

PATIENT

Tiger Sears

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years 7 months

WEIGHT

7.48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Fairgrounds Animal
Hospital

REFERRING VET

Dr. Cassandra Johnson

INVOICE

11175

DATE

1/20/2026

PRESENTING CLINICAL SIGNS

- Tiger is a 14.5-year-old MN DSH that presented Dec 2025 for vomiting. He has a history of many years of hyperthyroidism, in which he was managed with methimazole since 2023. He was decreased due to low total T4 values to sid methimazole. Now he is losing weight and is vomiting more. His fpl was elevated so he likely has pancreatitis. he did have a grade 2/6 systolic murmur, and cardiac work up was recommended, but O just wants to proceed with full abdominal ultrasound.
- Diagnosed with:
 - ckd stage II/IV
 - hyperthyroidism
 - pancreatitis
 - vomiting (ddx: secondary to ckd, secondary to hyperthyroidism, other)
 - heart murmur (ddx: hcm, valvular, congenital, other)
- Ultrasound was recommended to further assess weight loss (ddx:hyperthyroidism, ckd, neoplasia, other) and vomiting (ddx: pancreatitis, ibd, neoplasia, ckd, hyperthyroidism, other.)

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 (3.58 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.13 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is mild pyelectasia measuring 0.14 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.19 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is borderline large, and irregular in shape (1.07 cm in width at the level of the hilus) and mottled. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. Some areas of the spleen appear to have somewhat scalloped margins and irregularity. There is an isoechoic "bulge" noted possibly consistent with a daughter spleen.



PATIENT

Tiger Sears

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years 7 months

WEIGHT

7.48 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Fairgrounds Animal
Hospital

REFERRING VET

Dr. Cassandra Johnson

INVOICE

11175

DATE

1/20/2026

Liver

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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured 0.26 cm in diameter and the jejunum measured 0.23 cm in diameter. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 regional mesenteric inflammation. Consistent with mild/moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant diffuse lymphadenopathy. A mesenteric lymph node is visualized measuring 0.27 cm x 2.2 cm. Pancreaticoduodenal lymph node is visualized measuring 0.49 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal changes consistent with chronic age-related renal disease.
- Large, irregular, mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The irregularity of the spleen could represent benign change consistent with anatomic variation, a daughter spleen, etc. Neoplastic changes are possible.
- Pancreatic changes most consistent with chronic pancreatitis and pancreatic remodeling.



PATIENT

Tiger Sears

- Prominent small intestine with segmental mild thickening of the muscularis layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are bilateral renal changes most consistent with early chronic renal disease. If not already done recommend a blood pressure, urinalysis, and culture (+/- urine protein-creatinine ratio) as a baseline.

BREED

DSH

The spleen is somewhat prominent and irregular in shape with some of the margins being somewhat scalloped and "bulging." There's a focal bulge which is isoechoic, possibly consistent with a daughter spleen, or similar benign irregularity. The parenchyma is somewhat mottled. Consider a fine needle aspirate to further evaluate.

SEX

MN

The pancreas has changes consistent with chronic remodeling and chronic inflammation. This in conjunction with the elevation in PLI is most consistent with chronic active pancreatitis.

AGE

14 years 7 months

Some areas of small intestine appear mildly thickened with a prominent muscularis layer. Most of the changes observed are more consistent with inflammatory type change. Although early neoplastic change cannot be ruled out. If underlying gastrointestinal disease is suspected, consider the following:

WEIGHT

7.48 lbs

- Consider a combination hydrolyzed protein/renal diet (I believe Royal Canin has a formula like this.)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

INTERPRETED BY

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

If symptoms are persistent, and primary gastrointestinal disease is strongly suspected as the source then biopsies of the GI tract may be eventually be warranted for further evaluation.

IMAGING PERFORMED BY

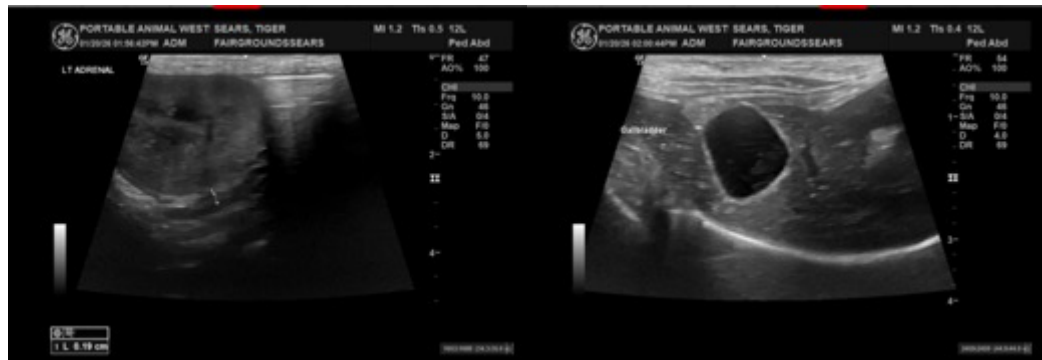
Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Fairgrounds Animal
Hospital

REFERRING VET

Dr. Cassandra Johnson



INVOICE

11175

DATE

1/20/2026

Imaging performed by



pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Tiger Sears

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years 7 months

WEIGHT

7.48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Fairgrounds Animal
Hospital

