



PATIENT

Acuarela Rivera

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 Years

WEIGHT

12.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Mario Roman

INVOICE

71791

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Pt presented as a referral to evaluate hx of vomiting and anorexia. 2m ago pt had vomiting w/ blood tinge. Now 4 days ago developed vomiting again this time w/ fever (104F), and was taken to rDVM where pt was hospitalized with IV Fluids for 24hr. Given Onsior, Cerenia, Famotidine, and Metronidazole. Pt is an indoor/outdoor cat, vaccines are not up to date and has not been given any dewormer.

Abnormal PE/Chem/CBC/UA Results: On bloodwork pt had a marked leukocytosis, as well as a mild anemia. Radiograph interpretation showed a diffuse enteropathy and splenomegaly. Bloodwork and radiographs are attached as supporting documents.

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 (4.6 cm) with mild pyelectasia at 0.17 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.3 cm) with mild pyelectasia at 0.15 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 0.44 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 0.20 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 borderline large and mildly scalloped, measuring 1.08 cm. 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.



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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 moderate fluid. 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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Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There is a focal section of jejunum that appears fluid distended with some focal intraluminal shadowing material measuring approximately 0.37 cm in width. Findings could be consistent with passing ingesta/foreign material. Continued monitoring is warranted.

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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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is mild surrounding inflammation, particularly in the cranial aspect of the right limb of the pancreas.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes, particularly in the right cranial abdomen near the stomach where there is a lymph node measuring 0.86 cm in diameter and another mesenteric lymph node measuring 0.28 cm. The omentum is hyperechoic in the right cranial abdomen and near the pancreas.

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ULTRASONOGRAPHIC FINDINGS

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- Mild bilateral pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, scalloped spleen – Possible differentials could include anatomic variation (large cat, congestion, splenitis, lymphoid hyperplasia, or infiltrative neoplasia).
- Mottled right and left limbs of the pancreas with some cranial abdominal inflammation – Findings are concerning for possible mild pancreatitis.
- Mildly fluid distended stomach with surrounding inflammation – Findings are most consistent with gastritis and gastric ileus.
- Area of small intestine with moderate fluid distention abutting intraluminal shadowing material – A definitive obstructive pattern is not visualized but continued monitoring of this region is warranted.

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- Reactive lymphadenopathy in the cranial abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is significant inflammation in the right cranial abdomen near the stomach and the right limb of the pancreas. The stomach is somewhat fluid distended, most consistent with gastric ileus. Recommend non-specific treatment for gastroenteritis/pancreatitis and close continued monitoring. Additionally, there is a section of jejunum that appears fluid distended, abutting some intraluminal shadowing material. There is no surrounding inflammation and a definitive obstruction is not observed, but if symptoms are persistent, consider reevaluation of this region in 12-24 hours with radiographs +/- ultrasound.

The spleen is subjectively large and mildly scalloped. This is a large cat so this could be normal for this individual. If symptoms are persisting and/or the spleen becomes more palpable, consider a fine needle aspirate to further evaluate.

There is mild pyelectasia visualized associated with both kidneys. This could be secondary to fluid therapy. Recommend urinalysis +/- culture to further evaluate.





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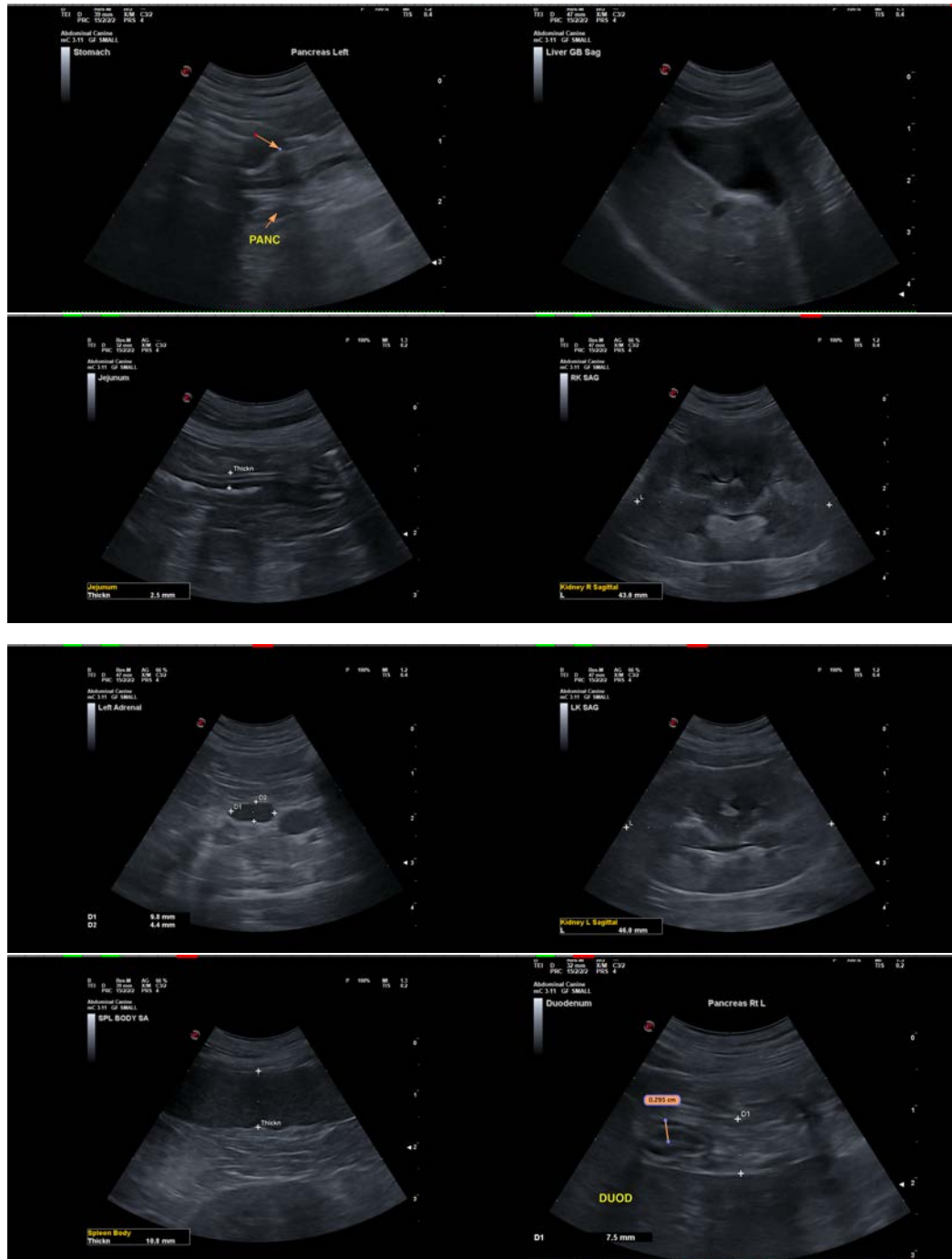
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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