



PATIENT

Max Hillard

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years 6 months

WEIGHT

13.88 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr. Vincent Fleming

INVOICE

11084

DATE

1/8/2026

PRESENTING CLINICAL SIGNS

Sedation heavily for scans- increased water intake/urination. Labwork - NSF with no overt etiology for progressive chronic intermittent vomiting. Possibly very early CKD. CBC: HCT 46, platelets 97 (d/t platelet clumping) CHEM: BUN 32, creatinine 1.8, SDMA 14.6, mild hyperglycemia 172, mild hyperalbuminemia 4.1 (ref 2.5-3.9), normal precisionPSL 26 (ref 8-26) T4: 2.1 UA: USG 1.030 Indoor/outdoor hunter- limited exam as fractious.

Abnormal PE/Chem/CBC/UA Results: Normal thyroid value with no elevated pancreas, liver, or kidney values.

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 (4.0 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 mild pyelectasia noted measuring 0.15 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.39 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 mild pyelectasia noted measuring 0.18 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.32 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.

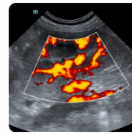
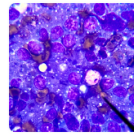
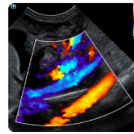
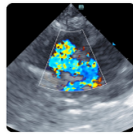
The right adrenal gland is normal in size measuring 0.35 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is normal in size (0.99 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small hyperechoic foci/nodule at the periphery measuring 0.23 cm.

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 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.

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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 (0.2 cm in wall thickness) and the jejunum measured as normal (0.23 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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 visible/mildly mottled in both limbs. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity revealed scant free fluid. There is no significant lymphadenopathy. The right iliac lymph node is prominent at 0.45 cm. A jejunal lymph node is visualized at 0.4 cm. The omentum is of normal uniform echogenicity.

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC FINDINGS

- Mild age-related changes visualized associated with both kidneys and mild bilateral pyelectasia.
- Small hyperechoic foci in the spleen. Findings are most consistent with a benign myelolipoma. Recommend continued monitoring.
- Prominent mottled pancreas. Findings are most consistent with chronic pancreatic remodeling. Mild chronic pancreatitis cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. Recommend continued monitoring of renal values, urinalysis, findings, and consider a blood pressure evaluation to further evaluate the kidneys.

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The pancreas (in particularly the left limb) is somewhat prominent. Correlate with a PLI level. If this is elevated, chronic active pancreatitis may be a factor and continued management is warranted.

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No significant lesions were visualized associated with the small intestine but that does not rule out the possibility of a primary enteropathy.



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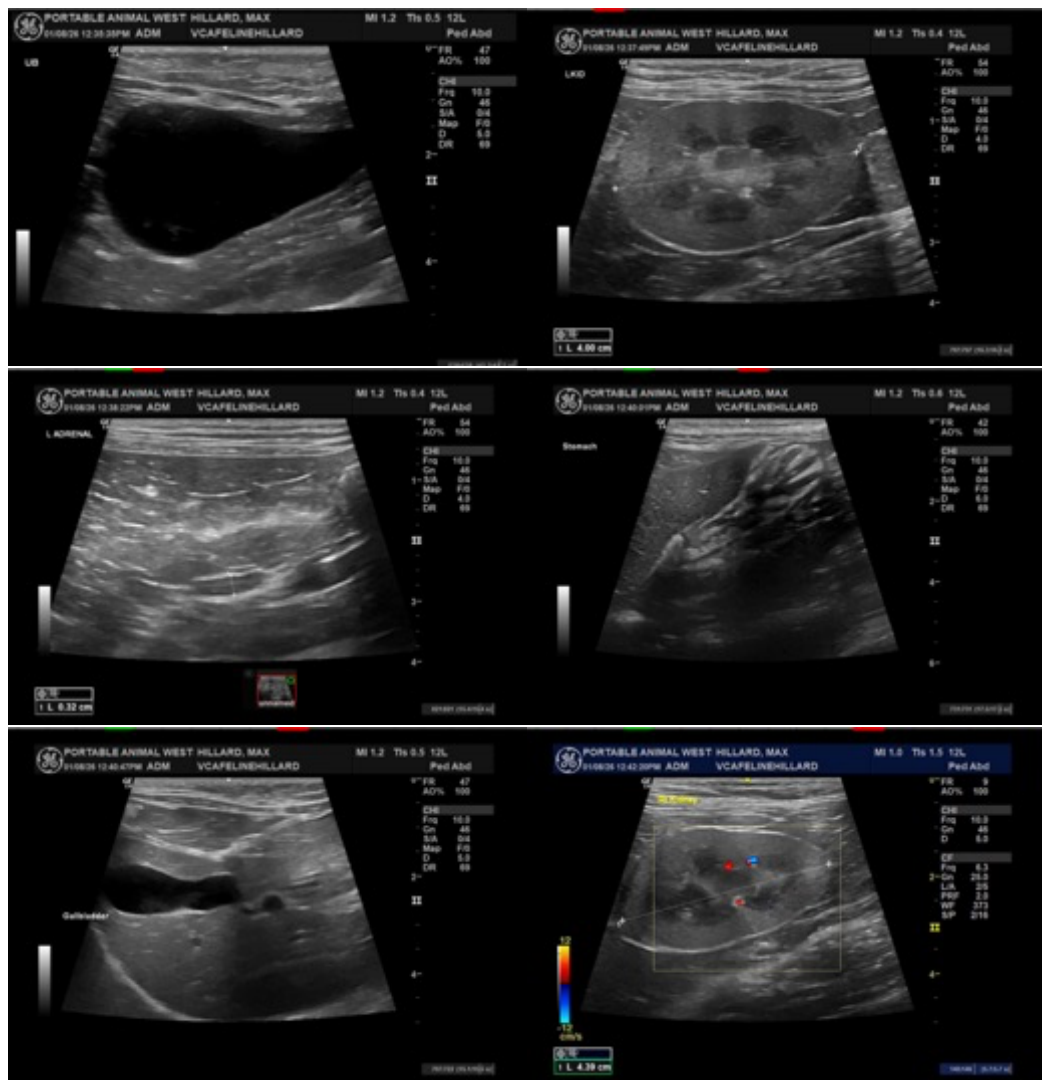
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Consider the following:

