



PATIENT

GracieMews
Heidenberg

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 Years

WEIGHT

Not Provided

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Englewood Cliffs
Veterinary Hospital

REFERRING VET

Dr. Attanasi

INVOICE

71677

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Losing weight for past year, finicky eater now, always an obese cat, Liver ALT 200 No current meds
Abnormal PE/Chem/CBC/UA Results: ALT 200, Amylase 1726 U/A: trace urine protein, USG >1.040

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 (3.64 cm). The cortex is of increased echogenicity 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 (3.79 cm). The cortex is of increased echogenicity 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 0.38 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 0.44 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 (1.07 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.



PATIENT

GracieMews
Heidenberg

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Englewood Cliffs
Veterinary Hospital

REFERRING VET

Dr. Attanasi

INVOICE

71677

DATE

11/11/25

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 normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. Some of the more thickened sections of small bowel appear slightly corrugated.

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 visible and 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 significant lymphadenopathy. Two lymph nodes at the ileocecal junction are visualized measuring 0.32 cm and 0.32 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with pancreatic remodeling in the right limb. Mild chronic pancreatitis cannot be ruled out.
- Small intestinal thickening 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Much of the small bowel appears somewhat prominent and thickened with a prominent muscularis layer. These changes are most consistent with inflammatory type change, although an early neoplastic change cannot be definitively ruled out.

The right limb of the pancreas is visible but does not appear overtly inflamed. Consider the following steps:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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.



PATIENT

If the PLI level is significantly elevated, recommend concurrent treatment for pancreatitis.

GracieMews
Heidenberg

No focal lesions are visualized associated with the liver or the gallbladder to explain the elevation in ALT reported. This could be secondary to a primary hepatopathy or a reactive hepatopathy from the gastrointestinal issues. Consider a liver function test +/- fine needle aspirate of the liver, looking for possible round cell neoplasia, lipidosis, etc.

SPECIES

Feline

If symptoms are persistent despite taking these measures, biopsies of the GI tract and liver with samples for histopathology and cultures may be warranted. Additionally, you could consider repeat imaging in the future, looking for the progression of today's lesions or the development of new lesions.

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Englewood Cliffs
Veterinary Hospital

