



PATIENT

Sam Brien

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

10.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

Dr. Mary Pearce

INVOICE

12646

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Intermittent vomiting and anorexia issues. First general ADR noted on 8/2024 for anorexia. Presented 5/2024 for anorexia, vomiting. PL normal w/ neutrophilia, hypokalemia w/ supportive treatment done. Again on 8/2024 anorexia and swollen prepuce. BW 11/26/25 showed elevated ALT 194, AST 76, ALP 153, TBil 0.9. Low TP 5.4L and Globulin 2.3 Reason for Ultrasound: intermittent enteropathy signs and new elevated liver enzymes.

PE: Light pink MM, palpably enlarged spleen in abdomen, no obvious masses. Prepuce is about twice normal size, thickened on palpation, unable to extrude penis, small opening. Phimosis suspected. CBC today: HCT 25.4%, WBC 4.26, neut 1.03 bands suspected, mono 1.51, lymph 1.67, eos 0.04, PLT 61. Did not perform FNA of spleen or liver d/t low PLT and anemia.

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.3 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 (4.29 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 cm width. 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 area of the right adrenal gland was normal.

Spleen

The spleen is large and rounded measuring 1.52 cm. The blood flow through the hilus and splenic parenchyma appears normal. The tail of the spleen is folded in configuration.

Liver

The liver is subjectively large in size, rounded, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 tortuous and dilated measuring 0.46 cm.



PATIENT

Sam Brien

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

10.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

Dr. Mary Pearce

INVOICE

12646

DATE

12/10/25

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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. The duodenum measured as normal (between 0.3 - 0.5 cm in wall thickness) and the jejunum measured as normal (0.19 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 hypoechoic as 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

There is scant/small amount of free abdominal fluid. There is occasional prominent mesenteric lymph nodes with an example measuring 0.37 cm. The omentum is mildly diffusely hyperechoic.

Brief view of a linear hypoechoic structure with intraluminal hyperechoic material most consistent with a clot, thrombus/mass effect or an abnormal bile duct with debris/mass effect. The structure measures 0.68 cm x 1.13 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related changes associated with both kidneys.
- Large plump rounded hypoechoic spleen- findings are concerning for possible infiltrative disease. Other differentials could include congestion, splenitis, lymphoid hyperplasia, etc.
- Pancreatic changes consistent with mild chronic pancreatitis +/- chronic pancreatic remodeling.
- Large rounded hyperechoic liver- The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.
- Moderate gallbladder debris with a 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).
- Small amount of free abdominal fluid with diffuse mesenteric inflammation.
- Questionable bile duct or vascular pathology- bile duct debris/mass versus thrombus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is large and rounded. Additionally, the liver is hyperechoic and rounded. Given the patient's



PATIENT

Sam Brien

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

10.2 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

Dr. Mary Pearce

INVOICE

12646

DATE

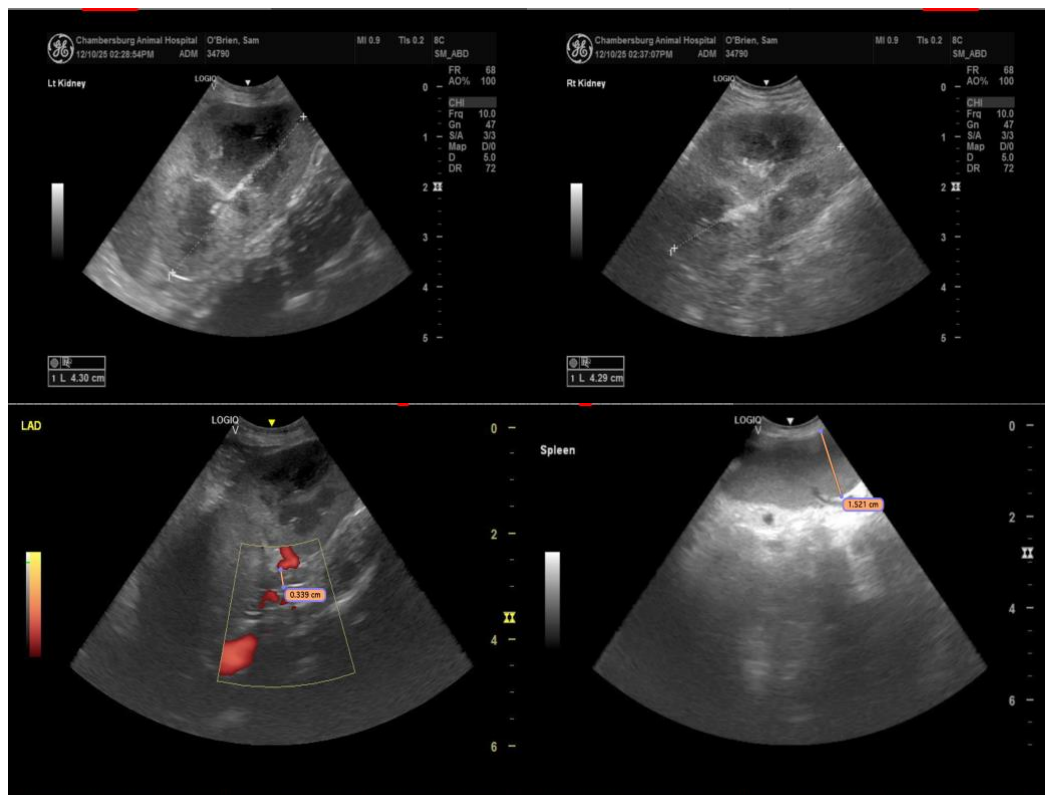
12/10/25

history, infiltrative disease would be a concern. Recommend a fine needle aspirate of the liver and spleen. If thrombocytopenia is a concern, recommend a blood smear. If this is persistent but over 50,000, this would be a clinical judgement call possible with sedation and a 25-gauge needle (?).

