

PATIENT

Pukka Page

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Best Friends Animal
Clinic

REFERRING VET

Dr. Phoebe Weaver
DVM

INVOICE

13309

DATE

01/21/26

PRESENTING CLINICAL SIGNS

- Pukka, a 1 yo DSH, presented for decreased appetite and slight ADR.

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs - round structure seen in cranial abdomen - LN? (attached radiographs for supplement the AUS)

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 has a normal shape and size (3.9 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 (4.09 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 0.44 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 measuring 0.29 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.

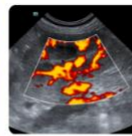
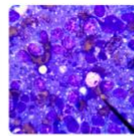
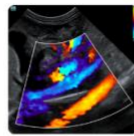
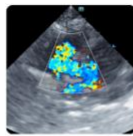
Spleen

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 0.91 cm width.

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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains minimal luminal contents. 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 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. The duodenum measured as normal (between 0.3 - 0.5 cm in wall thickness) and the jejunum measured as normal (0.17 cm) Visualized peristalsis appears appropriate. There are occasional sections of small intestine which appear to have mild corrugation.

The ileum is prominent measuring 0.26 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.

Pancreas

The pancreas is prominent 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild diffuse lymphadenopathy present with prominent mesenteric lymph nodes, particularly near the ileocolic junction with an example measuring 0.3 cm x 0.73 cm and 0.89 cm x 0.55 cm. The iliac lymph nodes are prominent measuring 0.47 cm on the left and 0.35 cm on the right. The omentum is of normal echogenicity.

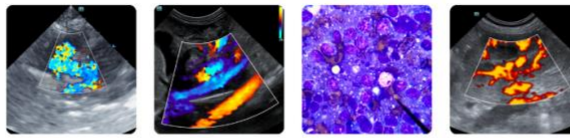
ULTRASONOGRAPHIC FINDINGS

- Mildly prominent pancreas- findings could be consistent with pancreatic remodeling or mild inflammation.
- 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 but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Rare occasional prominent corrugated bowel loop- findings could be consistent with mild enteritis.
- Mild diffuse lymphadenopathy- findings are most consistent with reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is visible in today's exam but not overtly inflamed. Correlate with PLI level. If this is significantly elevated, consider treatment for pancreatitis.

The gallbladder has moderate debris. In the absence of liver enzyme elevations or other significant



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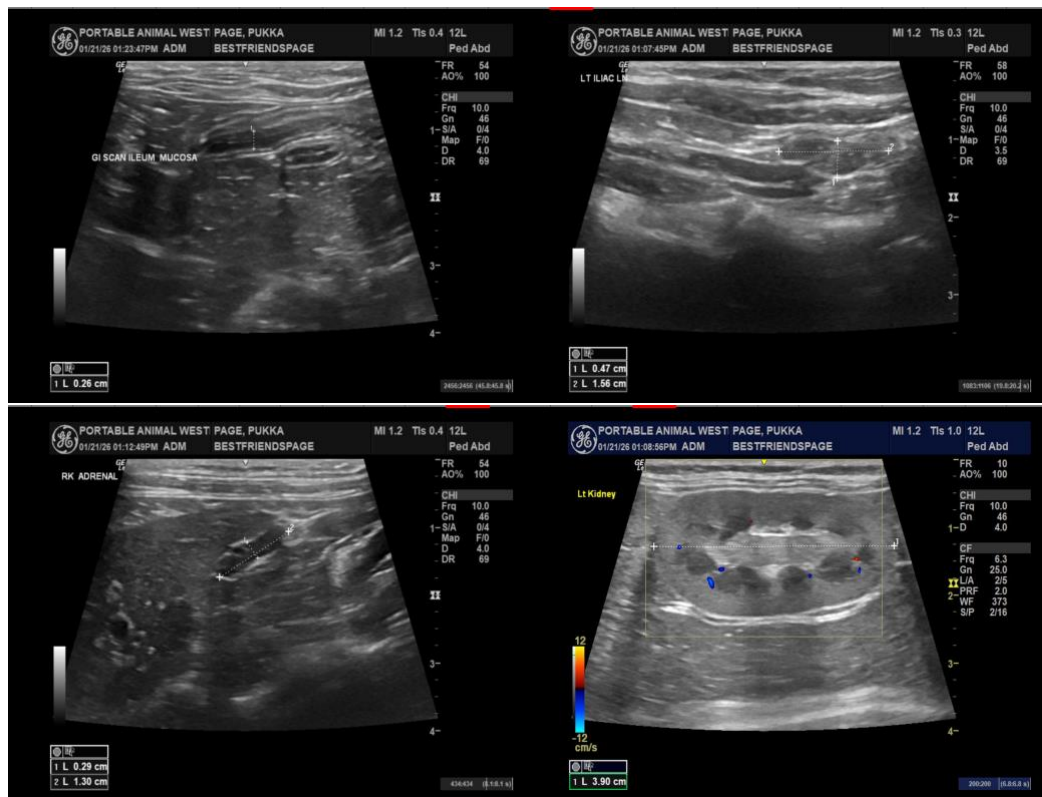
01/21/26

changes, this likely is incidental but continued monitoring is warranted.

