

## PATIENT

Clement Dussaq

## SPECIES

Feline

## BREED

Bengal

## SEX

MN

## AGE

4 years 7 months

## WEIGHT

13.73 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

10790

## DATE

11/21/2025

## PRESENTING CLINICAL SIGNS

Sedated for scan. Pt presented to ER on 11/18/25 for lethargy, abdominal twitching/tremors, and hyporexia. O was out of town for 9 days and returned on 11/16/25. Pet sitter noted normal appetite for the first 5 days with decreased appetite 2 days prior to O returning. Pt had minimal appetite on 11/16/25 with improved but moderate hyporexia through today. O noticed abdominal twitching/tremors only after stressful stimulus such as other household cat hissing at pt after returning from hospital or after strenuous activity/when pt jumps onto O's lap. Pt does not have tremors when asleep. No significant improvement in tremors or hyporexia after O started gabapentin liquid (unknown strength) this AM - administered q8h. No known trauma, toxin exposure, or foreign body ingestion. No C/S/V/D. No PU/PD/PP. Diet: Blue Buffalo dry with churro wet treats Environment: Indoor only; 2 other household cats (generally gets along well) Medications: Gabapentin q8h - unknown strength No current supplements or preventatives ER notes - Severe tachycardia (HR 240), twitching/tremors, and bounding pulses noted on PE - improved after butorphanol administration. Hyporexia, Thoracic/body tremor synchronous with cardiac impulse.

Abnormal PE/Chem/CBC/UA Results: Radiographs showed normal thoracic structures, normal peritoneal detail, left kidney normal, and right kidney not visualized (small kidney vs hypoplasia vs superimposition). A small oval mineral opacity in the mid-abdomen. Abdominal gas pattern was nonspecific and consistent with mild enteritis/enteropathy. - CBC and chemistry were largely unremarkable except for lymphopenia (stress leukogram). proBNP was normal. - Cardiology review of ECG showed sinus rhythm, increased R-wave amplitude and QRS duration, and mild right axis deviation, which may suggest ventricular enlargement but could also be positional, breed-related, or incidental. Cardiac medication was not recommended, and echocardiography was suggested only if clinical signs persist.

## 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 is borderline large (4.83 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are occasional hyperechoic striations visualized within the cortex. 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 is small in size (1.91 cm). Overall echogenicity is slightly hyperechoic with severely decreased 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 0.42 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.



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The right adrenal gland is normal in size measuring 0.32 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.

**SPECIES**

Feline

**Spleen**

The spleen is subjectively normal in size (1.44 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.

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**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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with 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. The duodenum measured as normal (0.18 cm in wall thickness) and the jejunum measured as normal (0.2 cm.) Visualized peristalsis appears appropriate. The proximal duodenum and many areas of jejunum appear mildly to moderately fluid distended with some areas exhibiting increased motility.

**IMAGING  
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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 visible and 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 did not reveal any evidence of effusion. There is a significant mesenteric lymphadenopathy with a cluster of lymph nodes at the mesenteric root measuring 0.69 cm x 2.0 cm and 0.51 cm x 1.77 cm. A mesenteric lymph node is visualized measuring 0.54 cm x 1.98 cm. The omentum is of normal uniform echogenicity.

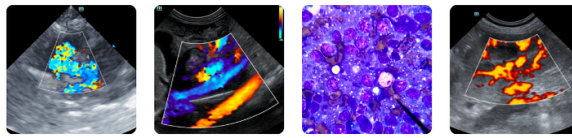
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**ULTRASONOGRAPHIC FINDINGS**



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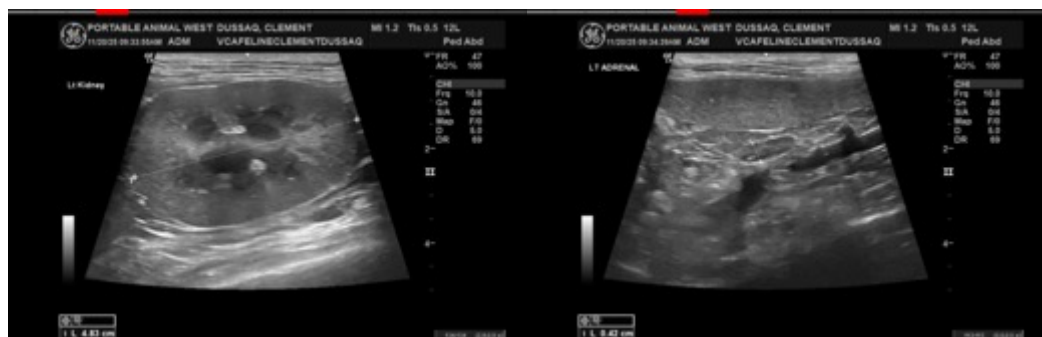
- Large/normal appearing left kidney with a small right kidney with abnormal architecture. Findings are most consistent with a atrophied right kidney and compensatory enlargement of the left kidney.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Significantly fluid/ingesta distended stomach and areas of small intestine which are fluid and gas distended. Correlate with the feeding history. If the patient was adequately fasted this could represent ingested foreign material, delayed gastric emptying, or potentially a partially obstructive ingested foreign material.
- Moderate mesenteric lymphadenopathy. Findings are most consistent with highly reactive lymph nodes, although early neoplastic lymph nodes cannot be ruled out.
- Large, normal appearing spleen. Possible differentials would include anatomic variation (large cat), congestion, splenitis, lymphoid hyperplasia, or less likely infiltrative neoplasia. A fine needle aspirate could be considered to further evaluate.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The stomach is significantly fluid distended with shadowing ingesta. If the patient was not fasted, this could represent normal ingesta passing through the GI tract. If the patient was adequately fasted, this could represent retained foreign material, delayed gastric emptying, etc. No evidence of an outflow tract obstruction is visualized. Many areas of the small intestine appear somewhat fluid distended with some areas containing shadowing intraluminal material. No evidence of a definitive obstruction is visualized but a partial obstruction cannot be ruled out.

