



**DATE PRESENTING CLINICAL SIGNS**

1/30/2026

**Patient History:** Acute vomiting and anorexia - abrupt onset with bile-stained Vomiting and anorexia for ~36 hours; abdominal palpation elicited reaction. Suspected gastrointestinal obstruction or trichobezoar (hairball) r/o foreign body vs constipation vs pancreatitis vs motility disorder. Halitosis - oral exam unremarkable; odor suspected to be gastrointestinal in origin per discussion. Heart murmur grade 3/6 - incidental finding; relevance to fluid therapy risk discussed.

**PATIENT**

Leia Allen

**SPECIES**

Feline

**Current Medications:** None listed.

**Labwork Results:** Labwork not attached.

**BREED**

Siamese

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**SEX**

Spayed Female

**Stat Report:** Requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**AGE**

6 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**WEIGHT**

5.6 kg

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.

**INTERPRETED BY**

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

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.

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency

The right kidney has a normal shape and size (3.63 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.

**REFERRING VET**

Dr. Moore

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.48 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.

**INVOICE**

11199

The right adrenal gland is normal in size measuring 0.42 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 (0.9 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.

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 mild/moderate fluid/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 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 (0.28 cm in wall thickness) and the jejunum measured as normal (0.2 cm.) Visualized peristalsis appears appropriate. In some areas the small intestine appears somewhat ropey with a prominent but not thickening muscularis layer.

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.

### **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.

### **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**

- Pancreatic changes visualized in both limbs most consistent with mild pancreatitis.
- Mild/moderate fluid/gas distension of the stomach. No evidence of an obstruction is clearly visualized. Gas artifact interferes with full evaluation of the stomach in some regions.

- Mild “ropey” appearance to some areas of the small intestine. Findings are most consistent with inflammatory gastroenteritis type changes.

