



**PATIENT**

Gizmo Smith

**PRESENTING CLINICAL SIGNS**

Loose, bloody stool, vomiting, anorexia. meds: Cerenia

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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.

**SEX**

Neutered Male

The left kidney has a normal shape and size (4.63 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a thin hyperechoic line separating the cortex from medulla, most consistent with medullary rim sign. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

8 Years

The right kidney has a normal shape and size (4.27 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a thin hyperechoic line separating the cortex from medulla, most consistent with medullary rim sign. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

10.4 lbs

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.30 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.

**IMAGING PERFORMED BY**

Rebecca Hamilton

The right adrenal gland is normal in size measuring 0.34 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.

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**Spleen**

The spleen is subjectively normal in size (0.94 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.

**REFERRING VET**

Dr. Heider

**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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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***Gastrointestinal***

The stomach contains mild fluid. It measures at a normal thickness of <0.7cm 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 to mild fluid/gas distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. Several areas of small intestine have mild fluid and gas distention, most consistent with an enteritis type pattern.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-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 visible/mildly mottled in the right limb. 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 no evidence of a severe lymphadenopathy. An occasional prominent mesenteric lymph node is visualized. An example measures 0.53 cm x 1.36 cm. The omentum is generally normal in echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Medullary rim sign visualized associated with both kidneys – Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.
- Prominent/slightly mottled right limb of the pancreas – Findings are most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.
- Mild fluid/gas distention of some areas of the stomach and small intestine – Findings are most consistent with an enteritis type pattern.
- Non-formed fecal material visualized in the colon – Findings are most consistent with the diarrhea reported.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is mild fluid and gas distention in some areas of the small intestine, and there is mild fluid in the stomach. These changes are most consistent with a non-specific gastroenteritis. No focal lesions are visualized associated with the colon at this time. Consider the following:



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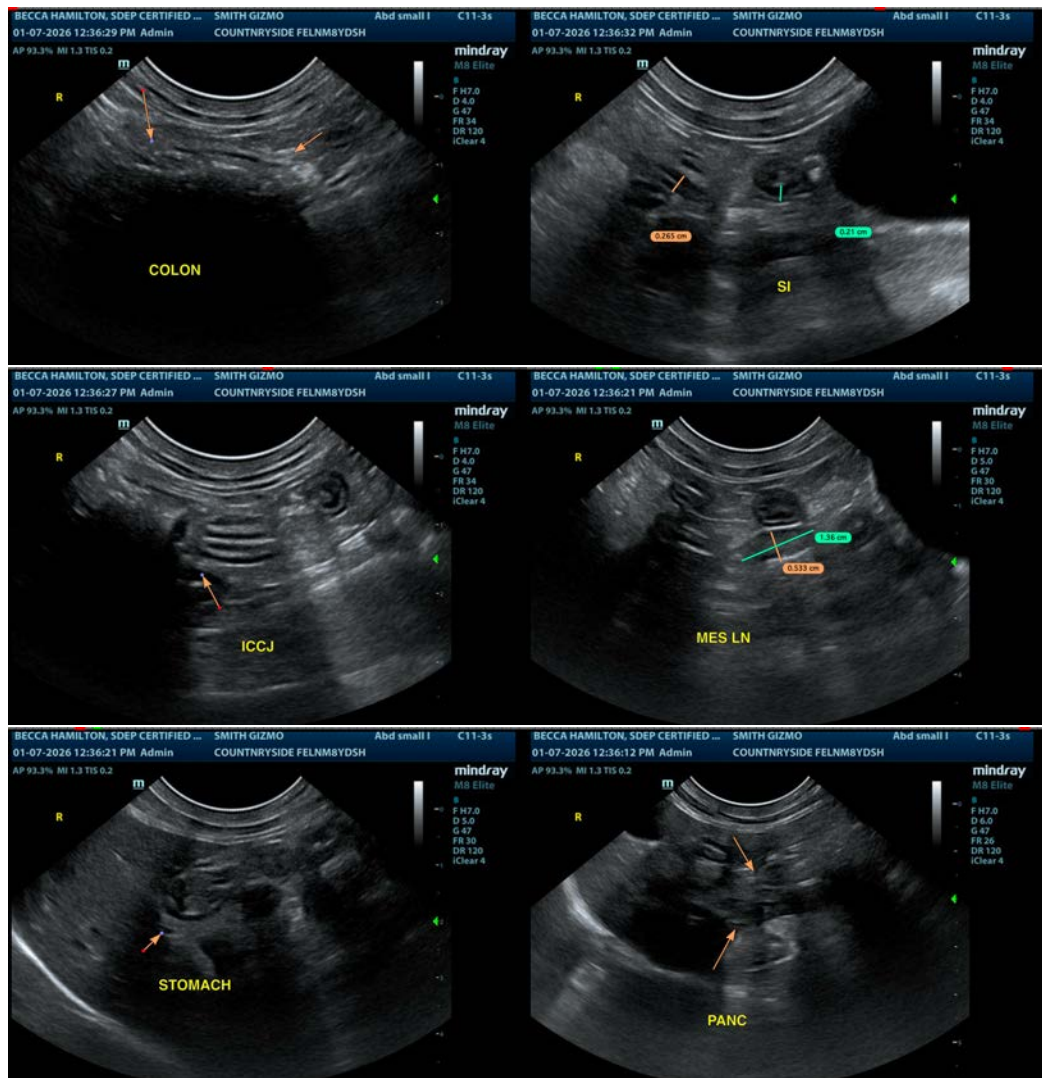
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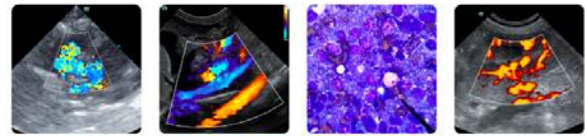
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- Recommend an easily digestible diet. If there is concern for a more chronic enteropathy, consider a hydrolyzed protein prescription diet.
- Recommend parasite screening and empirical deworming.
- Recommend an infectious diarrhea panel.
- Recommend chronic probiotic therapy.

