



## PATIENT

Rico Alexander

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered Male

## AGE

15.75 Years

## WEIGHT

7.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Emily Kirk

## HOSPITAL NAME

Shiloh Animal Hospital

## REFERRING VET

Dr. Shana Silverstein

## INVOICE

72280

## DATE

1/15/26

## PRESENTING CLINICAL SIGNS

Presented for vocalizing at night and progressive weight loss. On physical exam patient is a BCS 3.5/9 and kidneys palpate as small. Labs revealed fPL 7.3 (<4.4), Creat 2.1 (0.9-2.3), BUN 63 (16-37). USG 1.013. T4 was wnl.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.01 cm) with pyelectasia at 0.47 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (3.09 cm) with pyelectasia at 0.22 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

### Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The right adrenal gland is normal in size measuring 0.34 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 (0.69 cm), 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.

### Liver

The liver is subjectively mild large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are two small complex cystic lesions are visualized, one towards the periphery measuring 0.75 cm x 0.83 cm, one in the mid body measuring 0.63 cm x 0.43 cm.

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 mild and likely incidental at this time. The cystic and common bile duct appear dilated and tortuous proximally, measuring at 0.28 cm. Distally at the level of the duodenal papillae, the common bile duct measured 0.39 cm with some echogenic material possibly consistent with mucus, a small mass effect, etc.

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***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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 fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.22 cm. Jejunum wall measures 0.24 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 pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of mild regional mesenteric inflammation. Consistent with mild pancreatitis. Prominent pancreatic duct noted.

***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. Occasional clusters of visible mesenteric lymph nodes are visualized. Examples measure 0.29 cm x 0.57 cm and 0.67 cm x 0.37 cm. The omentum is generally normal in echogenicity, mildly hyperechoic in the cranial abdomen.

**ULTRASONOGRAPHIC FINDINGS**

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes consistent with chronic pancreatic remodeling and chronic active pancreatitis in both limbs.
- Large, heterogeneous liver with two small cystic lesions – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. The cystic lesions have the appearance most consistent with cystadenomas/cystadenocarcinomas.
- Dilated/tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).



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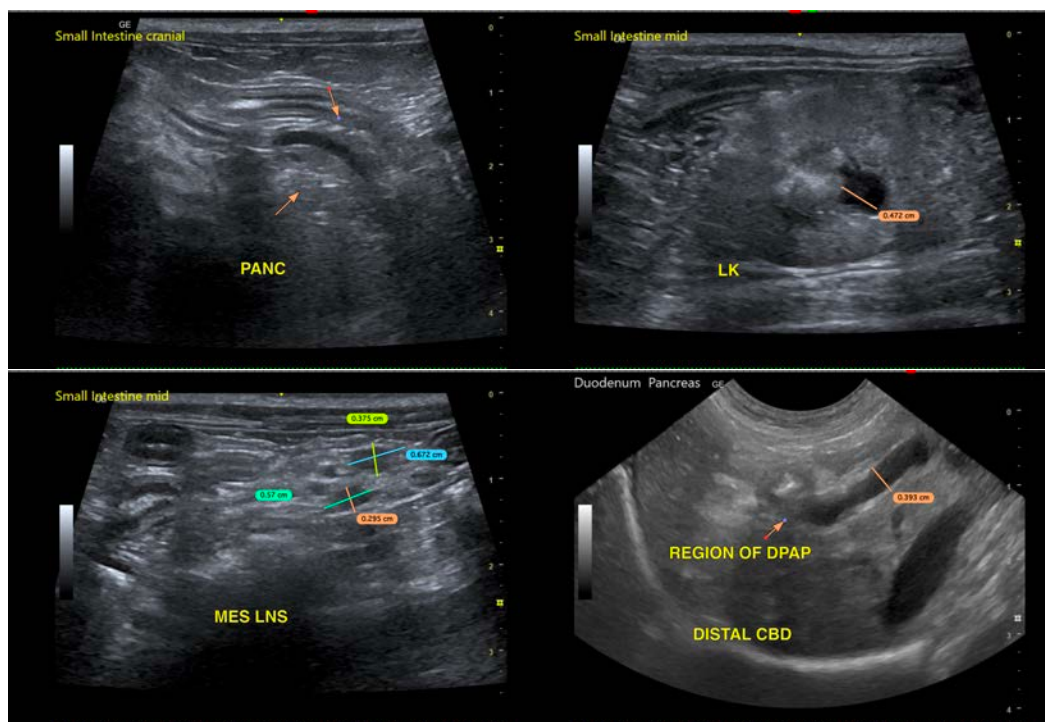
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Both kidneys have changes consistent with chronic renal disease. Additionally, there is pyelectasia of the right kidney with no evidence of a focal obstruction visualized. Recommend a blood pressure, urinalysis, culture, and a urine protein to creatinine ratio as a baseline. Fluid therapy could be of benefit if an acute on chronic crisis is suspected.

Both limbs of the pancreas are prominent with a prominent pancreatic duct. Consider concurrent treatment for chronic pancreatitis.

The liver is large and heterogeneous, and the bile duct is significantly dilated and tortuous. A definitive obstruction is not clearly visualized, but there is occasionally some echogenic material visualized towards the distal aspect of the bile duct. The significance of this in the absence of liver enzyme elevations is uncertain. You could consider empirical treatment for cholecystitis with Ursodiol, Denamarin, and antibiotics. For further evaluation you could consider a fine needle aspirate of the liver. If progressive bile duct dilation is suspected, a contrast CT scan may be warranted to further investigate. Additionally, you could consider repeat imaging in the future, looking for the potential progression of today's lesions or other significant changes.