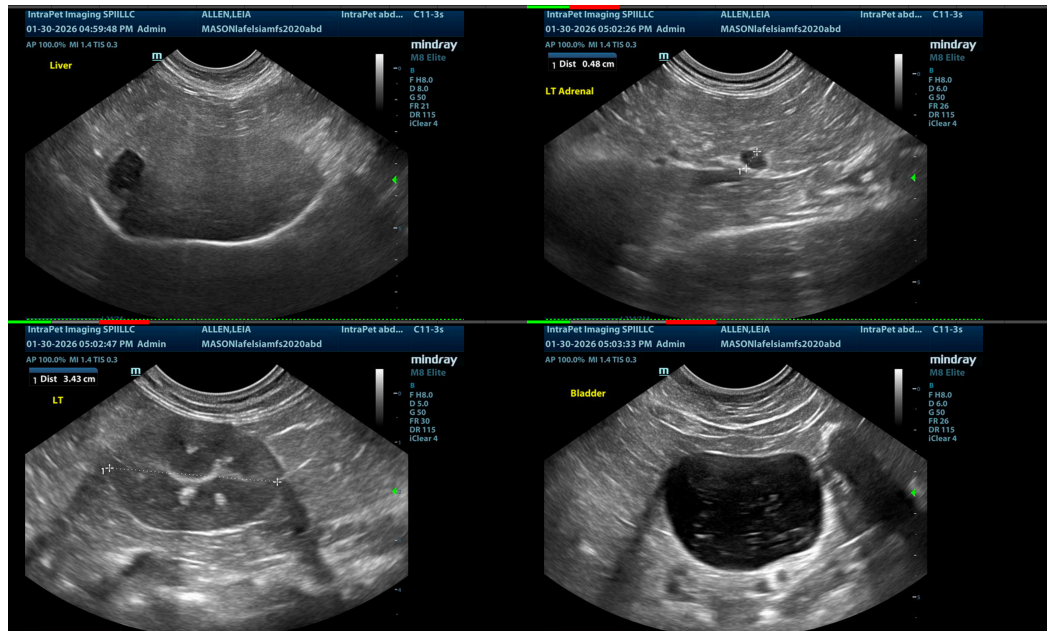
## SECONDARY FINDINGS

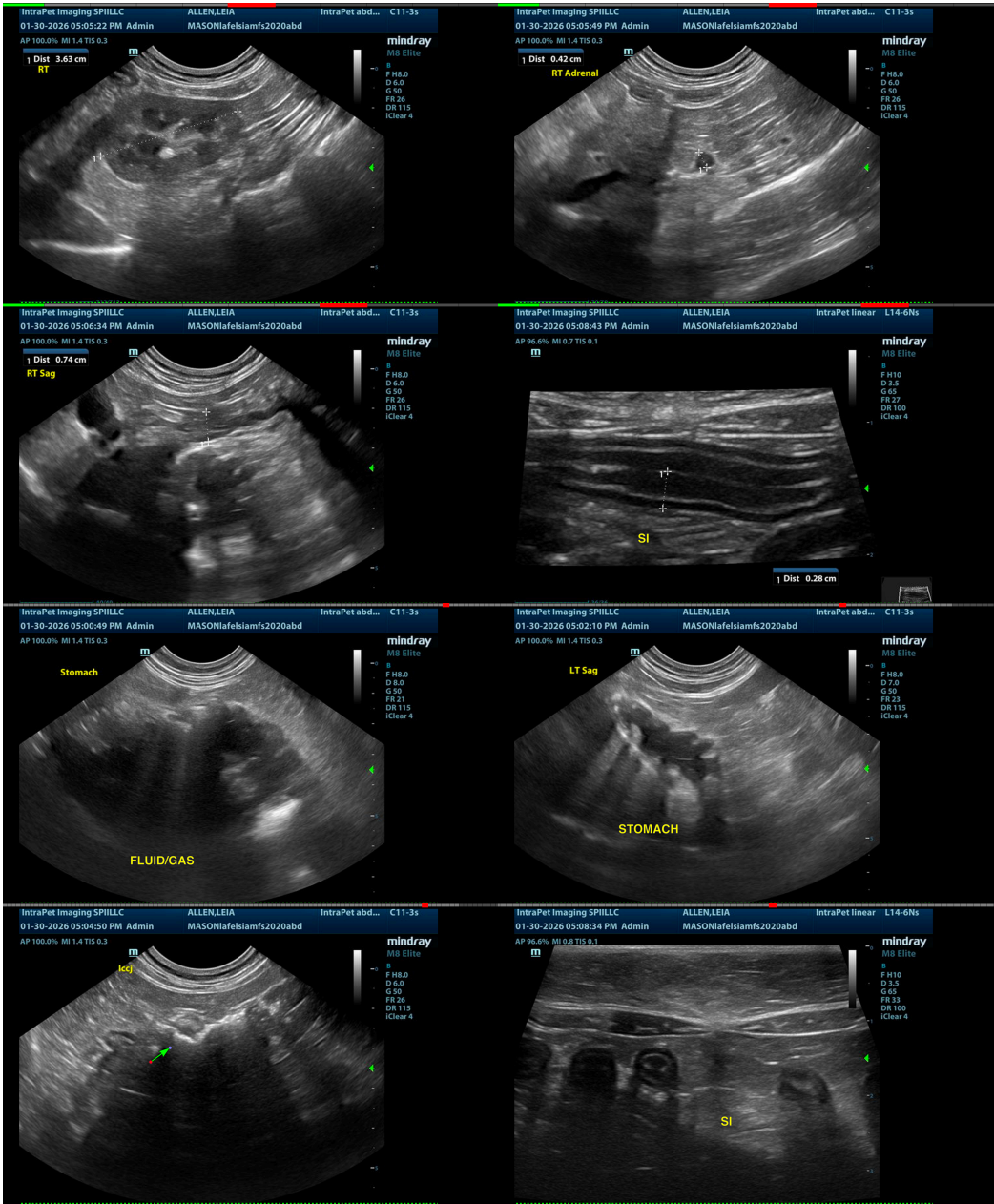
- Mild suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

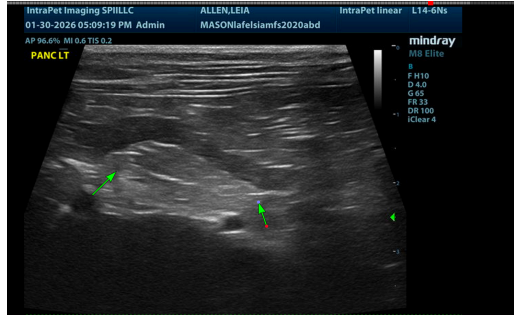
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal GI lesions are visualized to explain the acute vomiting reported. The stomach has mild fluid and gas distension but no evidence of significant shadowing material thickening or a definitive obstruction. Gas interference prevents full evaluation of the stomach, but ileus would be suspected based on the lack of other findings.

Some sections of small intestine have a mildly “ropey” appearance with a prominent muscularis layer but not definitively thickened. There’s minimal fluid distension noted. Findings are most consistent with mild pancreatitis/gastroenteritis. Recommend empirical treatment if symptoms are persistent, consider repeat imaging (radiographs +/- ultrasound) looking for the development of new lesions. Upper GI endoscopy may eventually be warranted if symptoms persist.







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.

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