

PATIENT

Phillipe Dominguez

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

4.95 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Credit Veterinary
 Hospital

REFERRING VET

Dr. Gardiner

INVOICE

72961

DATE

1/6/26

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting for many years with increase in frequency more recently. Owners have a log and noted vomiting 7 times in Sept. '25. They report vomiting about 1-2 times a week. Vomiting consists of saliva, hair and rarely food. Presented to emerg on October 11 for vomiting, inappetence and lethargy. AFAST/TFAST unremarkable. Further workup recommended and declined. Bloodwork last performed in June 2025. Renal values had mildly increased, TT4 was WNL. HP Renal and BP measurement were recommended. History of Grade II/VI cardiac murmur and CKD. Weight loss noted. Recommended cardiac and abdominal ultrasound to further evaluate murmur and chronic vomiting. Discussed possible causes of chronic vomiting. Recommended repeat bloodwork and UA recommended and declined. Current Medications None

Abnormal PE/Chem/CBC/UA Results: See attached

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, masses or cystic calculi.

The left kidney has a normal shape and size (3.24 cm). Overall echogenicity is slightly hyperechoic with poor 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. 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.

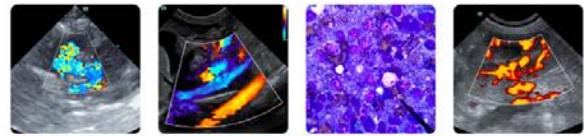
Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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 XX 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 (0.82 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, 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 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 uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. The muscularis layer of the small intestine is prominent throughout the abdomen.

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

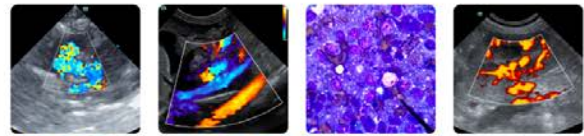
The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis. Prominent pancreatic duct noted.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. An example measures 0.44 cm in diameter. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes consistent with chronic pancreatitis and chronic pancreatic remodeling.
- Diffuse thickening of the small intestine with a prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Occasional prominent mesenteric lymph nodes – Findings are suggestive of reactive lymph nodes.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with a prominent muscularis layer. At this time, these changes are most consistent with inflammatory type change, although early neoplastic change cannot be ruled out. Additionally, both limbs of the pancreas are hypoechoic, mottled, and surrounded by reactive mesentery, consistent with chronic active inflammation. Consider the following:

- Consider a combination ultra low-fat/hydrolyzed protein prescription diet (Royal Canin).
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- Recommend empirical treatment for chronic pancreatitis.
- Recommend a current CBC/Chem panel and urinalysis.

If symptoms are persistent despite taking these measures, recommend biopsies of the GI tract to further evaluate.

Both kidneys have changes consistent with chronic age related renal disease. Recommend a urinalysis +/- culture and blood pressure as a baseline.

