



PATIENT

Syd Pesando

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

14 Years

WEIGHT

11.98 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Morgan Busby, DVM

INVOICE

72348

DATE

1/21/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Minor weight loss (about 0.5 lb), on and off diarrhea and constipation, and recently decreased appetite. Previously diagnosed with pancreatitis. FPL today was within normal limits. He was vomiting at the time of the pancreatitis diagnosis but is not currently vomiting. He has shown signs of nausea while off Cerenia.

He has had about three bouts of what is presumed to be pancreatitis in the past four months, with varying severity. The first episode involved vomiting. Subsequent episodes have presented as diarrhea and loss of appetite, usually preceded by constipation. These episodes last 2-3 days. He gets constipated often despite being on a lot of fiber. The owner occasionally gives Miralax (1/8 tsp every couple of weeks). He has not been diagnosed with megacolon.

MEDICATIONS: Mirataz SID, Cerenia 8mg SID, Provable forte, Provable fiber, Miralax PRN

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 (3.43 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 (3.88 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 (0.63 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.



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Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is subjectively hyperechoic and homogenous in 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 <0.36cm 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 0.24 cm. Jejunum wall measures 0.22 cm. 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. The proximal and descending colon are variably distended with a combination of gas, non-formed and formed fecal material. Descending colon wall measures 0.14 cm. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is visible/mildly hypoechoic in the left limb with a prominent pancreatic duct measuring 0.18 cm. 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.

PRIMARY FINDINGS

- Visible/mildly prominent pancreas with prominent pancreatic duct – Findings are suggestive of mild pancreatic remodeling +/- chronic pancreatitis. No active inflammation is appreciated.
- Subjectively hyperechoic liver – Correlate with the current lab work and patient status. Findings could be consistent with lipid infiltration (overweight cat), a primary hepatopathy, lipidosi, round cell neoplasia, etc.

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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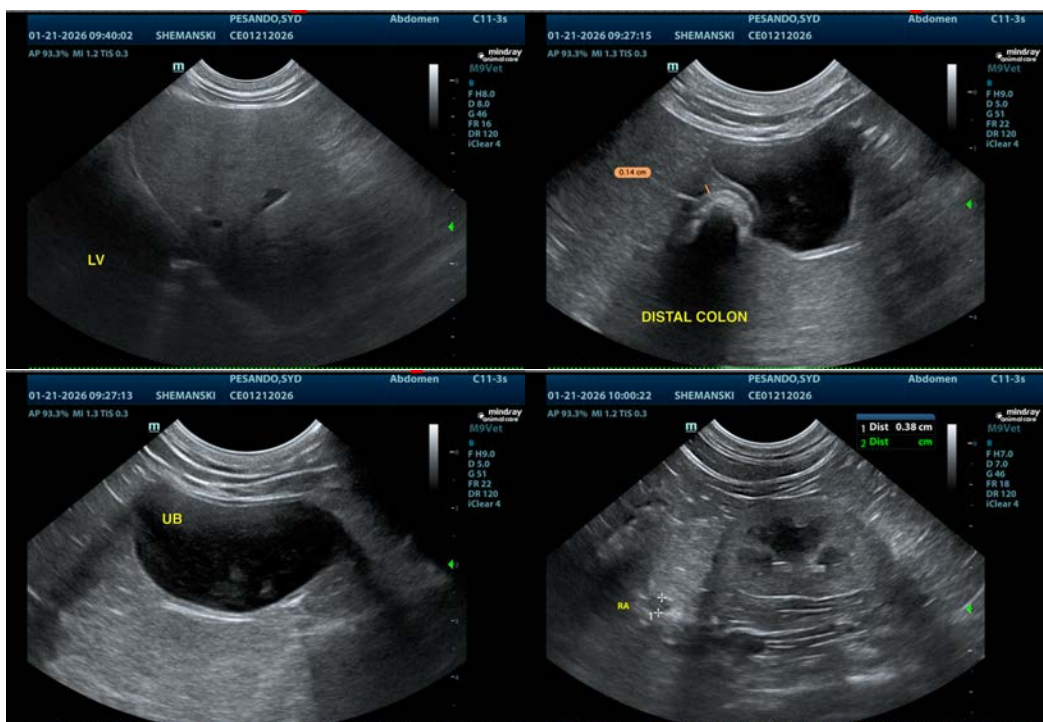
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's exam are mild and of questionable significance. The pancreas is somewhat prominent but does not appear overtly inflamed. This could be related to previous episodes of pancreatic inflammation or possibly very mild smoldering pancreatitis. Additionally, the liver is somewhat prominent/borderline large and hyperechoic. This can be normal for some larger cats or could be consistent with a primary hepatopathy. In the absence of liver enzyme elevations, the significance is questionable, but if weight loss is persistent, a fine needle aspirate of the liver could be considered provided coagulation parameters are normal.