There is a loop of bowel which appears mildly corrugated. This could be associated with mild gastroenteritis. Additionally, there are prominent mesenteric lymph nodes visualized throughout the abdomen. These have an appearance most consistent with the reactive lymphadenopathy. Other differentials could include an early neoplastic process, FIP etc.

If labwork has not been done consider a full labs including urinalysis +/- retroviral testing?

An abnormal cranial abdominal structure is not clearly visualized to explain the symptoms reported. Consider a radiologist review of the radiographs if this might be helpful. This area could be re-evaluated in the future if concern persists.





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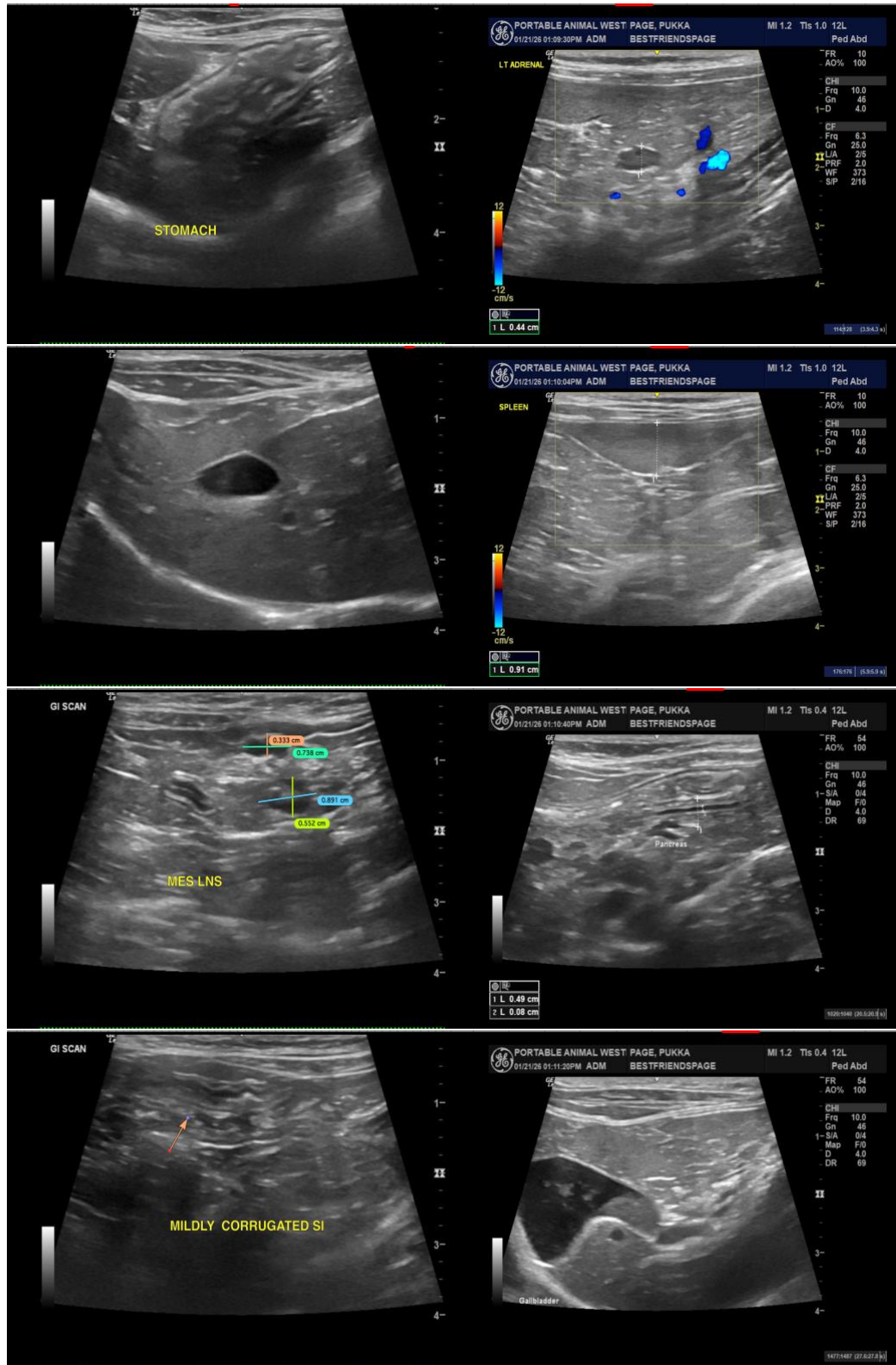
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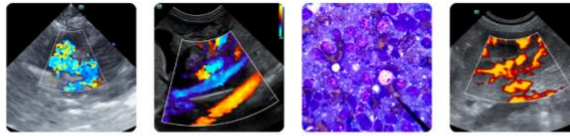
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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