

PATIENT

Pumpkin Brown

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2013

WEIGHT

7.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Dr. Sam's Veterinary
Housecalls

REFERRING VET

Dr. Ottinger

INVOICE

10816

DATE

11/25/2025

PRESENTING CLINICAL SIGNS

History of cough, respiratory issues in June, recent decreased appetite, vomiting, weight loss
Medication: veraflox, prednisolone, mirtaz, cerenia.

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 (3.18 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 are occasional small cortical cysts noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.31 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 are occasional small cortical cysts noted. 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 small when contracted, measuring 0.63 cm. The 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.

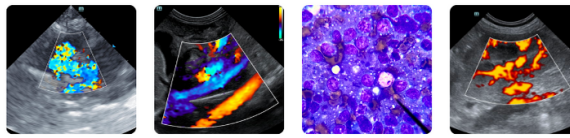
Liver

The liver is subjectively large in size with smooth peripheral margins. The parenchyma is 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 bile duct appears somewhat prominent and tortuous measuring 0.22 cm.

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall appears generally thickened in some areas. The thickening is more pronounced with reduced detailed wall layering measuring up to 1.12 cm. No masses or focal lesions were observed.



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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. The jejunum measured 0.21 cm in diameter. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 prominent and hypoechoic in the left 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 a mild diffuse mesenteric lymphadenopathy. Examples of lymph nodes measure 0.32 cm, 0.29 cm. There's a small cluster at the ileocecal junction measuring 0.38 cm, and 0.27 cm. The omentum is mildly diffusely hyperechoic, particularly at the ileocecal junction.

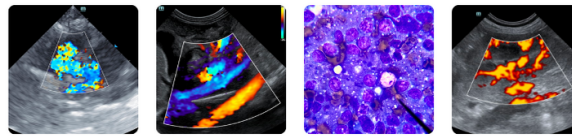
ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with mild pancreatic remodeling.
- Large, hyperechoic liver. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Moderate gallbladder debris with a mildly dilated/tortuous bile duct. Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (i.e. choledocholith, bile duct tumor, pancreatic disease, other).
- Thickened gastric wall with reduced detailed wall layering. Findings are concerning for infiltrative disease or severe gastritis.
- Prominent/mildly ropey small intestine. Findings are most consistent with inflammatory type change. Early neoplastic change cannot be ruled out.
- Mild, diffuse lymphadenopathy. Findings are most consistent with a reactive lymphadenopathy. An early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's the impression of generalized inflammation with prominent mesenteric lymph nodes, reactive mesentery, and mildly thickened/prominent small intestine.

Some areas of the gastric wall appear significantly thickened with reduced detailed wall layering. Recommend a fine needle aspirate of the gastric wall to further evaluate for potential infiltrative



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neoplasia.

The liver is subjectively hyperechoic. Correlate with current lab work. IF a primary hepatopathy is suspected, consider a fine needle aspirate for further evaluation (provided coagulation parameters are normal.)

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There's a moderate amount of debris visualized within the gallbladder, and some debris extending into the bile duct, which is mildly dilated and tortuous. Consider empirical treatment for cholecystitis with ursodiol, Denamarin, antibiotics, and continued monitoring of the gallbladder and bile duct with ultrasound.