REFERRING VET

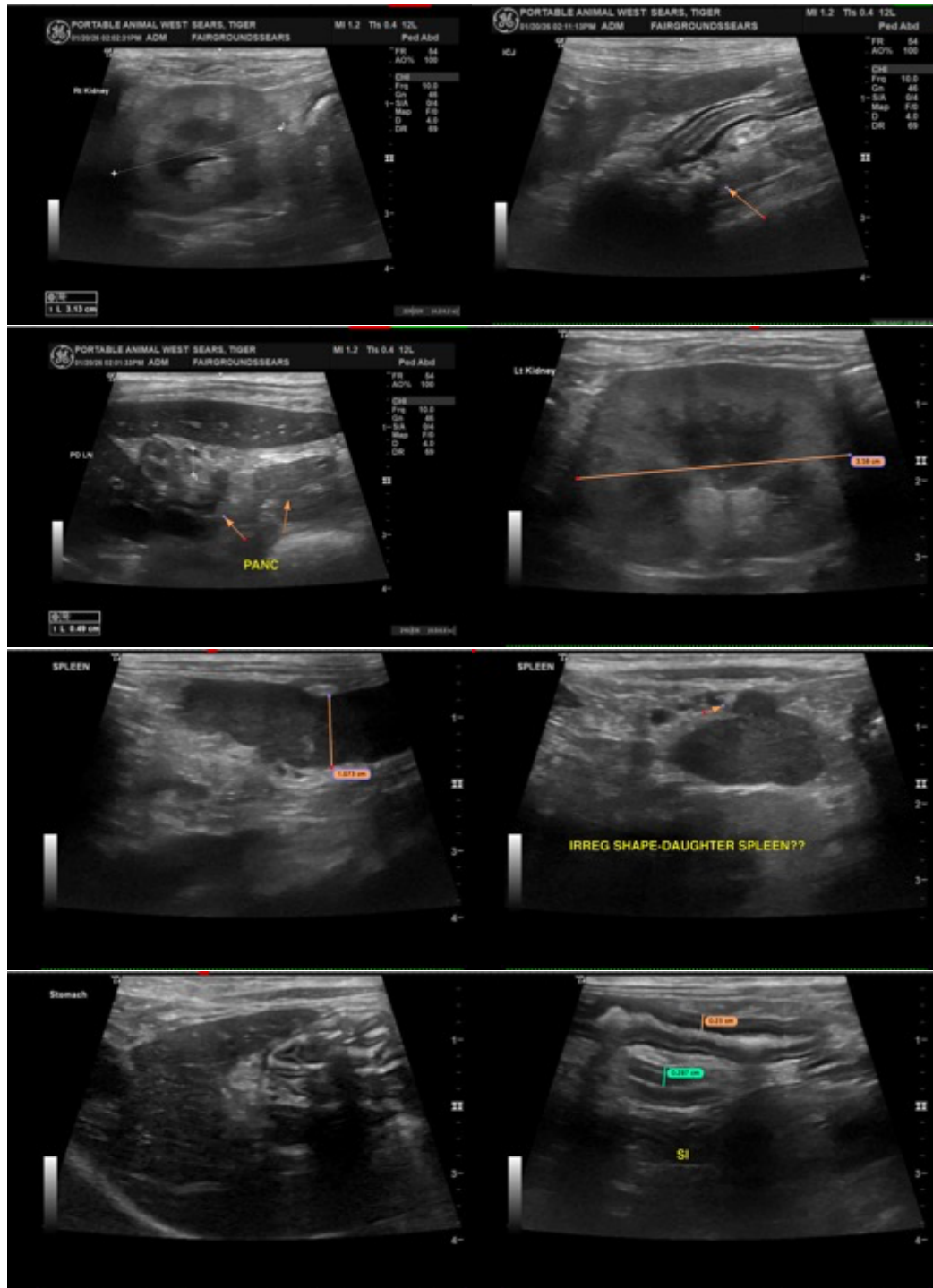
Dr. Cassandra Johnson

INVOICE

11175

DATE

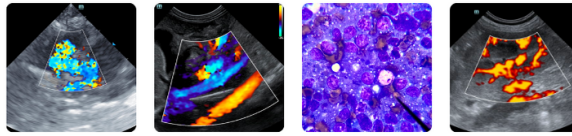
1/20/2026



Imaging
performed by



Fairgrounds Animal Hospital Sonography, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectylogy
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Tiger Sears

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years 7 months

WEIGHT

7.48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Fairgrounds Animal
Hospital

REFERRING VET

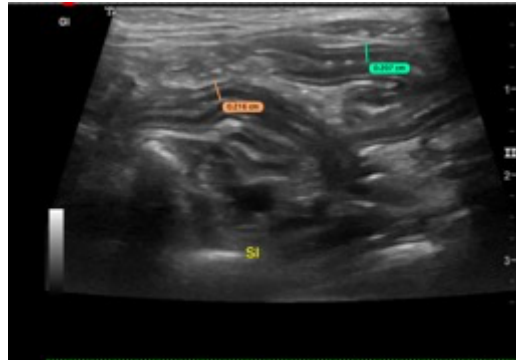
Dr. Cassandra Johnson

INVOICE

11175

DATE

1/20/2026



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.

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

info@sonopath.com