

PATIENT

Jezy Wright

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

5.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Yvonna Aranda

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Shelton

INVOICE

71911

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Chronic weight loss and muscle wasting. Eating less. FORL on 107 Lost almost 1 lb in 1 month Had fleas 1 m ago but none on recent exam.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values Hct 26.2% Neutrophilia 14.86K Ca 8.7 Glu 176 UA rare cocci and rod present but no leukocytes noted. Current Medications Convenia, revolution

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 (3.36 cm) with mild pyelectasia at 0.14 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 (3.57 cm) with pyelectasia at 0.39 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.31 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 0.25 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 (0.43 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 with smooth peripheral margins. The parenchyma is subjectively mildly hyperechoic and homogenous in 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. There is a moderate amount of non-organized echogenic debris. 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate 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 0.31 cm. Jejunum wall measures 0.19 cm. Visualized peristalsis appears appropriate. There is mild diffuse variable fluid and gas distention of the bowl with some areas exhibiting slightly reduced detail in wall layering and a more thickened appearance.

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 left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. 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 a mild to moderate diffuse lymphadenopathy with somewhat poorly defined large, hypoechoic mesenteric lymph nodes. Examples measure 1.01 cm x 2.37 cm, 0.44 cm x 1.43 cm, 0.83 cm x 1.49 cm, and there is a hypoechoic structure visualized caudal to the right kidney measuring 0.68 cm x 1.51 cm, possibly consistent with an omental cyst or other cystic structure. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Changes consistent with pancreatic remodeling in the right limb.
- 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.
- Mild fluid and gas distention of the small intestine with some areas exhibiting mildly reduced detail of wall layering – Findings are most consistent with an enteritis type pattern. An early neoplastic process or partial obstruction cannot be definitively ruled out.
- Moderate mesenteric lymphadenopathy – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears mildly diffusely fluid and gas distended. No focal lesions are observed.



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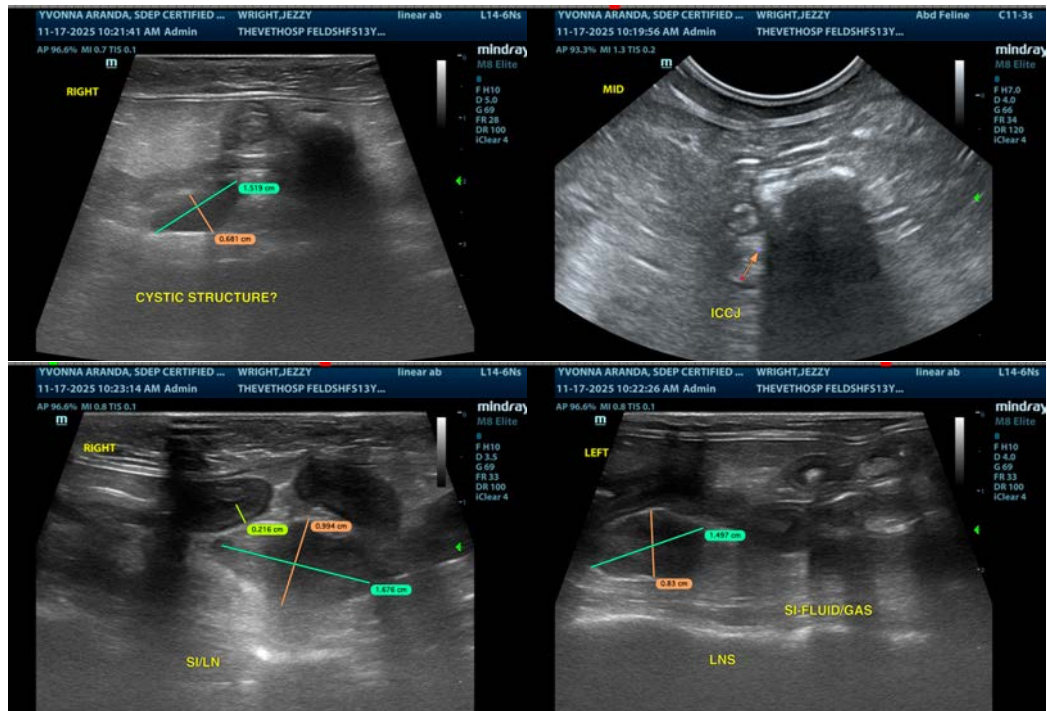
Changes are most consistent with an enteritis type pattern/possible mild ileus, although continued monitoring is warranted, as a small focal lesion cannot be definitively ruled out. Amongst the abnormal bowel there are large, hypoechoic, somewhat poorly defined lymph nodes. These could represent highly reactive lymph nodes, early neoplastic lymph nodes, etc. If a safe window for sampling is available, consider a fine needle aspirate of one of the larger lymph nodes.

