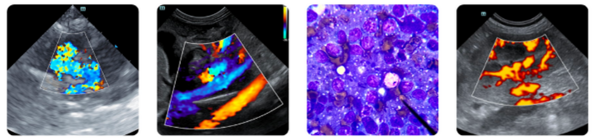


PATIENT
Sully Neuhoff

SPECIES
Feline

BREED
Maine Coon

SEX
NM

AGE
9.25 yo

WEIGHT
15.3 lb

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

IMAGING PERFORMED BY
Emily Kirk

HOSPITAL NAME
Shiloh Animal Hospital

REFERRING VET
Dr. Audra Alley

INVOICE
10780

DATE
11/20/2025

PRESENTING CLINICAL SIGNS

Presented for ultrasound to investigate decreased appetite of several day's duration. No vomiting or diarrhea. Patient has history of heart murmur, but breathing has not changed. He has severe hind limb paresis and history of blockage but has been using the litter box adequately as of late.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with echogenic urine. The Bladder wall appears diffusely, mildly thickened and irregular measuring 0.36 cm. The region of the trigone, ureteral papillae and visible urethra appear free of any mass, lesions, or calculi.

The left kidney has a normal shape and size (4.9 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 (5.23 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is borderline large in size (1.22 cm) but otherwise normal, 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.

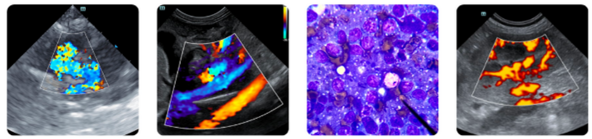
Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The biliary tract is normal. The vasculature subjectively appears somewhat congested. 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

The stomach contains moderate/large fluid and gas. 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



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adequate and there is no impression of reduced peristaltic activity. Gas artifact interferes with full evaluation of the stomach and some areas of the cranial abdomen.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas 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 (0.22 cm in wall thickness) and the jejunum measured as normal (0.18 cm.) Visualized peristalsis appears appropriate. Generally, the small intestine appears gassy with some fluid distension. No focal lesions are observed but visualization is poor due to gas interference.

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 prominent and hypoechoic in both limbs. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

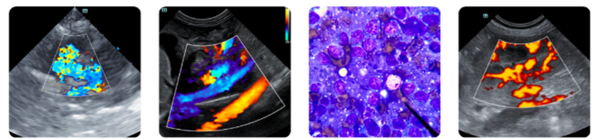
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Echogenic urine and a thickened urinary bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Borderline large spleen. This could be normal for such a large cat. Alternate differentials include congestion, splenitis, lymphoid hyperplasia, less likely neoplastic infiltration.
- Prominent and hypoechoic pancreas in both limbs. Findings could be consistent with chronic pancreatic remodeling +/- chronic pancreatitis. Correlate with a PLI level.
- Fluid/gas distended stomach. Correlate with the feeding history and patient demeanor. If the patient was adequately fasted and is calm, this would be abnormal. Potentially consistent with delayed gastric emptying and outflow tract obstruction (none observed, etc.)
- Diffuse mild to moderate fluid and gas distension of the small intestine. Correlate with the feeding history. This could be consistent with mild enteritis/ileus. An obstructive pattern cannot be definitively ruled out.
- Prominent vasculature. This could be normal for such a large cat or consistent with congestion. If active cardiac disease is suspected, this could be reevaluated.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is fluid and gas distended and generally the small intestine appears “gassy” with fluid. This interferes with full evaluation of some areas in the GI tract. This could be secondary to gastroenteritis, a non-fasted patient, etc. An obstructive pattern seems less likely but cannot be ruled



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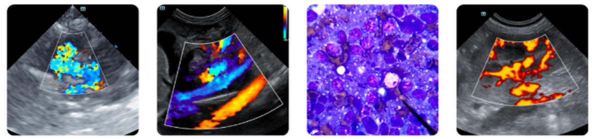
out. Correlate with abdominal radiographs.

Both limbs of the pancreas appear prominent and hypoechoic. Correlate with a PLI level to better assess if active chronic pancreatitis may be present and consider empirical therapy.

The bladder wall appears thickened (although there is minimal distension) and slightly irregular. Correlate with a urine culture, and urinalysis to assess for chronic cystitis.



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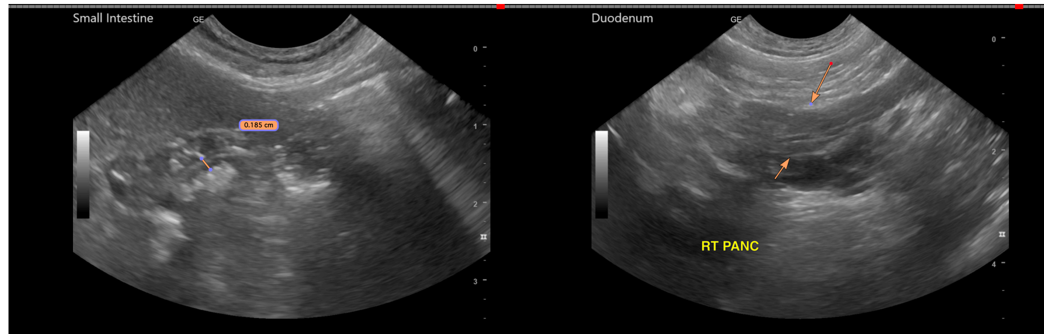

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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