The mesenteric lymph nodes are prominent, likely reactive but a fine needle aspirate could be considered to rule out an underlying neoplastic process.

Correlate findings with abdominal radiographs.



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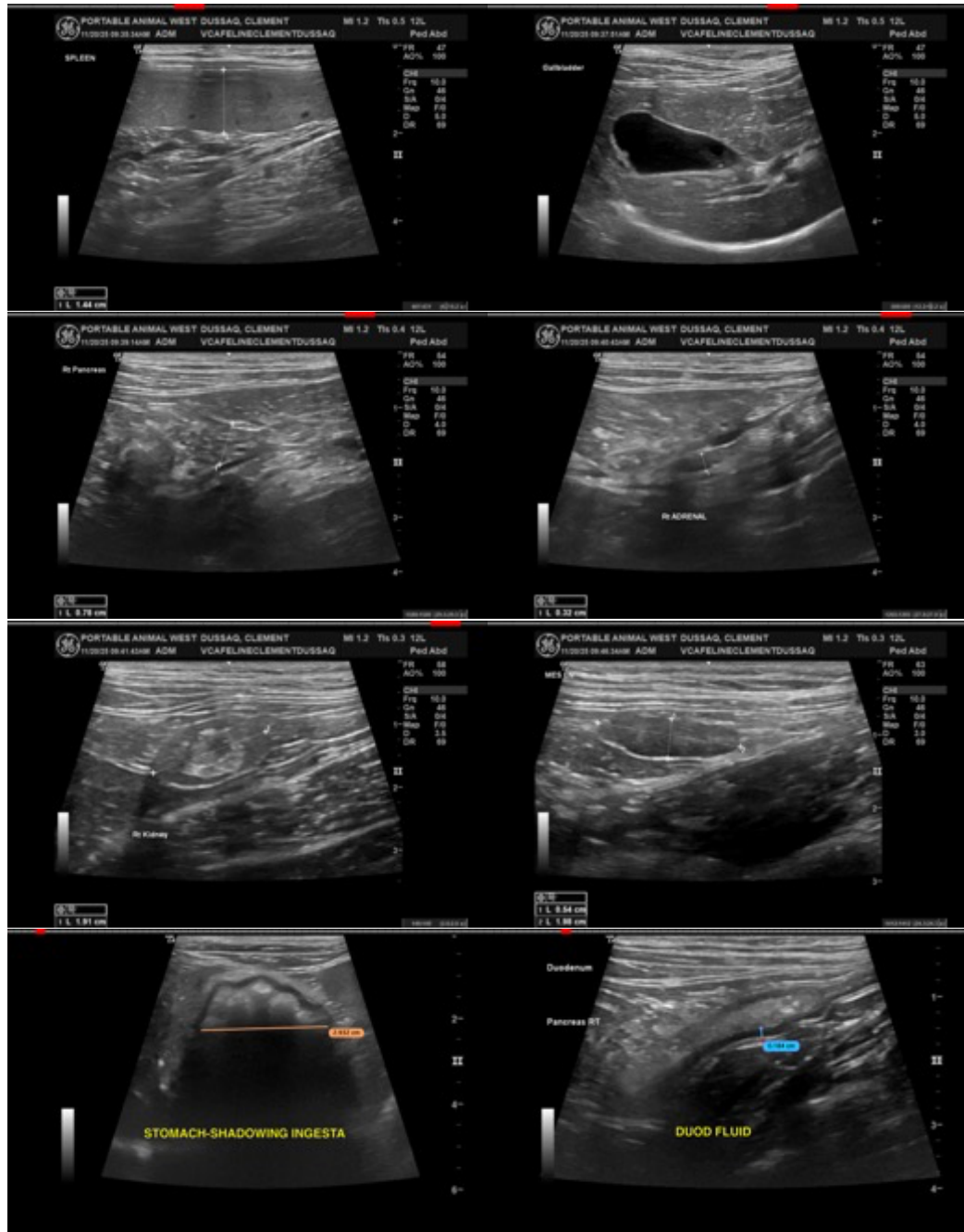
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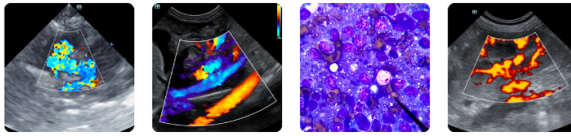
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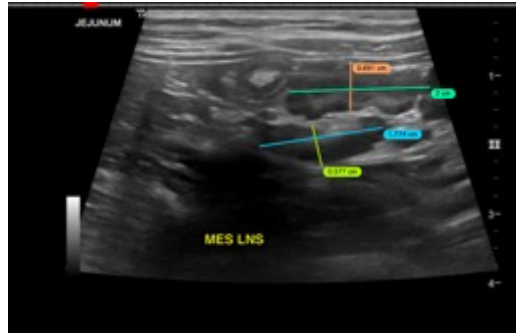
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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