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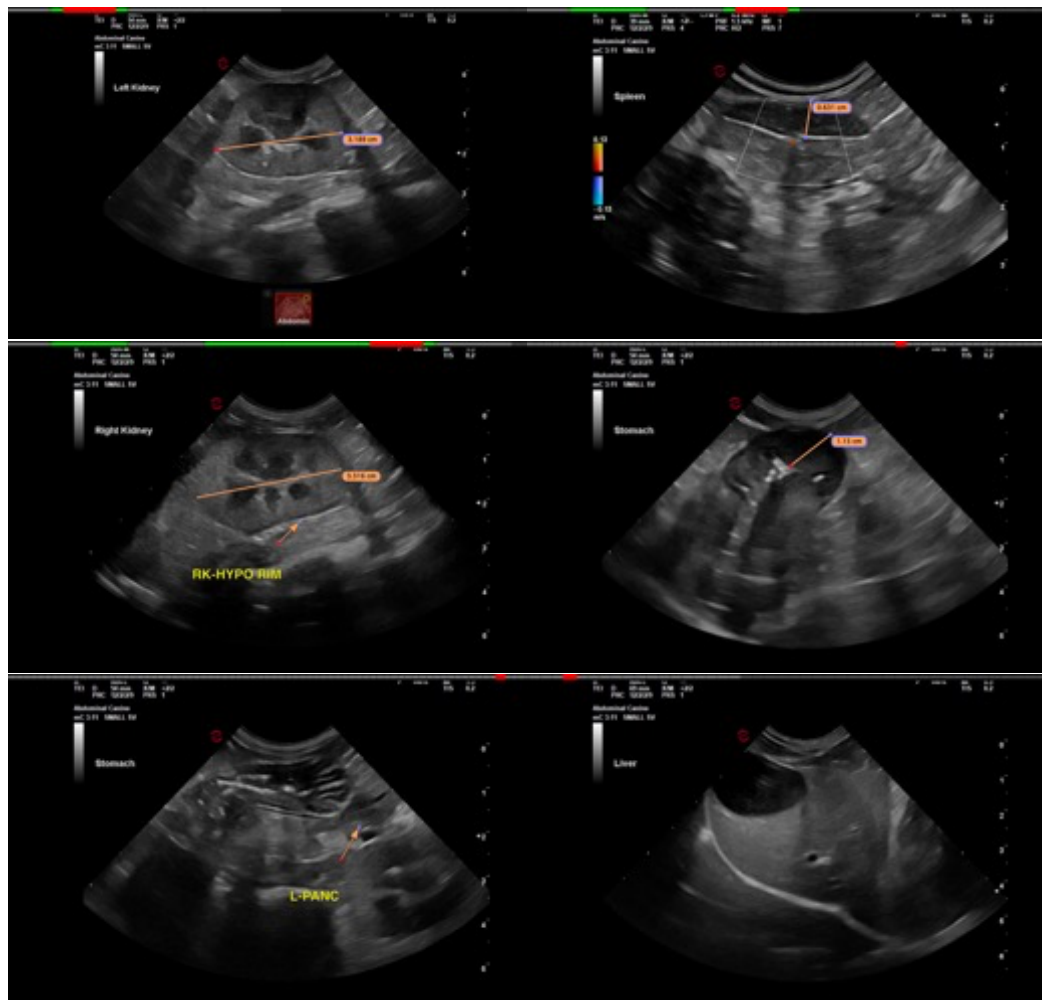
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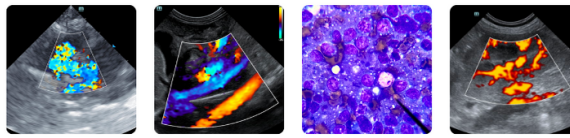
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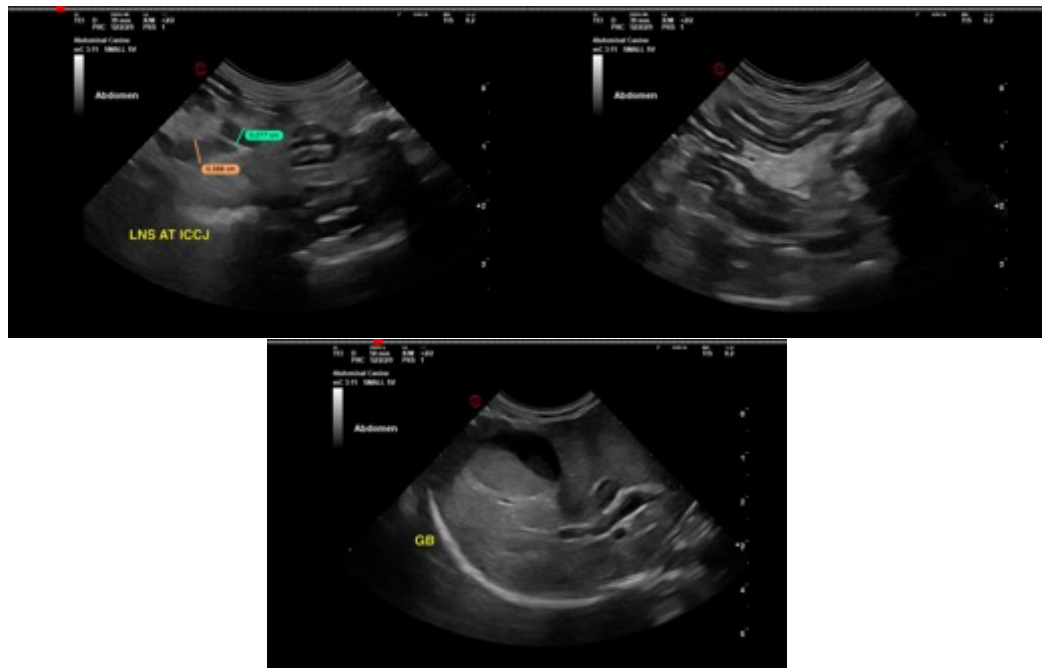
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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