

PATIENT

Nala Hesse

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Months

WEIGHT

7.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

South Reno Veterinary
Hospital

REFERRING VET

Dr. Schmitt

INVOICE

71651

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Adopted-Owner reports no diarrhea coughing. Eating and drinking normal. Mobility and activity normal. Owner assumed ownership from a friend of a friend.- Health check/exam- Abdominal x-rays: Small intestine normally dilated throughout and full of ingested. Large intestine moderately dilated throughout and full of feces. Urinary bladder is moderately distended and much of it is obscured with overlying intestines. What is seen of liver and spleen are unremarkable. Stomach is very slightly distended and has focal pockets of air. On right lateral view 1 of kidneys appears to be rounded. They are overlapping and difficult to assess independently. Musculoskeletal structures are unremarkable. A: Renal disease DDX: Congenital, PCK, toxin, infection, inflammation, other.

Abnormal PE/Chem/CBC/UA Results: MS: 10/23/2025 at 11:04a: Chemistry screen: Severe increased SDMA. BUN and creatinine are normal CBC: Mild increased white blood cells and neutrophils FeLV antigen test: Negative antigen FIV antibody test: Negative Urinalysis: Increased specific gravity. Protein likely falsely increased from dehydration. A: No significant finding Urine culture: E. coli grown in 2500 CFU's. Resistant to amoxicillin and cephalexin.

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 (3.38 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.

The right kidney has a normal shape and size (3.53 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 0.33 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 (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.



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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.

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 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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. Duodenum wall measures 0.20 cm. Jejunum wall measures 0.18 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 mottled, particularly 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 no evidence of a diffuse lymphadenopathy. Occasional prominent isoechoic mesenteric lymph nodes are visualized, an example measures 0.50 cm x 1.11 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with mild pancreatic remodeling.
- Occasional prominent/reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant abnormalities are visualized associated with the kidneys. This does not rule out underlying kidney disease, but it makes it somewhat less likely. Given the normal BUN, creatinine and urine concentrating ability, it is possible that this is a false positive due to dehydration or similar.

It is unusual to have the urine culture positive with no evidence of inflammation or bacteria on urinalysis. If there is any concern for a false positive, a repeat culture could be considered or continued monitoring for any symptoms consistent with cystitis.

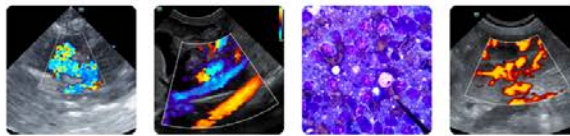
Recommend continued monitoring of renal values, potentially a repeat SDMA in a well hydrated patient.

The pancreatic changes are mild and non-specific and likely incidental at this time.

Imaging performed by



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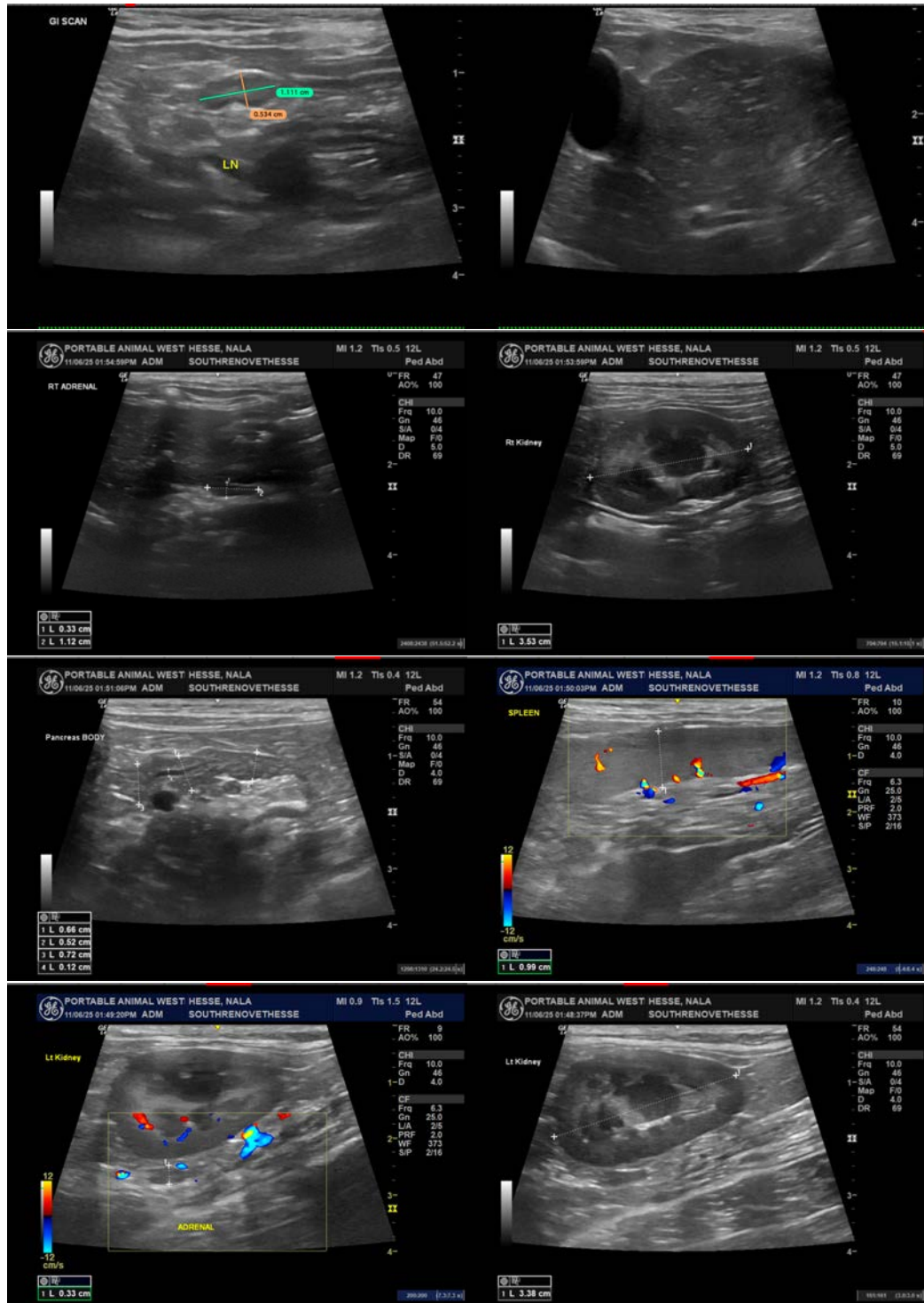
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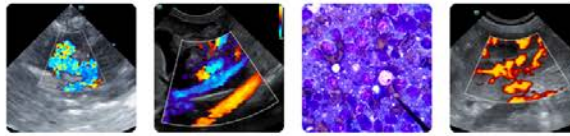
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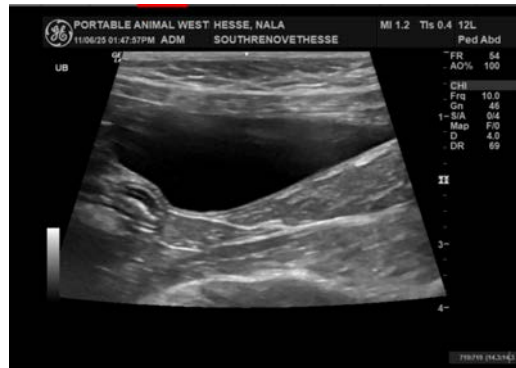
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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