No intestinal changes are observed. The colon appears variably distended with gas, non-formed and formed fecal material. No focal wall abnormalities were noted, but gas artifact can interfere with visualization.

Consider a hydrolyzed protein prescription diet. Ideally a moist variety in case dehydration is contributing to the constipation events and added fiber supplementation. Consider consistent supplementation of Miralax with the intention of achieving a slightly soft stool in hopes that this will prevent constipation episodes.

If weight loss is persistent and a primary gastrointestinal issue is suspected, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. If there is evidence of significant small intestinal disease, biopsies of the GI tract (likely upper and lower) could be considered.





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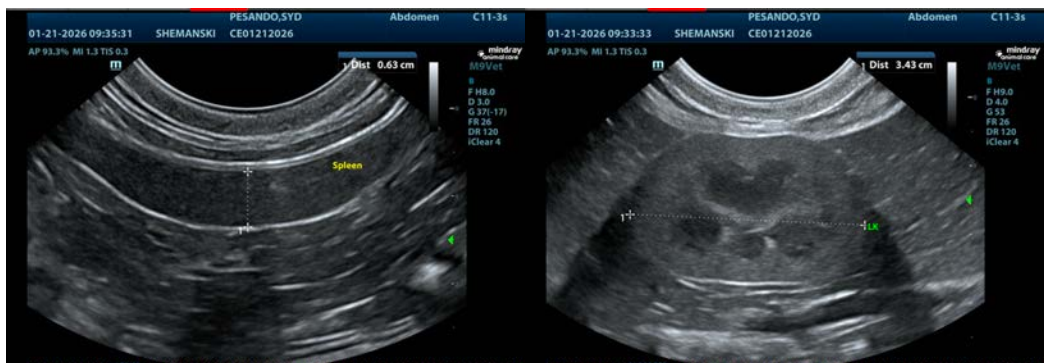
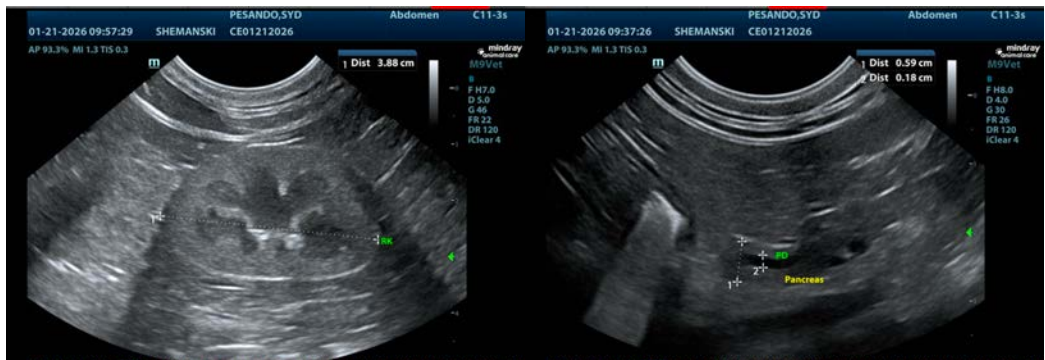
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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