



**PATIENT**

Spot Chiretta

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

15 Years 6 Months

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Farview Animal Clinic

**REFERRING VET**

Dr. Mosaad

**INVOICE**

72513

**DATE**

12/11/25

**PRESENTING CLINICAL SIGNS**

Elevated WBC

Abnormal PE/Chem/CBC/UA Results: Globulin 5/4<sup>^</sup>, WBC 45.1<sup>^</sup>, Monocytes 6<sup>^</sup>, Absolute Neuts 28864<sup>^</sup>, Absolute Lymph 11275<sup>^</sup>, Absolute Mono 2706<sup>^</sup>, Absolute Eosinophils 2255<sup>^</sup>

**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 is normal in size but slightly irregular in shape, measuring 3.54 cm, with pyelectasia at 0.14 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size at 3.07 cm and irregular in shape. 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 0.26 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 0.41 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 (0.95 cm in width at the level of the hilus) but irregular in shape with scalloped "bulging" areas. 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 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.

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. Jejunum wall measures 0.22 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 formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

***Pancreas***

The left limb of 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 is no significant lymphadenopathy (see under "other"). There are some prominent lymph nodes visualized around the ileocecal junction measuring 0.42 cm and 0.41 cm. The omentum is generally of normal echogenicity.

***Other***

On some views there is an irregular hypoechoic structure visualized caudal to the stomach measuring 2.64 cm x 2.26 cm. I suspect this could be an irregular portion of the splenic head, although an abnormal lymph node in the region is possible.

**ULTRASONOGRAPHIC FINDINGS**

- Irregularly shaped kidneys with decreased corticomedullary distinction (right kidney smaller than left) – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Irregular, scalloped spleen – The significance of this is uncertain. This could represent anatomic variation, infiltrative disease, splenitis, lymphoid hyperplasia, etc.
- Pancreatic changes most consistent with chronic pancreatitis/chronic pancreatic remodeling.
- Questionable mass effect visualized caudal to the stomach – I suspect this represents the irregular splenic head, but a large lymph node is possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Both kidneys are somewhat irregular in shape with decreased corticomedullary distinction. The right kidney appears smaller than the left. Changes are most consistent with chronic renal disease. Correlate



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with current lab work, urinalysis, culture, and a blood pressure evaluation.

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The spleen is somewhat irregularly shaped with scalloped bulging areas, but no definitive focal lesions. Options would include continued monitoring or fine needle aspirate of the spleen.

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The left limb of the pancreas is prominent and large. Correlate with a PLI level. If this is significantly elevated, consider treatment for chronic pancreatitis.

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I suspect the structure visualized caudal to the stomach represents an irregular splenic head, but this cannot be confirmed. If there is concern for a cranial abdominal mass effect/lymph node, then a fine needle aspirate could be considered.

