

## PATIENT

Raisin Jones

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

7 years

## WEIGHT

9.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. John Bucha

## HOSPITAL NAME

Harveys Lake  
Veterinary Clinic

## REFERRING VET

Dr. John Bucha

## INVOICE

11189

## DATE

1/29/2026

## PRESENTING CLINICAL SIGNS

- Not eating normal food for 2 days, only eating Tuna. Usually eats Urinary SO canned (had bladder stones previously). Vomiting for the past 2 days, mandibular lymph nodes are slightly swollen. CBC, CHEM 17, and URINE results were included. Temperature today was 104 F.

Abnormal PE/Chem/CBC/UA Results: CBC, CHEM 17, and URINALYSIS are included.

## 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, or masses. In the dependent portion of the urinary bladder there's an irregular, focal, hyperechoic shadowing stone visualized measuring 0.61 cm.

The left kidney has a normal shape and size (3.81 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 (3.94 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 0.26 cm at the cranial pole and 0.22 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.

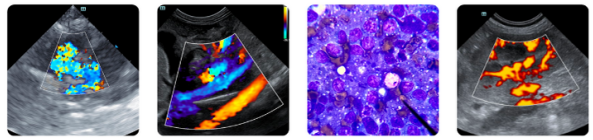
The right adrenal gland is normal in size measuring 0.55 cm at the cranial pole and 0.33 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### Spleen

The spleen is subjectively normal in size (0.64 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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate 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 (0.25 cm in wall thickness) and the jejunum measured as normal (0.25 cm.) The majority of the small intestine appears moderately fluid distended, subjectively with reduced motility. Possibly consistent with generalized ileus or an unseen partially obstructive lesion.

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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.

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## 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 pancreatitis in both limbs.

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## 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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## ULTRASONOGRAPHIC FINDINGS

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- Shadowing stone visualized in the urinary bladder. Correlate with urinalysis +/- culture.
- Prominent and hypoechoic pancreas in both limbs. Findings are most consistent with mild pancreatitis. Correlate with a PLI level and consider empirical therapy.
- 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.
- Moderate fluid distension of the stomach and small intestine. A focal lesion or obstruction is not clearly visualized. Findings could be consistent with diffuse ileus or an unseen focal lesion.

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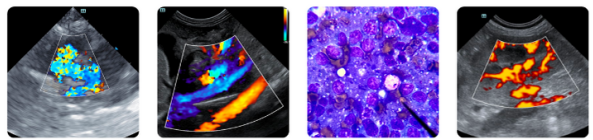
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine and stomach appear moderately fluid distended. Correlate with the feeding history. If the patient was adequately fasted, this is abnormal. Subjectively, intestinal motility appears decreased. No focal lesions were visualized. Potentially consistent with diffuse ileus, possibly



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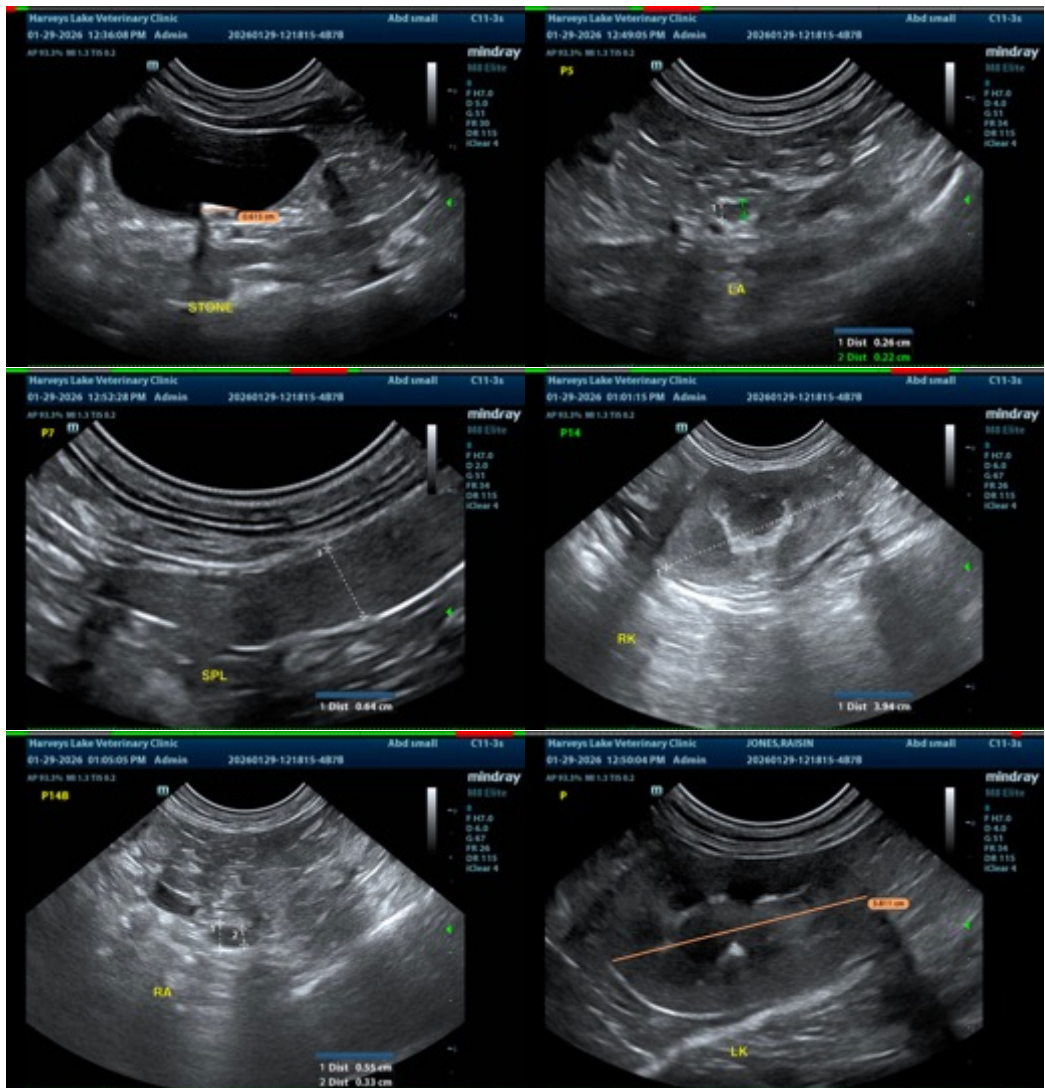
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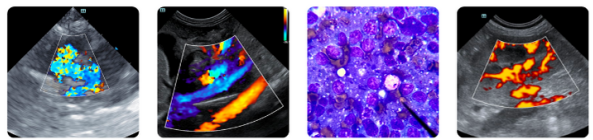
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secondary to pancreatitis? Recommend empirical therapy while continuing to look for any other possible source of the fever reported.

