



**PATIENT**

Cooper Isikliyol

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 Years 6 Months

**WEIGHT**

15.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Animal Paradise  
Hospital

**REFERRING VET**

Dr. Jacob

**INVOICE**

72333

**DATE**

1/21/26

**PRESENTING CLINICAL SIGNS**

- Gastritis, mineral opacity structure superimposed with liver. Most compatible with cholelithiasis. Mild hepatomegaly is non-specific.
- Meds famotidine, denamarin and fortiflora.

Abnormal PE/Chem/CBC/UA Results: CBC-WNL ALT-1240 Amy-1306 H 300-1100 Hepatic Dz

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.83 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 no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.06 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 no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.39 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 0.38 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 (1.03 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 normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The vasculature is normal. The biliary tract has some hyperechoic debris, and there is focal shadowing intrahepatic biliary mineralizations noted throughout the liver. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The gallbladder wall appears hyperechoic and mildly thickened, measuring 0.29 cm. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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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.

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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. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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**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.

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**PRIMARY FINDINGS**

**IMAGING PERFORMED BY**

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- Mildly heterogeneous liver with intrahepatic biliary mineralizations – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. The small intrahepatic biliary mineralizations could be associated with inflammatory disease.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Mildly thickened/ropey small intestine with some areas exhibiting a prominent 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.

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**SECONDARY FINDINGS**

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

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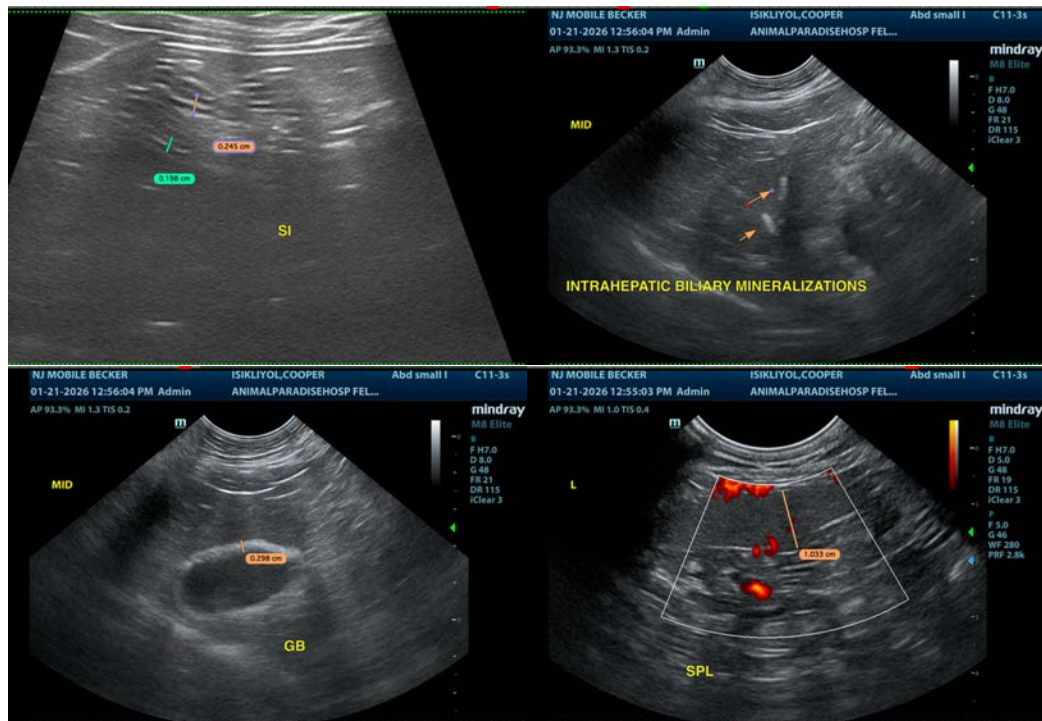
1/21/26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver is mildly heterogeneous, and the gallbladder has a prominent/thickened hyperechoic wall with some evidence of pinpoint intrahepatic biliary mineralizations. Findings could be concerning for cholecystitis/cholangiohepatitis. Given the ALT elevation reported, recommend a fine needle aspirate of the liver (provided coagulation parameters are normal) to look for any evidence of round cell neoplasia or other pathology. While awaiting cytology results, consider empirical treatment for cholangiohepatitis with Ursodiol, Denamarin, and a course of antibiotics while monitoring liver values. If the ALT is persistently elevated and there is no improvement with this treatment, a biopsy of the liver with samples for histopathology and cultures may be warranted.

Some sections of small intestine have a slightly prominent muscularis layer. If this patient has gastrointestinal symptoms, this could be consistent with a mild enteritis type pattern. Further workup for underlying gastrointestinal disease could be considered. Initially, this could include:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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.





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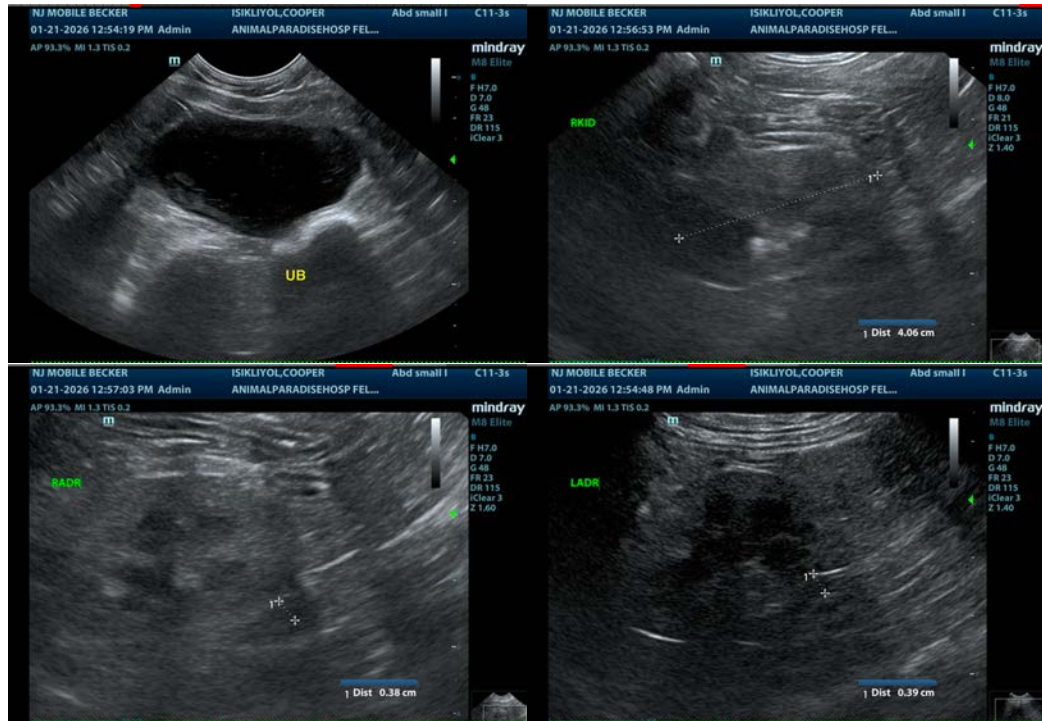
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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