



**PATIENT**

Jake Stumpf

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

4.34 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

Dr. Galbraith

**INVOICE**

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**DATE**

11/26/25

**PRESENTING CLINICAL SIGNS**

Chronic pancreatitis - weight loss - occasional vomiting Current Medications NA just Gaba morning of u/s

Abnormal PE/Chem/CBC/UA Results: Values Mild increase in pancreatic lipase (4.8) Radiographic Findings NA Primary Question to Be Answered in This Exam pancreatitis vs other vs reason for weight loss

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with a large amount of suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.15 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (4.29 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.26 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 0.36 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 (0.99 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.



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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 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.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. The small intestine is diffusely significantly thickened with very prominent muscularis layer. In some areas there is a subjective mild reduction in detail of wall layering. Bowel loops follow a typical curvilinear path. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.41 cm. Visualized peristalsis appears appropriate.

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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.

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***Pancreas***

The area of the pancreas is mildly mottled. 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, 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.

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**ULTRASONOGRAPHIC FINDINGS**

- Large, suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Diffusely thickened small intestine with very prominent muscularis layer – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Mildly mottled pancreas – most consistent with pancreatic remodeling.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine appears diffusely significantly thickened with a very prominent muscularis layer. Findings are suggestive of a primary enteropathy. These changes are most consistent with either severe inflammatory type change or early neoplastic change.

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The changes visualized associated with the pancreas are relatively mild, most consistent with pancreatic remodeling or possibly mild chronic pancreatitis, but based on the appearance of today's study, I would consider the enteropathy to be the primary concern. Ideally, biopsies of the GI tract would be necessary to further evaluate. In the meantime, you could consider the following:

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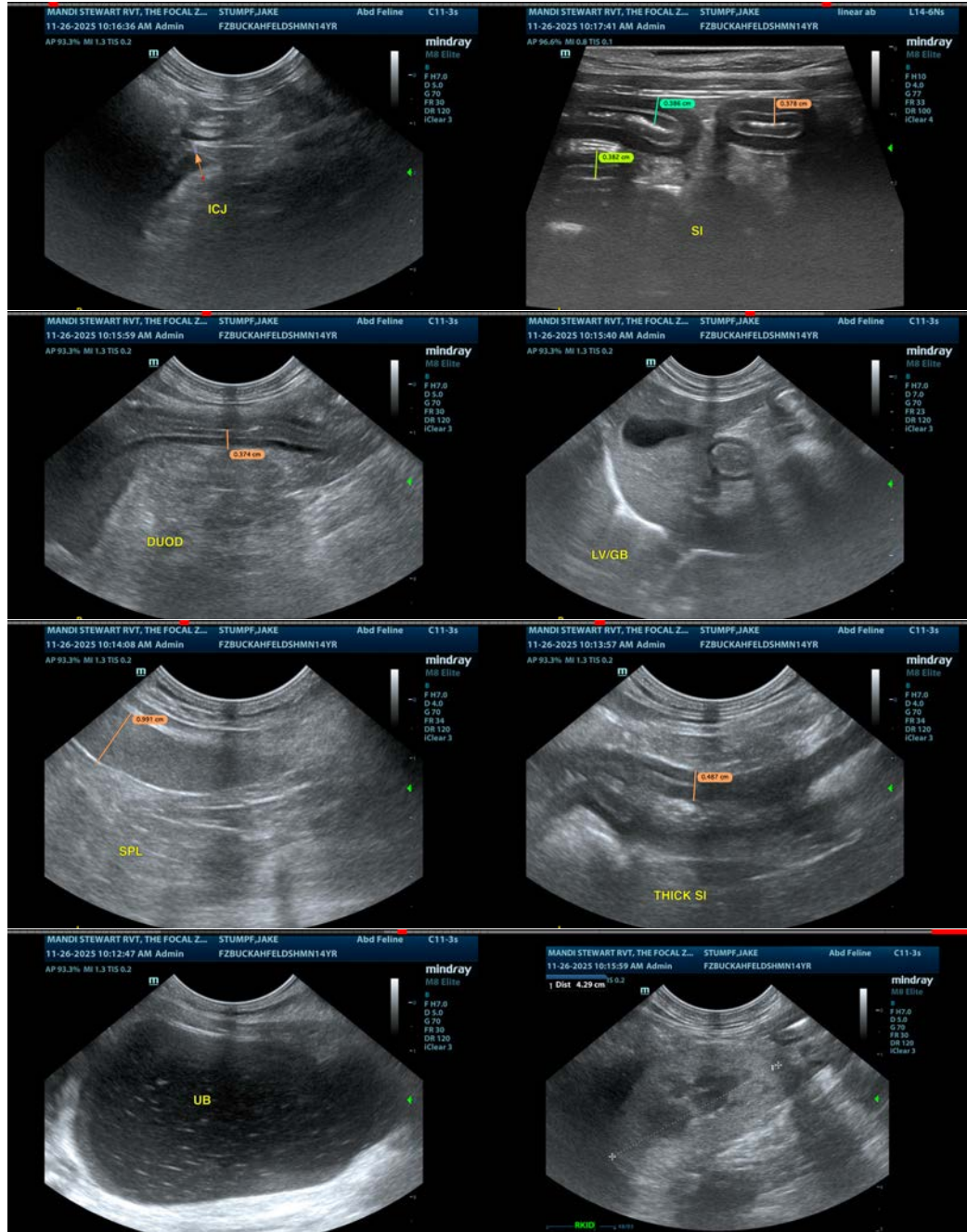
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- Recommend a novel protein/hydrolyzed protein prescription diet.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.