There is a mineralized stone visualized in the dependent portion of the urinary bladder. Correlate with urinalysis +/- culture and recommend continued monitoring.

If symptoms are worsening or are persistent despite appropriate therapy (possibly consider pro-motility therapy?) consider repeat imaging looking for the possibility of a new lesion developing or the progression of a current lesion.





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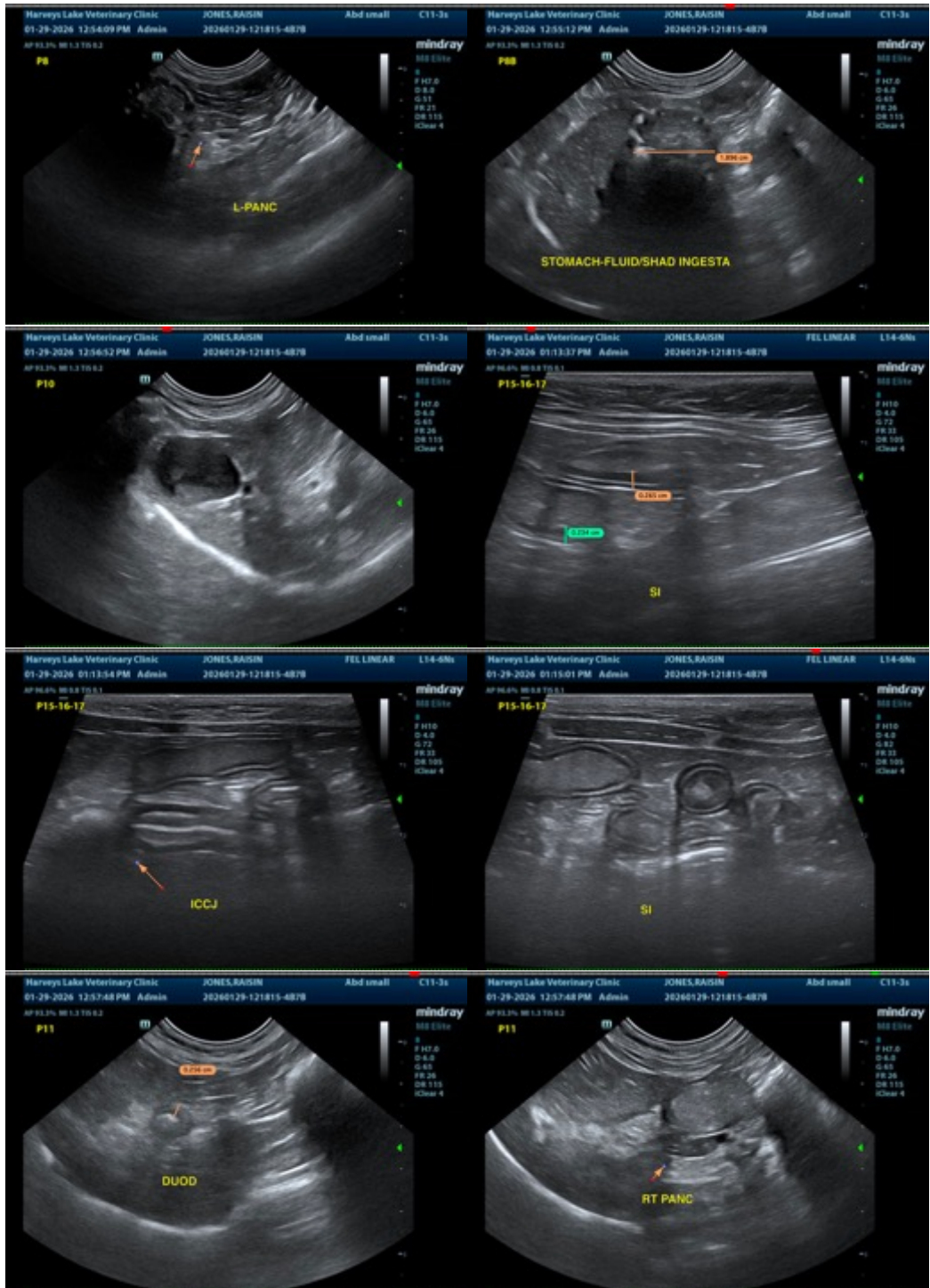
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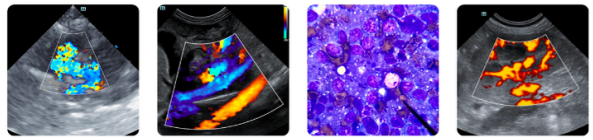
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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