



PATIENT

Jake Mallory

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

13.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Boudreaux-
Milligan

HOSPITAL NAME

Dockside Veterinary
Imaging

REFERRING VET

Dr. Audry Frana

INVOICE

11087

DATE

1/8/2026

PRESENTING CLINICAL SIGNS

Hx of chronic diarrhea, CKD stage 2, and weight loss. ProBNP was high normal. O's would like to proceed with abdominal ultrasound with possible FNA to check for lymphoma, intestinal bowel disease, or pancreatic liver inflammation, etc.

Abnormal PE/Chem/CBC/UA Results: GI profile results, and other lab results 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 (3.8 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 (3.78 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 0.3 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 0.27 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 (1.06 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



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The stomach contains minimal luminal contents. The gastric wall appears mildly thickened and prominent measuring 0.72 cm with intact wall layering. 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 (0.24 cm in wall thickness) and the jejunum measured as normal (0.17 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 visible/mildly hypoechoic and prominent in the left 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, 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.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.
- Prominent gastric wall. Possible differentials include imaging artifact, gastritis, less likely early neoplastic infiltration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. The pancreas is visible particularly in the left limb. These changes are most consistent with chronic pancreatic remodeling. If a PLI level is elevated, concurrent chronic active pancreatitis is possible.

On some views the gastric wall appears somewhat prominent with intact wall layering. Findings are suggestive of gastritis, although continued monitoring is warranted, for progressive changes which could be indicative of a more aggressive process (neoplasia, etc.)

Unfortunately, there are many causes for chronic diarrhea which cannot be diagnosed by ultrasound alone. Consider the following:

- Recommend a combination of hydrolyzed protein/ultra-low-fat diet (royal canin.)
- If the patient has gotten worse since the last GI panel, consider repeat evaluation.
- Recommend a panel screening for infectious causes of diarrhea.
- Recommend chronic probiotic therapy.

If symptoms are persistent, despite taking these measures, consider obtaining biopsies of the GI tract for further evaluation. Additionally, you could consider repeat imaging looking for the progression of today's lesions.