REFERRING VET

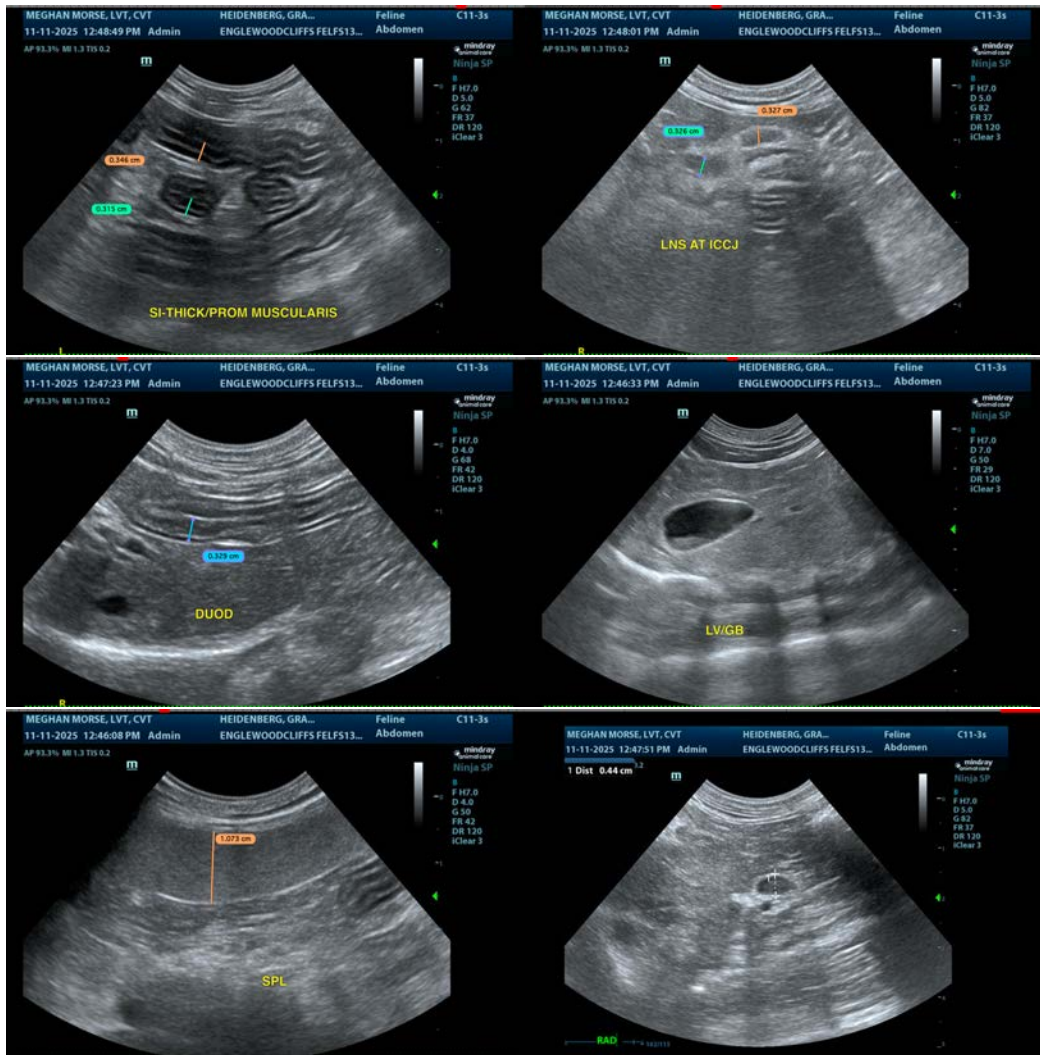
Dr. Attanasi

INVOICE

71677

DATE

11/11/25





PATIENT

GracieMews
 Heidenberg

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

13 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Englewood Cliffs
 Veterinary Hospital

REFERRING VET

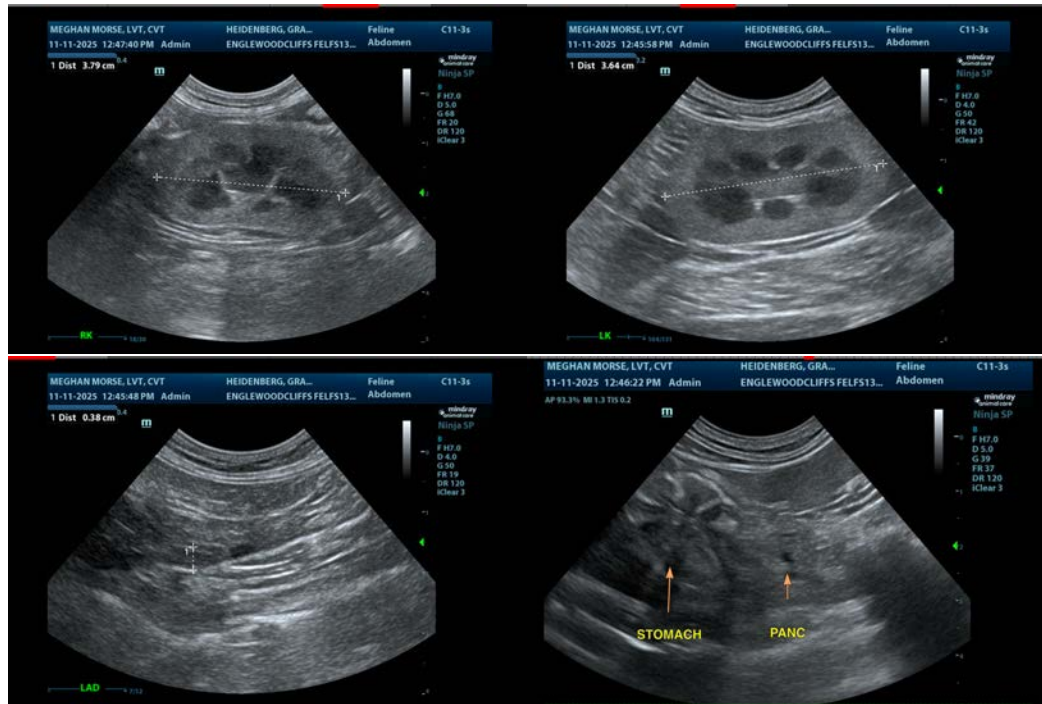
Dr. Attanasi

INVOICE

71677

DATE

11/11/25



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