Based on the clinical presentation of two patients in the same household being sick at the same time, an infectious etiology would be a significant concern (viral, bacterial, etc.). Recommend non-specific treatment for gastroenterocolitis and supportive care. If symptoms are progressing or not improving as would be expected, repeat imaging could be considered, looking for the progression of today's lesions.





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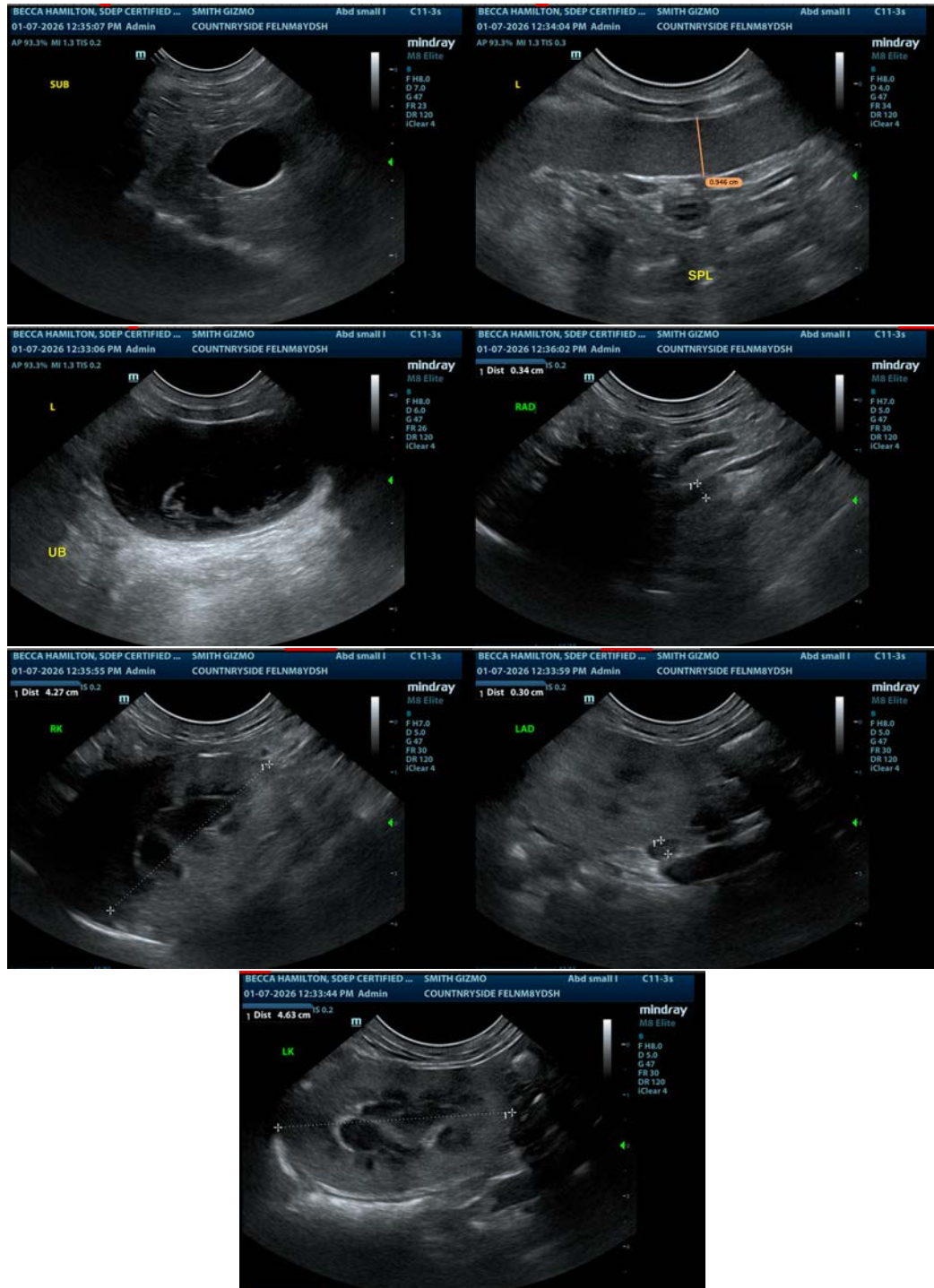
Dr. Heider

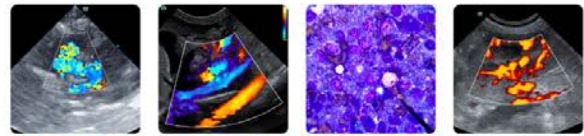
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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