While awaiting cytologic evaluation, you could consider the following:

- 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.

If symptoms are persistent and cytologic evaluation is not helpful, then surgical biopsies may be warranted (GI tract, lymph nodes, +/- liver). Prior to this you could consider repeat imaging, looking for progression of today's lesions.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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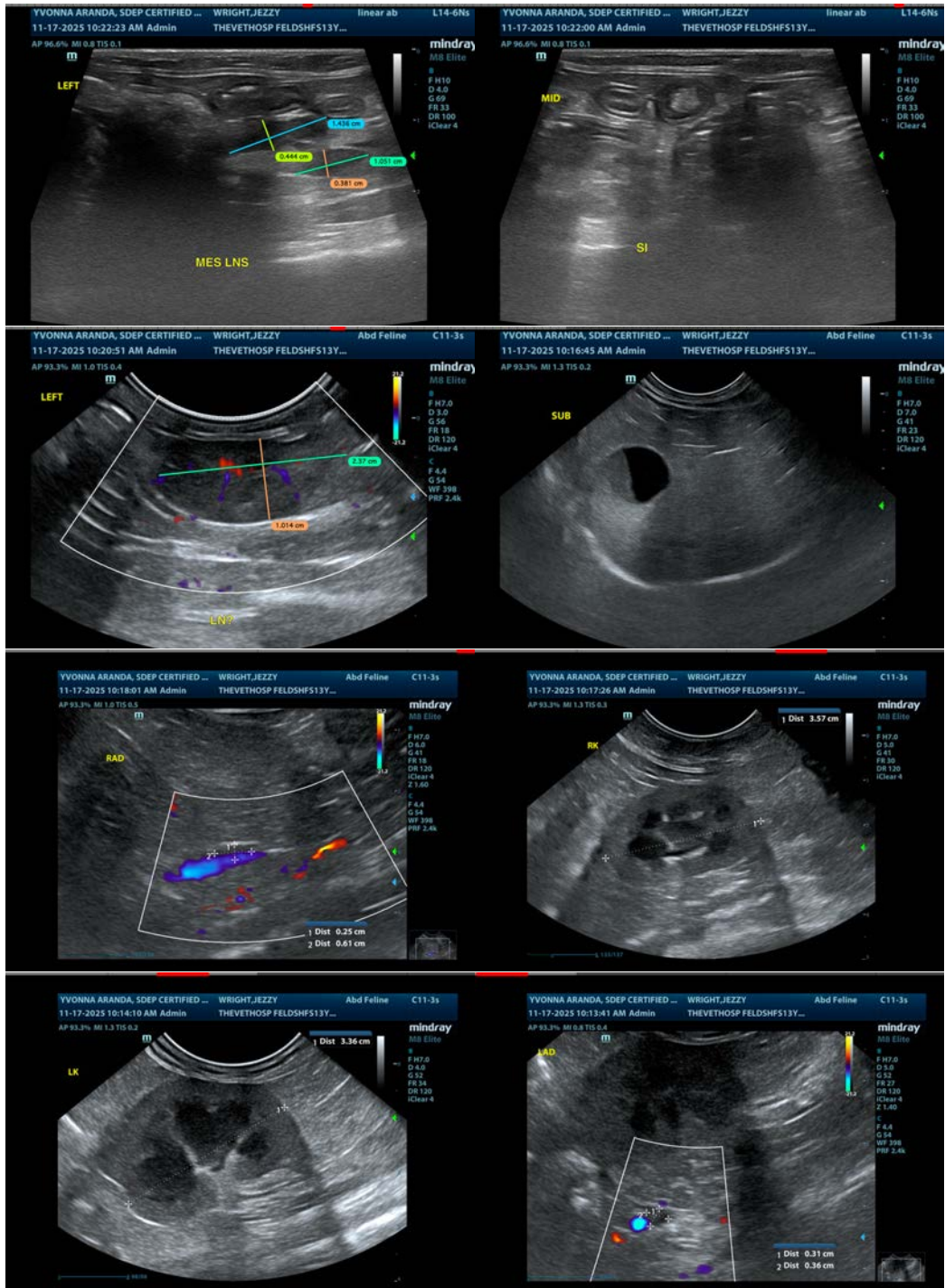
Dr. Shelton

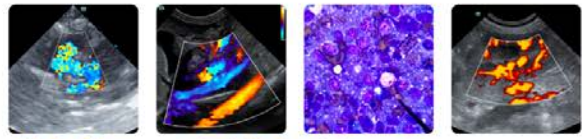
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com