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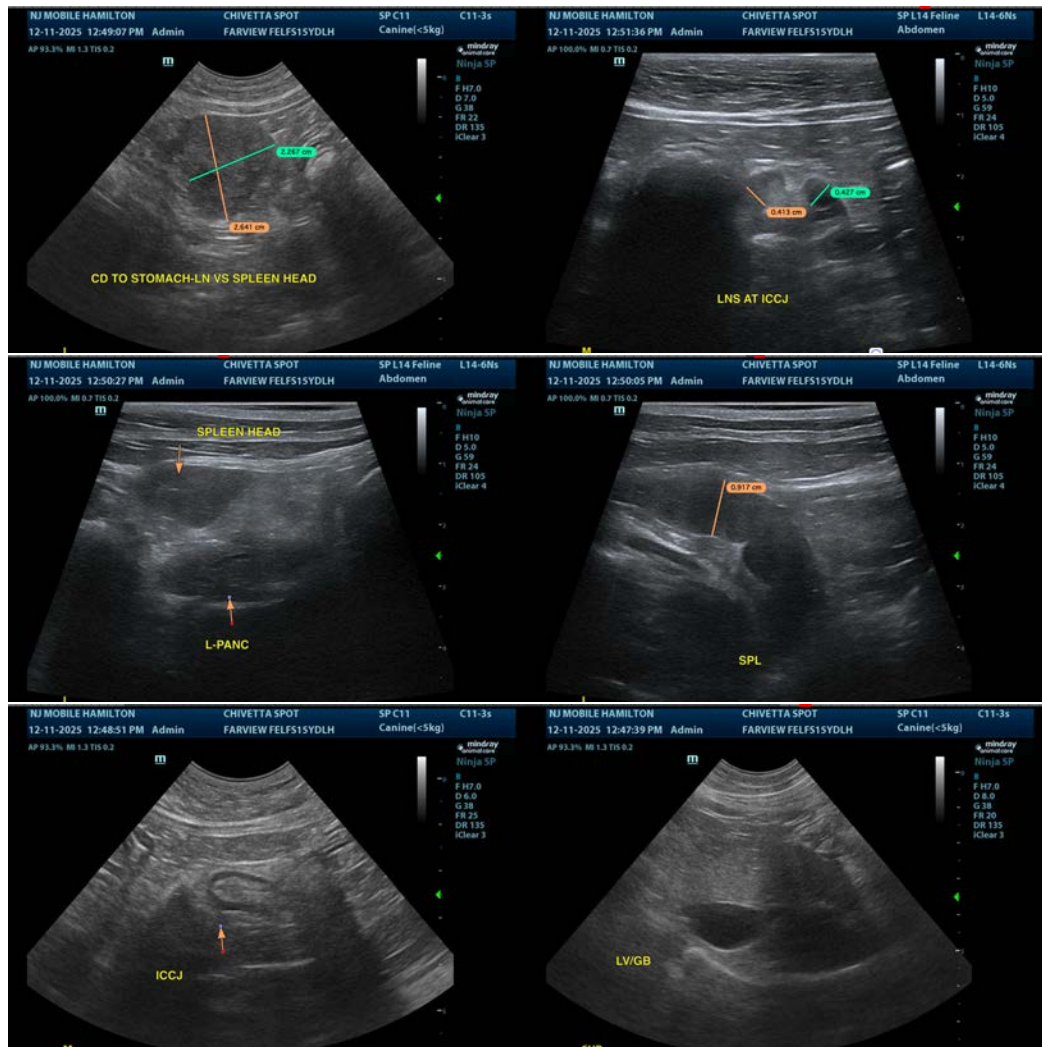
Recommend pathologist review of the blood smear and 3-view thoracic radiographs (if not already done).

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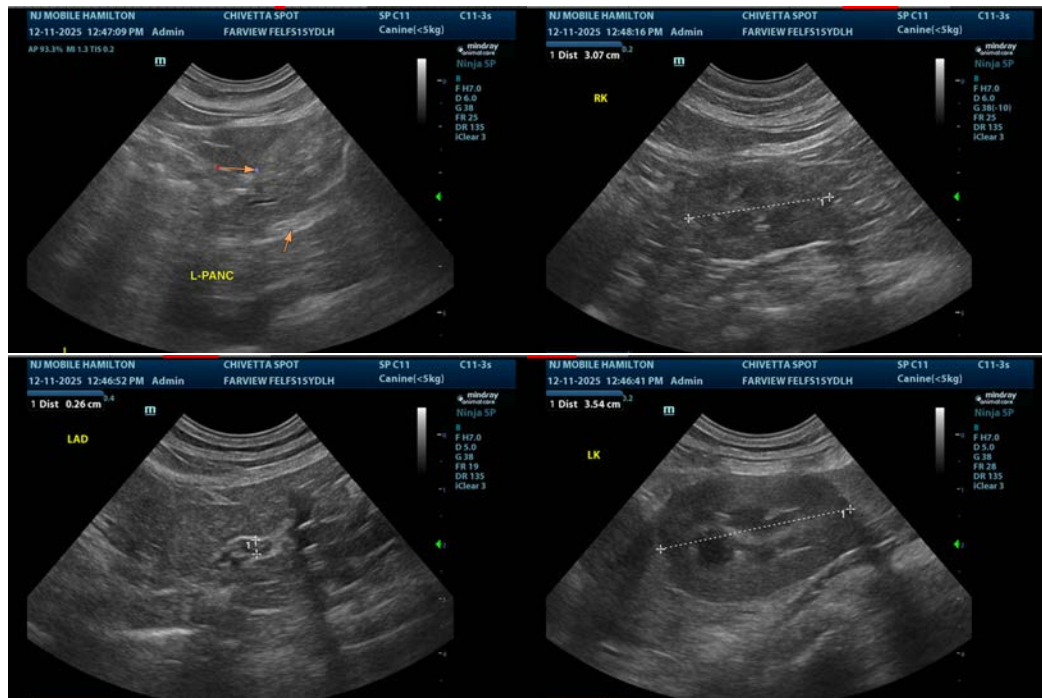
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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