



PATIENT

Sasha Warner

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr. Kluchurosky

INVOICE

72080

DATE

11/25/25

PRESENTING CLINICAL SIGNS

1 year history of vomiting, diarrhea; weight loss; anorexia x 4 days
Abnormal PE/Chem/CBC/UA Results: Lab work results pending BCS = 4/9

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 (3.84 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (3.87 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 0.25 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 0.33 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 (1.08 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, 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.

The gall bladder lumen is moderately distended. The gallbladder wall is slightly hyperechoic and prominent/thick, measuring at 0.21 cm. Luminal contents are mild and likely incidental at this time. The bile duct appears mildly thickened, dilated and tortuous, measuring at 0.21 cm distally. No focal obstruction is clearly visualized.



PATIENT

Sasha Warner

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr. Kluchurosky

INVOICE

72080

DATE

11/25/25

Gastrointestinal

The stomach contains minimal luminal contents. The stomach wall is mildly thickened 0.60 cm with 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 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 0.23 cm. Jejunum wall measures 0.24 cm. 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 non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. Descending colon measures 0.20 cm.

Pancreas

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 are occasional prominent mesenteric lymph nodes. An example measures 0.29 cm. Some slightly prominent lymph nodes near the ileocecal junction are visualized measuring 0.25 cm and 0.26 cm. The omentum is slightly hyperechoic around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.
- Mildly hyperechoic/thickened gallbladder wall with a tortuous dilated bile duct – Findings could be consistent with cholecystitis.
- Areas of segmentally mildly thickened small intestine with prominent muscularis – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Mild reactive mesenteric lymphadenopathy.
- Mildly thickened gastric wall with intact wall layering – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlate today's findings with current lab work. The gallbladder is slightly prominent with a hyperechoic, mildly thickened wall, and the bile duct appears mildly dilated and tortuous. The



PATIENT

Sasha Warner

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr. Kluchurosky

INVOICE

72080

DATE

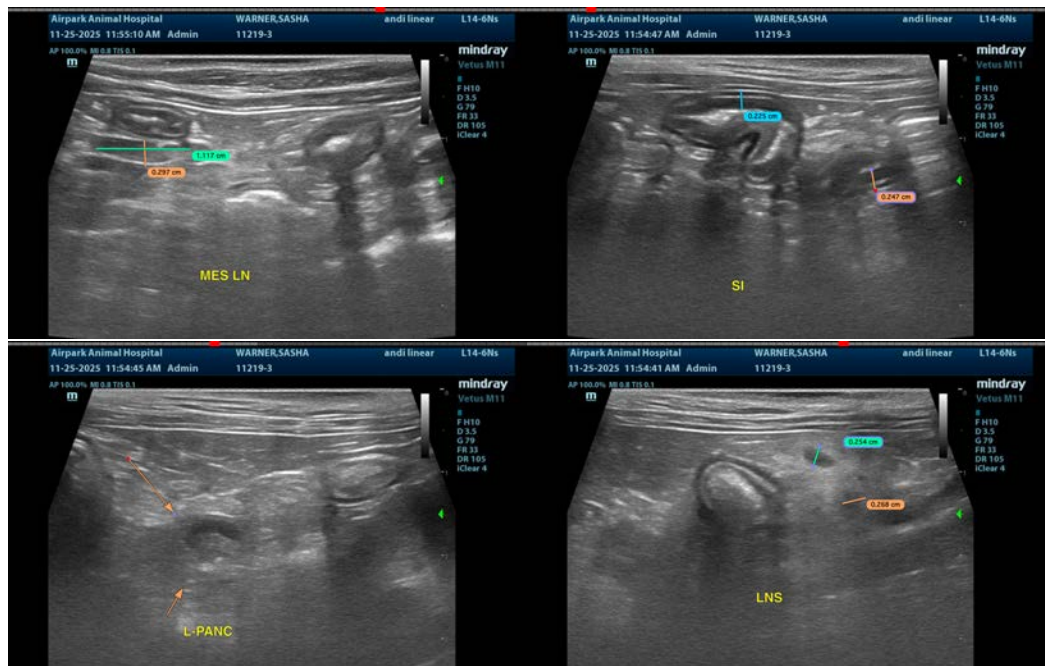
11/25/25

significance of this is uncertain. If liver enzyme elevations are present, consider treatment for cholangiohepatitis with Ursodiol, Denamarin, and antibiotics. Additionally, a fine needle aspirate of the liver could be considered (provided coagulation parameters are normal).

