



PATIENT

Holmes Tredik

SPECIES

Feline

BREED

Havana Brown

SEX

Spayed Female

AGE

8 years

WEIGHT

8.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Cassels-
Conway, DVM

HOSPITAL NAME

Central Broward
Animal Hospital

REFERRING VET

Dr. Janeen Lezcano

INVOICE

10939

DATE

12/16/2025

PRESENTING CLINICAL SIGNS

P presented in 8/25 for acute onset of pruritis and chronic intermittent vomiting. Blood work showed eosinophilia and hyperglobulinemia. P was treated with a short course pred'lone mostly for the pruritis and a food trial was initiated. Upon recheck there was some improvement but not significant. In the last week the owner's automatic litter box broke and the owner became aware diarrhea is also present.

Abnormal PE/Chem/CBC/UA Results: Rads: nonspecific enterocolitis with functional ileus. Although it is considered less likely, partial mechanical obstruction or nonobstructive radiolucent/soft tissue foreign material cannot be excluded entirely. The peritoneal detail is adequate without evidence of free fluid. Small gas bubbles within the hepatic silhouette. This is likely hepatobiliary origin (less likely peritoneal), and differentials include pneumobilia, emphysematous cholecystitis, or less likely abscess or necrotic neoplasia. Correlation with liver values is recommended. Abdominal ultrasound is likely indicated for further evaluation. Concurrent cholelithiasis, often incidental 8/25: CBC: MCHC: 28L, eos: 1760H; Chem: t prot: 9.0H, glob: 5.4H, ALT: 126H, Ca: 11.5H, T4: 1.9, UA: SG: 1.057, 2+ prot, quiet sediment.

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 (3.96 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.69 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.28 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 0.29 cm at the cranial pole and 0.22 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 (0.73 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 normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The vasculature is normal but there appear to be small shadowing mineralizations within the intrahepatic bile ducts. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The gallbladder wall appears hyperechoic and mildly thickened, measuring at 0.23 cm. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible. There is concern for mild gas artifact associated with the common bile duct. No definitive stones are visualized within the common bile duct but intrahepatic biliary mineralizations are suspected.

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. The pylorus appears prominent and thickened, measuring at 0.44 cm with \ reduced detailed wall layering, mild fluid distension and some localized inflammation.

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 (0.23 cm in wall thickness) and the jejunum measured as normal (0.16 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

The pancreas is prominent, hypoechoic, and mottled in the left limb with a prominent pancreatic duct, measuring 0.22 cm. 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 occasional prominent mesenteric lymph nodes. Examples measure 0.27 cm, and 0.46 cm (gastric ln). The omentum is generally of normal uniform echogenicity but mildly reactive in the region of the pylorus.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes in the left limb most consistent with chronic pancreatic remodeling +/- chronic active pancreatitis.
- Mildly heterogenous liver with intrahepatic biliary mineralizations. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.



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- Moderate gallbladder debris with a hyperechoic thickened gallbladder wall and suspected gas artifact in the common bile duct.- Findings are most consistent with cholecystitis.
- Prominent/thickened pylorus with reduced wall layering. -Findings are concerning for infiltrative disease (neoplasia, granulomatous disease, eosinophilic infiltrates etc..) severe inflammation is also possible
- Lymphadenopathy-typically consistent with a reactive lymphadenopathy, the enlarged gastric lymph node is more concerning

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal changes are visualized associated with the small intestine. There's thickening of the pylorus. This thickening with reduced layering is concerning for early infiltrative disease (round cell neoplasia-less commonly granulomatous or eosinophilic infiltrates), although severe inflammatory disease is possible. Continued monitoring is warranted for progression. If a safe window for sampling is available a fine needle aspirate could be considered.

Recommend continuing your novel protein diet and consider a GI panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate to further evaluate.

The left limb of the pancreas is prominent and hypoechoic with a prominent pancreatic duct. These changes are most consistent with pancreatic remodeling, but mild chronic active pancreatitis could also be an issue. Correlate with the PLI previously mentioned.

The gallbladder is large with a moderate amount of debris and a thickened gallbladder wall. There is suspected gas artifact in the CBD and some small stones in the biliary tract. These findings are concerning for cholecystitis. Ideally recommend a cholecystocentesis (if coags normal) with cytology and culture and sensitivity on the bile. If this is not possible or while awaiting results, recommend empirical treatment with ursodiol, denamarin, and antibiotics, and continued monitoring. Additionally, a liver function test and a fine needle aspirate (provided coagulation parameters are normal) could be considered.