- Recommend a hydrolyzed protein prescription diet trial.
- 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.

If vomiting is persistent despite taking these measures, then biopsies of the GI tract could be considered. Additionally, you could consider repeat imaging in the future looking for the progression of today's lesions.





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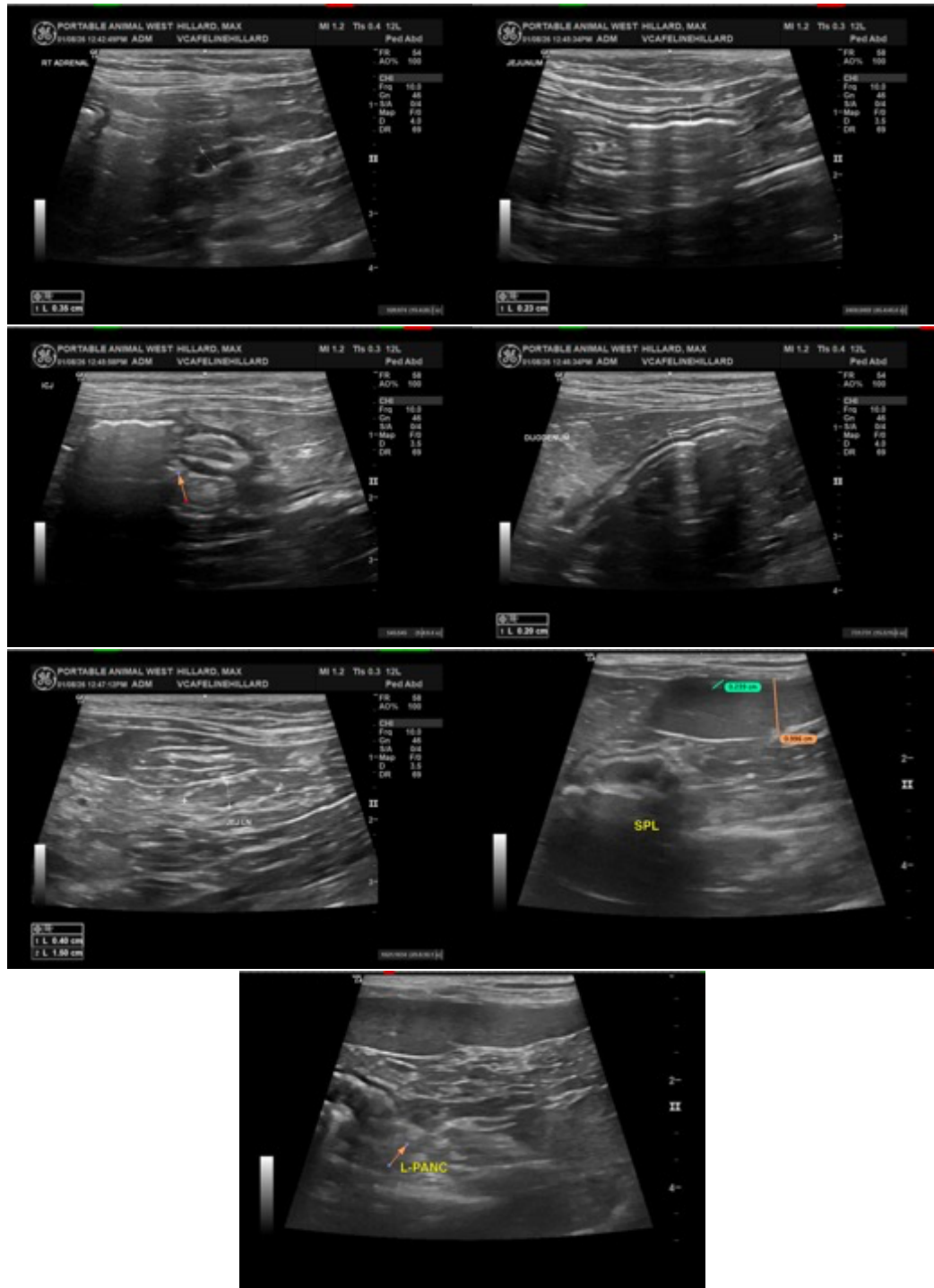
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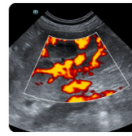
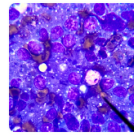


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Imaging
performed by



Veterinarian Animal Hospital Sonography, Inc.
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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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