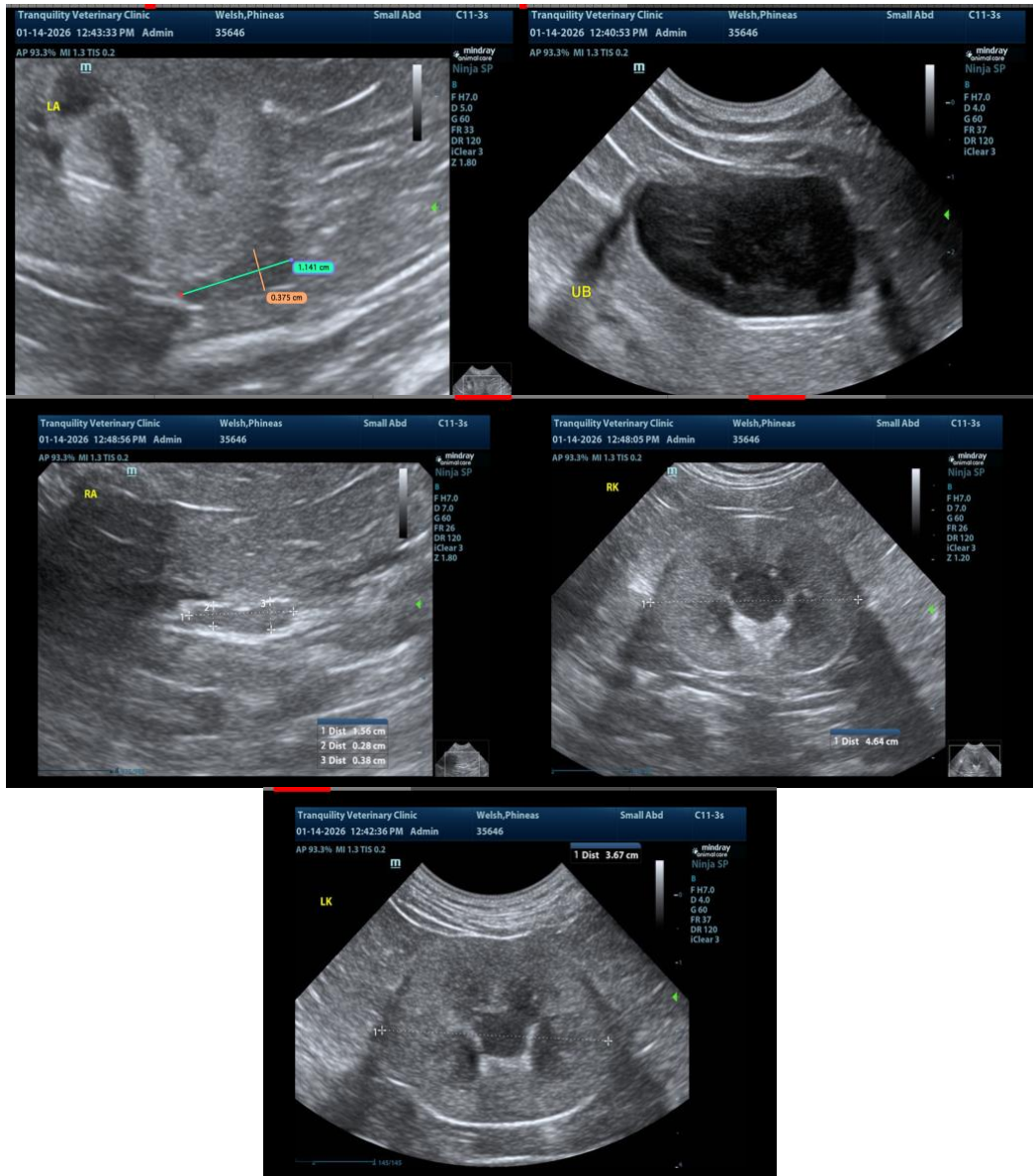
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

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