

PATIENT

Loki Loberstein

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

02/09/11

WEIGHT

5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

North Folk Veterinary
Clinic

REFERRING VET

Dr. Cicely Marrs DVM

INVOICE

13310

DATE

01/21/26

PRESENTING CLINICAL SIGNS

- Pt diagnosed with CKD in 10/2024. Seen on 1/5/26 for intermittent vomiting, decreased appetite and mild weight loss. New heart murmur auscultated on exam. 1/6 parasternal. Not symptomatic. Telmisartan started last week for hypertension (started at 5 mg SID), Mirtazapine (transdermal, 2 mg SID prn), Cerenia 8 mg SID prn, Gabapentin 100 mg PO prior to ultrasound. Pt also receiving 100 ml LRS twice weekly.

Abnormal PE/Chem/CBC/UA Results: Mild azotemia (creat 2.3, BUN 40, SDMA 20); USG 1.015, negative protein. Spec fPL wnl. T4 wnl. Abnormal snap proBNP. BP- Systolic 170

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney is borderline small in size (3.3 cm) with decreased corticomedullary distinction and occasional pinpoint cortical mineralizations consistent with dystrophic mineralizations.

The right kidney is borderline small in size (3.41 cm) with decreased corticomedullary distinction and occasional pinpoint cortical mineralizations consistent with dystrophic mineralizations.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 cm width. 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. 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.

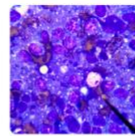
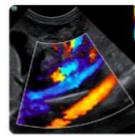
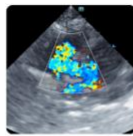
Spleen

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 0.84 cm width.

Liver

The liver is subjectively normal/borderline enlarged in size, and normal echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a poorly defined hypoechoic nodule visualized on the right side of the liver measuring 0.52 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 primarily anechoic. The cystic and common bile ducts are normal/not visible. The common bile duct measured 0.22 cm at the level of the duodenal papilla.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a mild thickness of 0.62 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. The gastric wall appears prominent in some views measuring as mildly thickened with a prominent muscularis layer.

Some areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. The duodenum wall measured 0.34 cm width. The jejunum wall measured 0.26 cm width. The small intestine appears diffusely ropey with a prominent muscularis layer. Additionally, there are some sections of jejunum which exhibit asymmetrical wall thickening with decreased detailed wall layering in this area. The small intestine measured 0.43 cm in thickness.

The ileum is prominent and mildly thickened measuring 0.46 cm. 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. The descending colon wall is thickened with reduced detailed wall layering measuring at 0.39 cm.

Pancreas

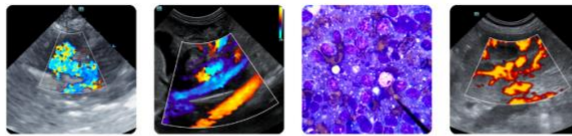
The pancreas is prominent and mottled in the left limb compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The pancreatic duct was prominent measuring 0.32 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is significant lymphadenopathy present with clusters of mesenteric lymph nodes with an example measuring 1.01 cm x 0.57 cm and 1.48 cm x 0.57 cm. There is a large hypoechoic rounded lymph node near the ileocecal junction measuring 0.44 cm x 1.36 cm and a cystic iliac lymph node visualized measuring 1.14 cm x 0.49 cm. Omentum is diffusely hypoechoic.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal changes consistent with chronic renal disease.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Hypoechoic nodule in the liver- the significance of this is uncertain. This could represent a benign or early neoplastic lesion.
- Thickened mucosal layer of the stomach- findings could be consistent with imaging artifact, edema, gastritis or early neoplastic change.
- Diffusely thickened small intestine with prominent muscularis layer and a bowel with asymmetrical wall thickening and reduced detailed wall layering- findings are concerning for an early neoplastic process as severe inflammatory disease is possible.



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- Thickened descending colon with reduced detailed wall layering- findings could be consistent with severe colitis or early neoplastic change.
- Moderate diffuse mesenteric lymphadenopathy- findings are concerning for early neoplastic change although highly reactive lymph nodes are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with a prominent muscularis layer. Additionally, there are sections of jejunum which have asymmetrical wall thickening and reduced detailed wall layering. Findings are concerning for early neoplastic transformation. There are prominent lymph nodes in the region and generalized inflammation. You could consider trying to aspirate the thickened wall of the focal bowel thickening, although this may be challenging as there's no true mass effect at this time. Additionally, aspirates of a larger lymph node could be considered but may be technically challenging. Ideally, surgical biopsies of the GI tract and lymph nodes would be performed as this would likely be very diagnostic but is also invasive for this individual.