The gallbladder has a moderate amount of debris and a dilated/tortuous bile duct with no apparent obstruction possibly consistent with cholangiohepatitis, underlying neoplasia, etc. On one brief view, there is a linear hypoechoic structure with hypoechoic intraluminal material. This could represent abnormal material within the bile duct (mass debris, etc.) or could represent a vascular structure with a thrombus. Further interrogation of this area with color doppler on multiple views may be warranted to determine if this is a persistent structure and if it is vascular or consistent with a bile duct.

While awaiting cytologic evaluation, recommend supportive care for acute liver injury/cholangiohepatitis with Ursodiol, Denamarin and antibiotics.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





PATIENT

Sam Brien

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

10.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

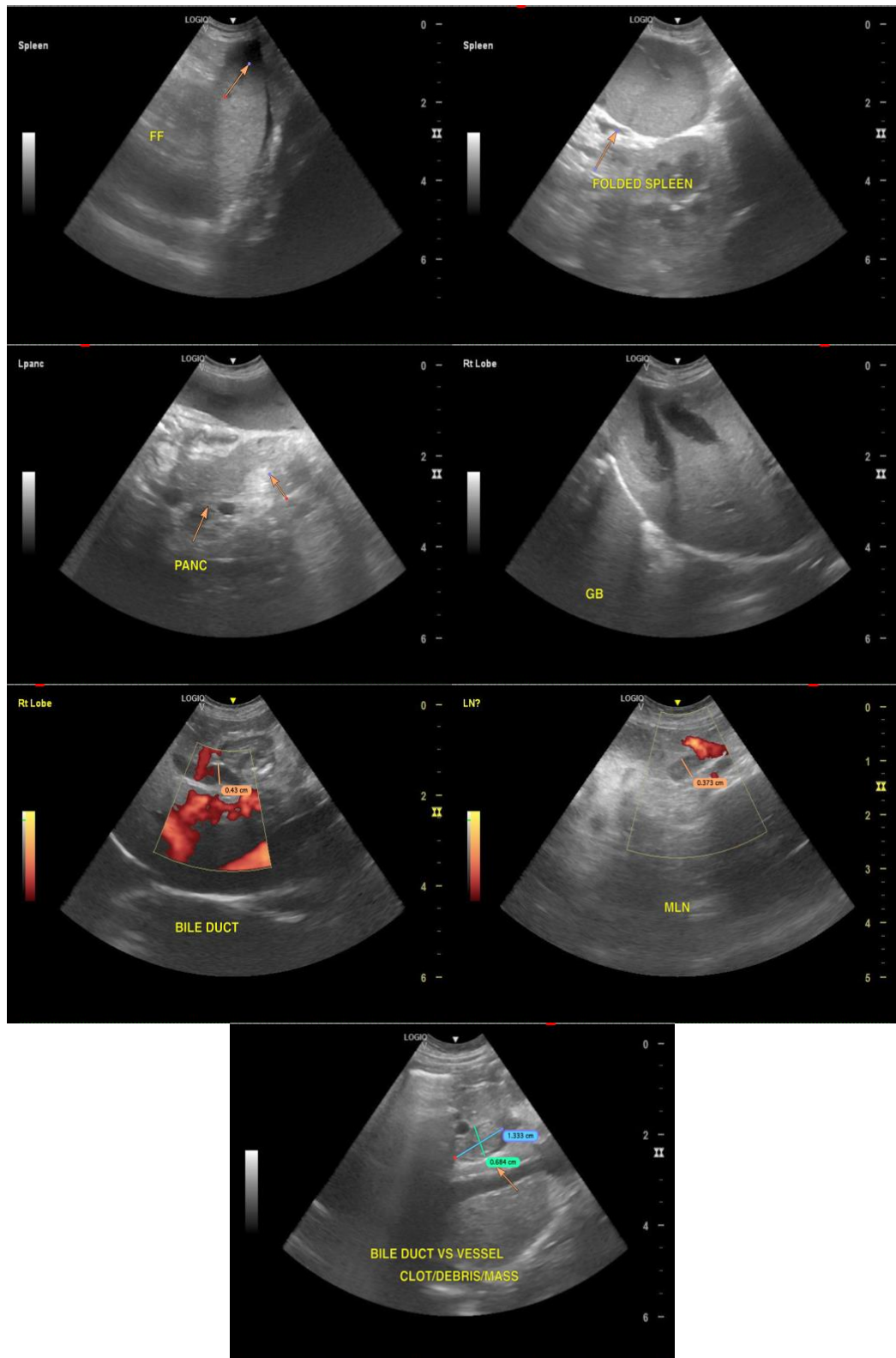
Dr. Mary Pearce

INVOICE

12646

DATE

12/10/25





PATIENT

Sam Brien

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

10.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

Dr. Mary Pearce

INVOICE

12646

DATE

12/10/25

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