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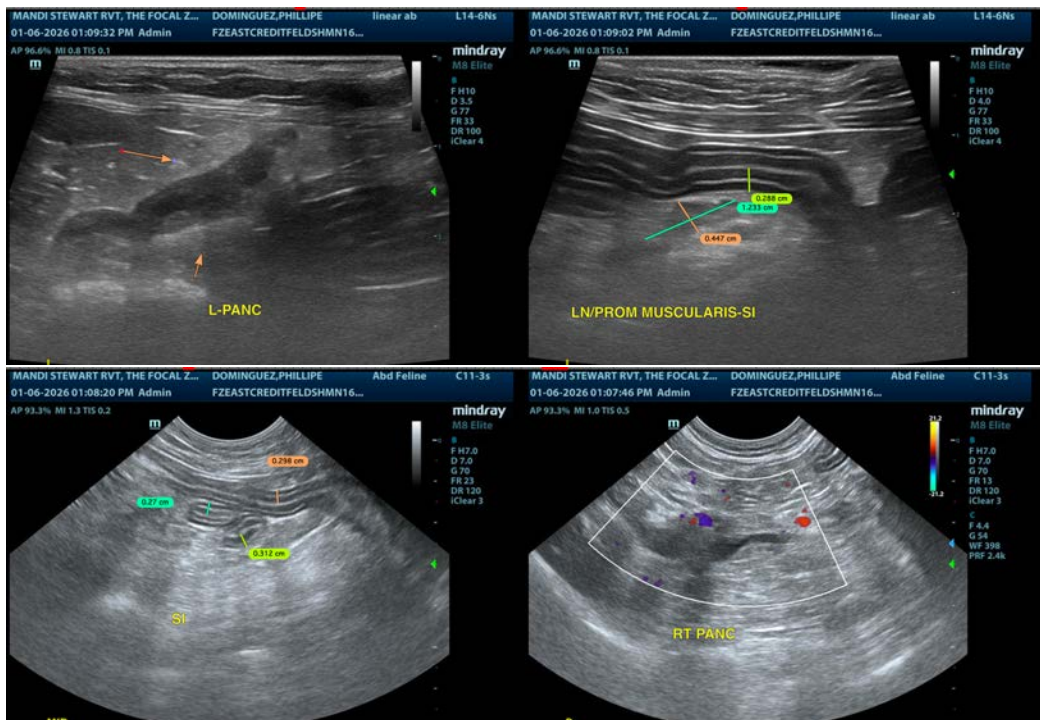
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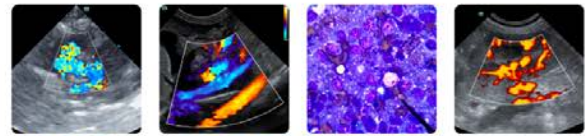
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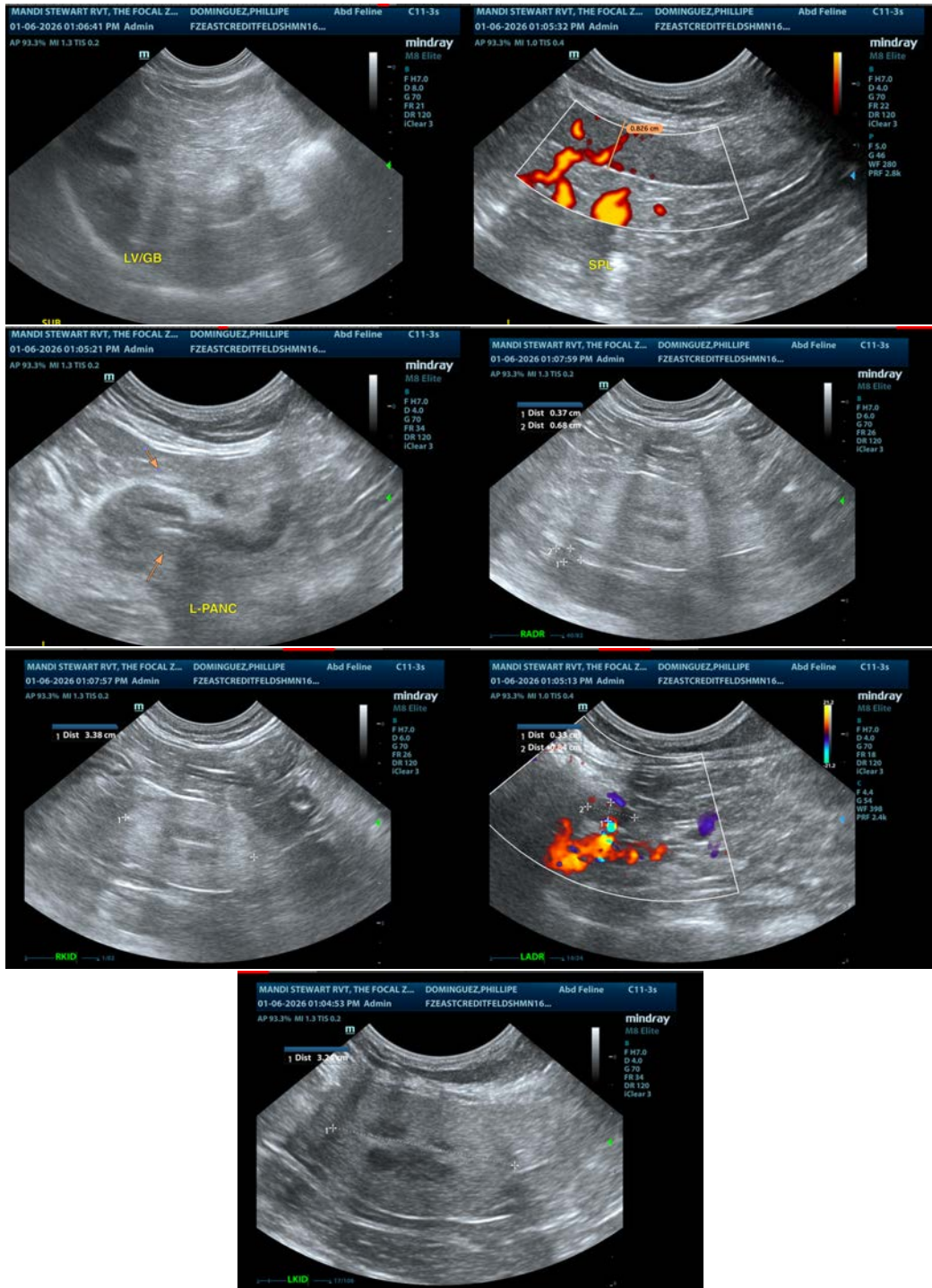
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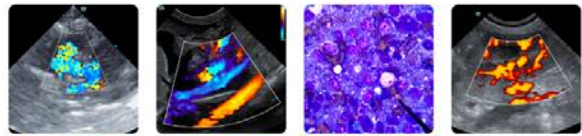
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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