You could consider empirical treatment for early IBD with hydrolyzed protein prescription diet, screening for concurrent gastrointestinal abnormalities with a GI panel to Texas A&M (qualitative PLI, TLI, cobalamin and folate), probiotic therapy, etc. and repeat evaluation in four to six weeks to see if there have been any improvements or progression of the current lesions. Your current therapy for the renal disease seems very appropriate.

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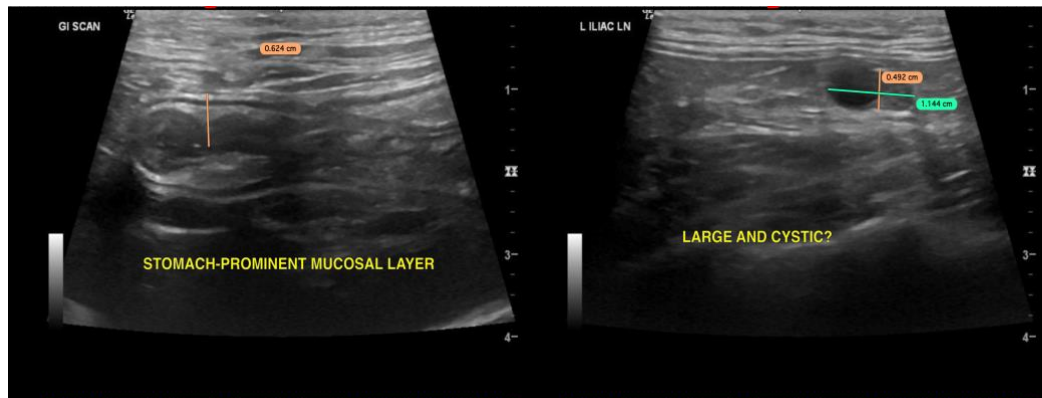