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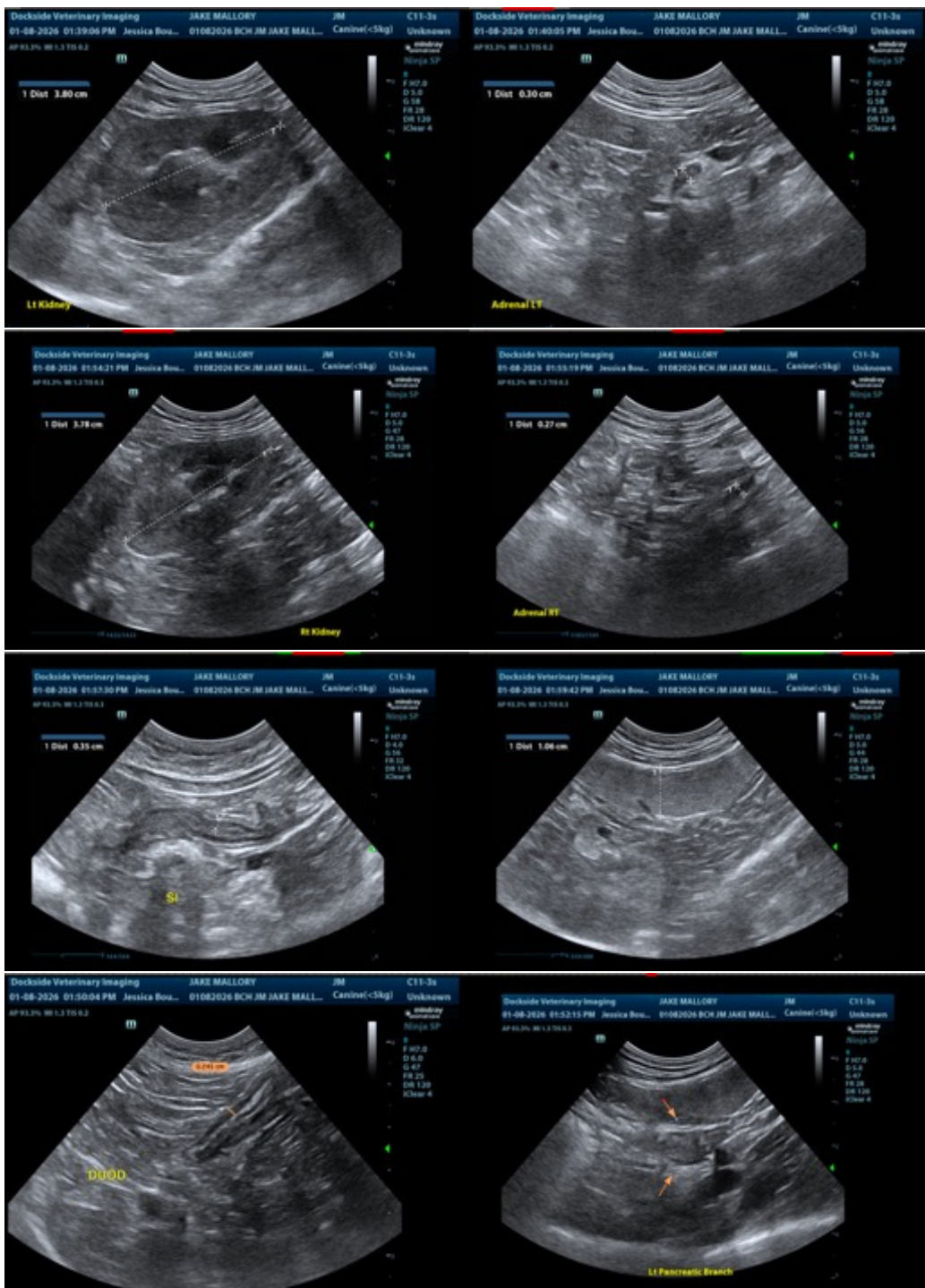
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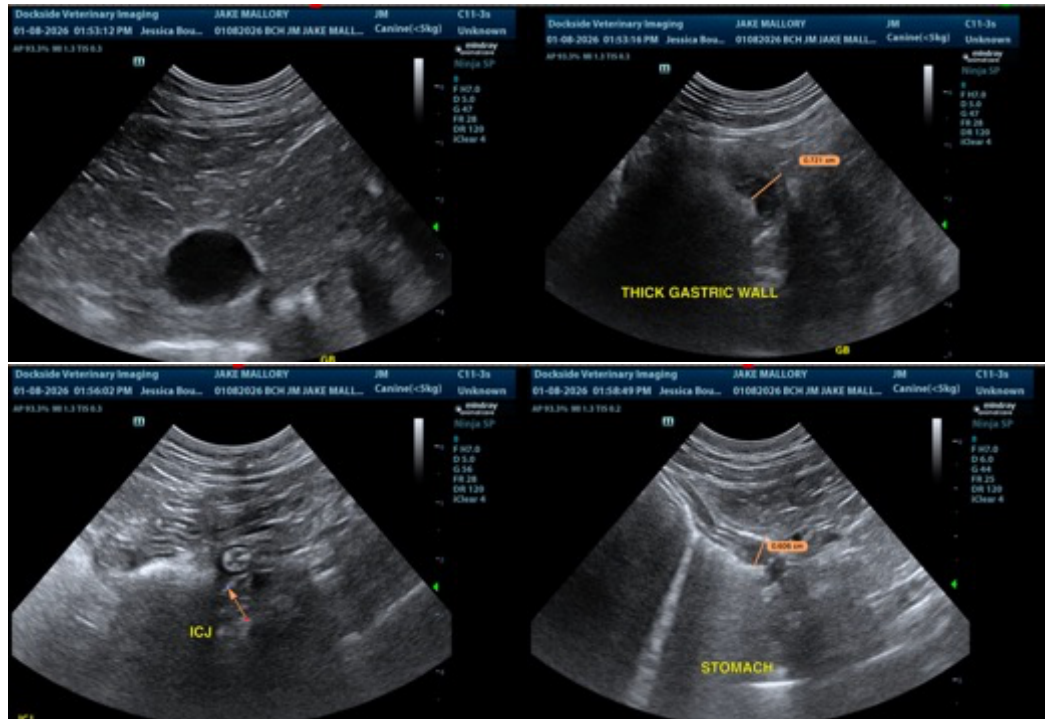
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

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