There are two small complex cystic nodules visualized in the liver. These could represent benign lesions such as cystadenomas or early cystadenocarcinomas. Recommend continued monitoring for progressive growth.





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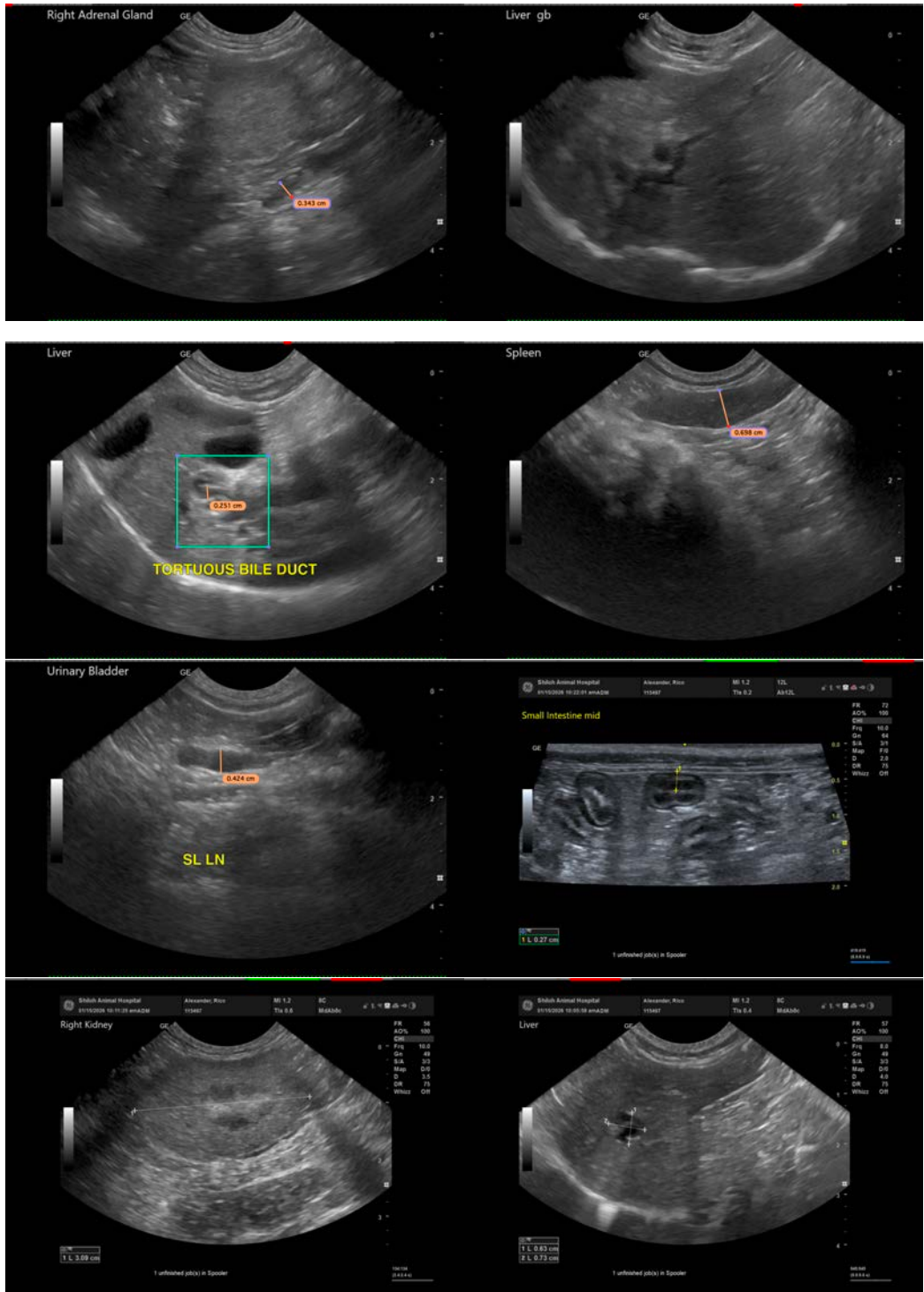
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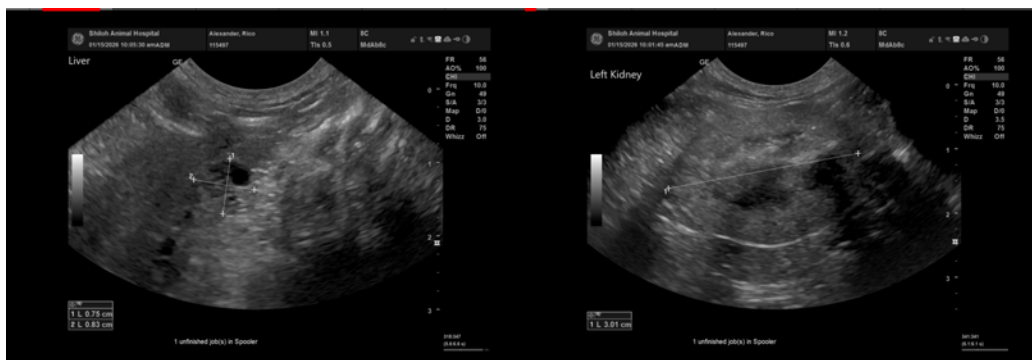
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com