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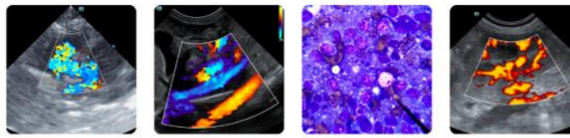
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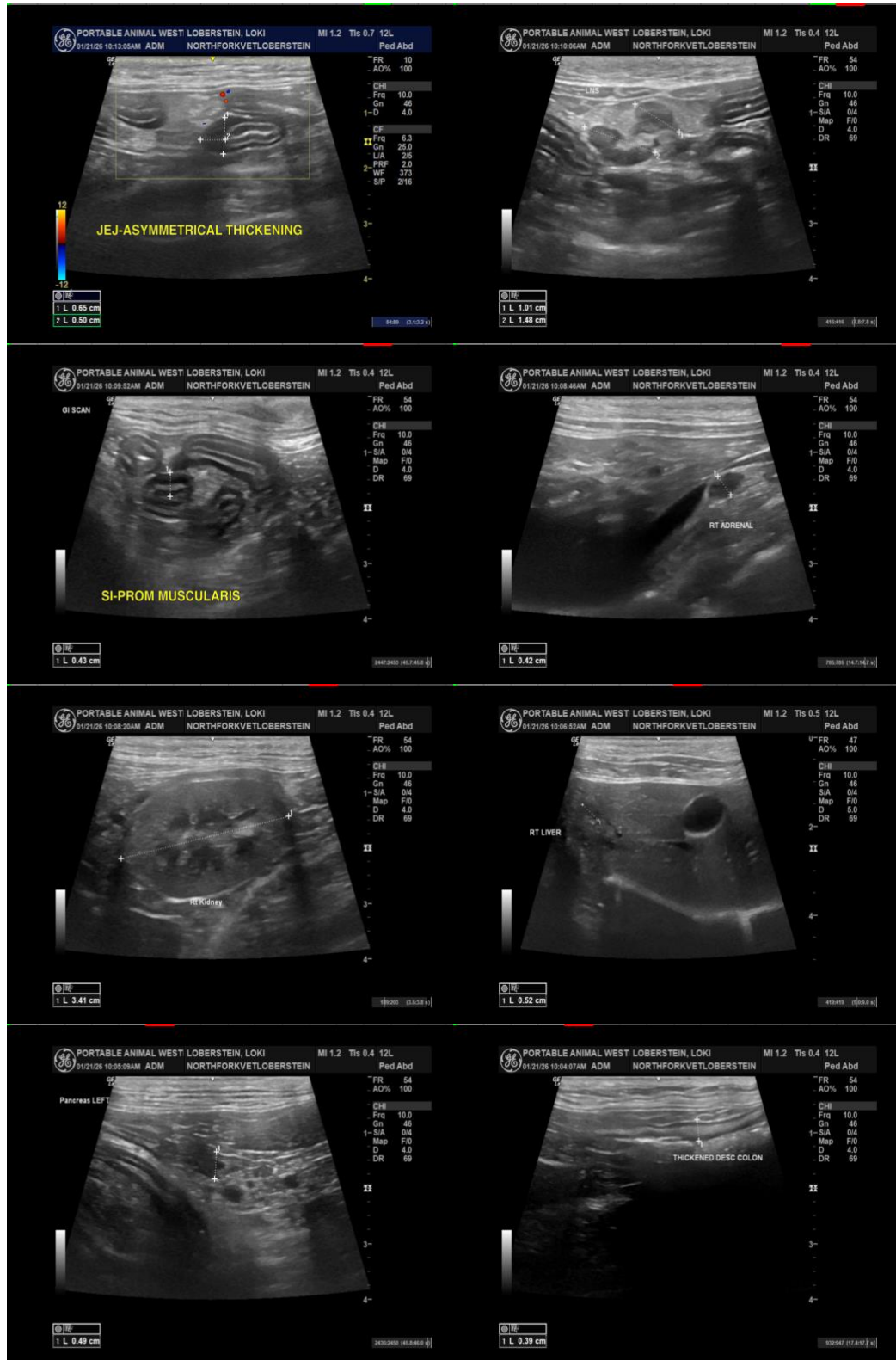
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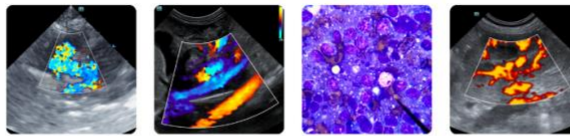
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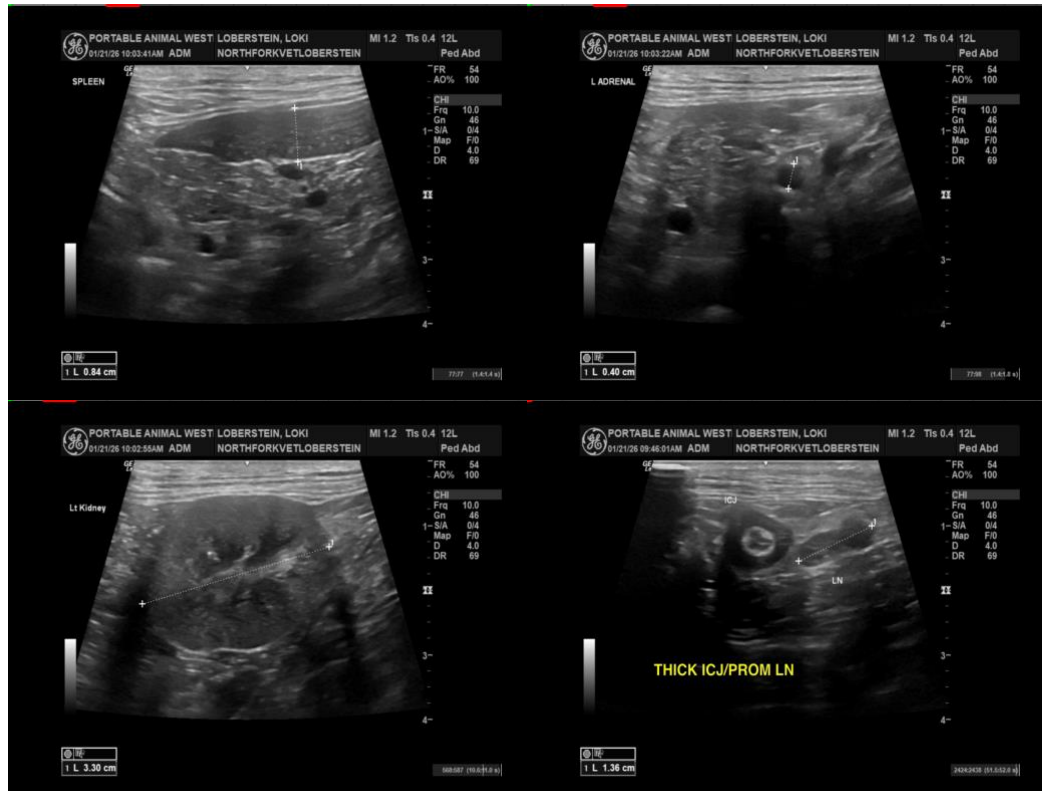
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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