The small intestine has some segmental regions that appear slightly prominent with a mildly prominent muscularis layer. These changes are most consistent with inflammatory type change. Additionally, the pancreas is somewhat prominent in both limbs (particularly the left), where these changes are most consistent with pancreatic remodeling, but very mild chronic pancreatitis cannot be ruled out. Correlate with PLI level. Given the vomiting and diarrhea reported, 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 a primary enteropathy is strongly suspected, there could be evidence for very mild Triaditis. If symptoms are persistent despite diet change, empirical therapy, treatment for cholangitis, etc., eventually biopsies of the GI tract may be warranted. If symptoms are persisting, you could also consider repeat imaging in the future, looking for progression of today's lesions.





PATIENT

Sasha Warner

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

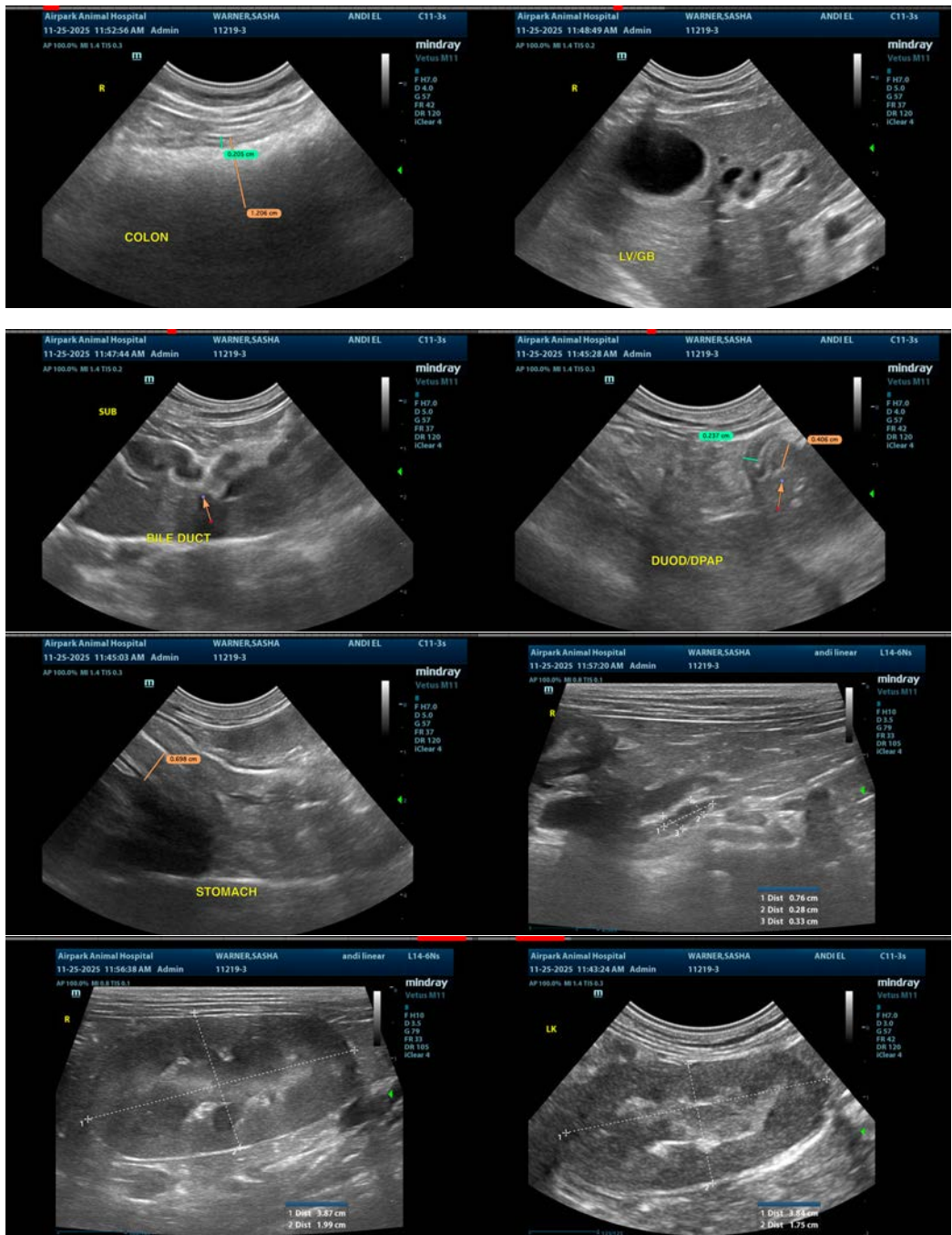
Dr. Kluchurosky

INVOICE

72080

DATE

11/25/25





PATIENT

Sasha Warner

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr. Kluchurosky

INVOICE

72080

DATE

11/25/25



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