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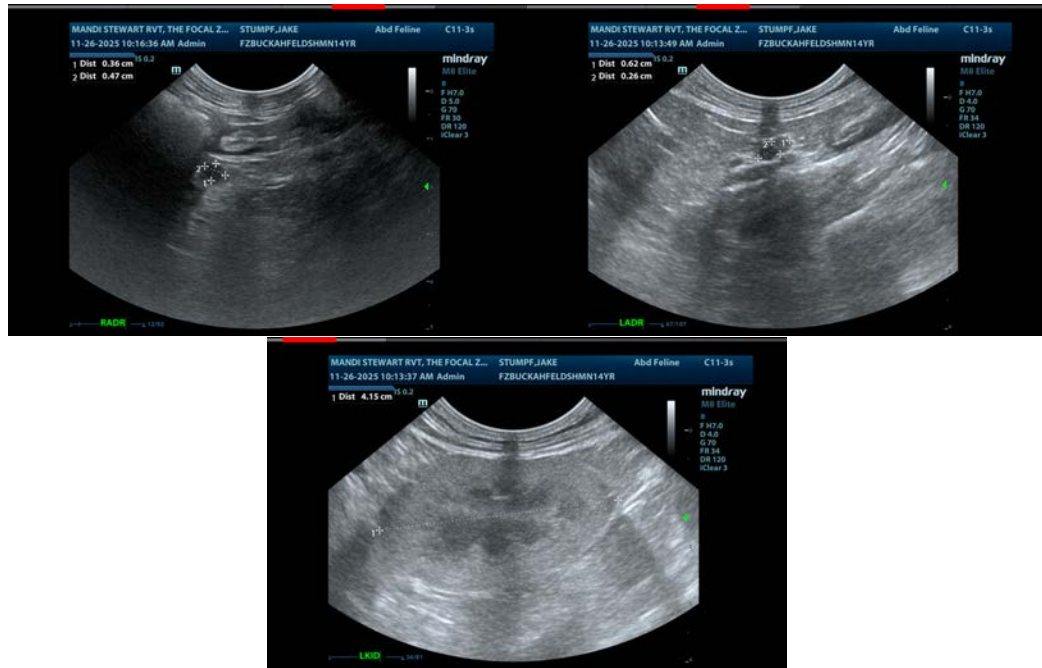
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com