The elevation in globulin, calcium, and eosinophils is concerning for a neoplastic process (the pylorus is concerning) a significant inflammatory process is also possible. If cytologic evaluation of these areas is not helpful, consider repeat imaging in the future looking for the progression of today's lesions. An ionized calcium, PTH and PTHrP level could be considered to further evaluate the elevation in calcium, and three view thoracic radiographs should be considered (if not already done.)



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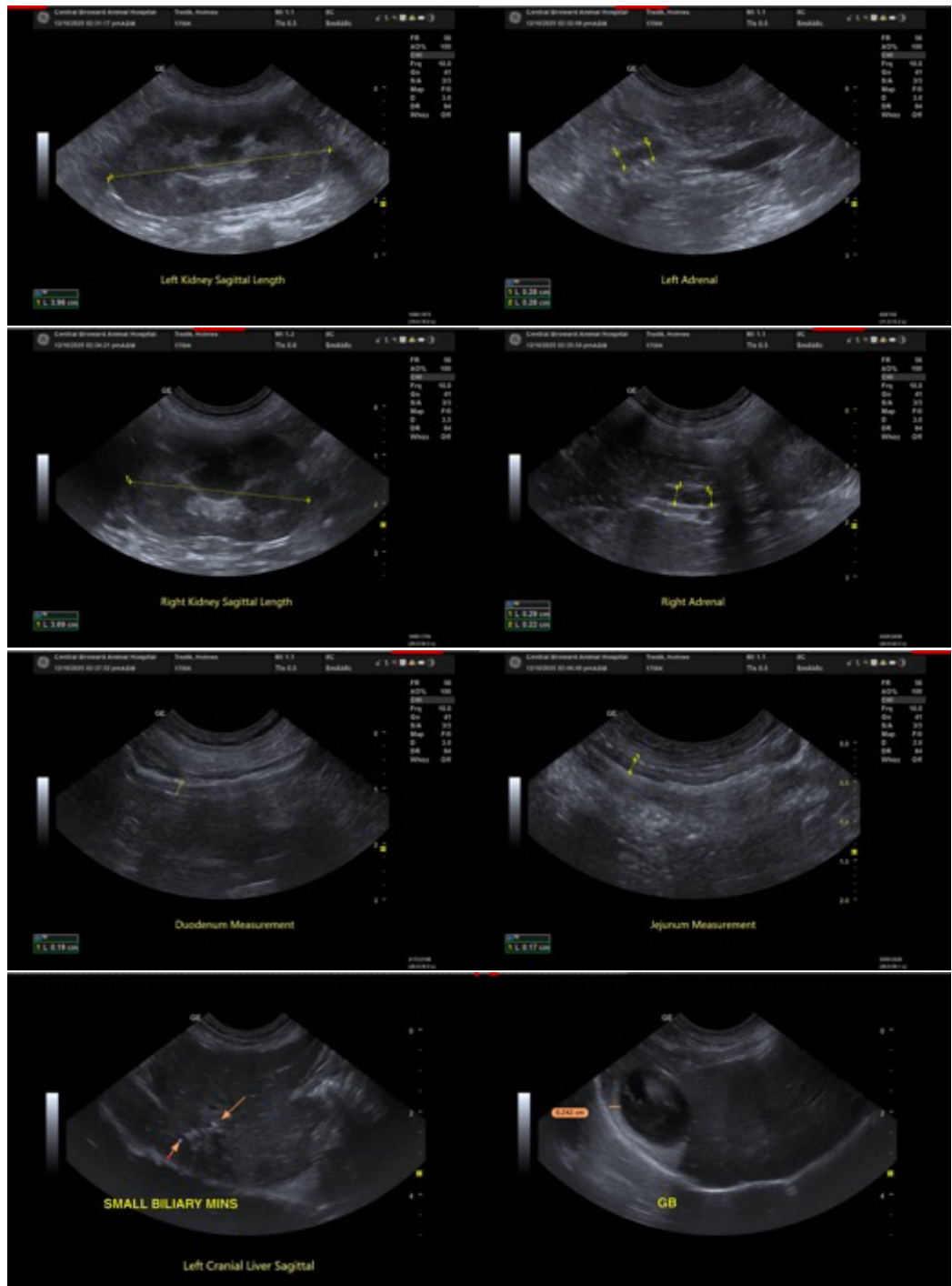
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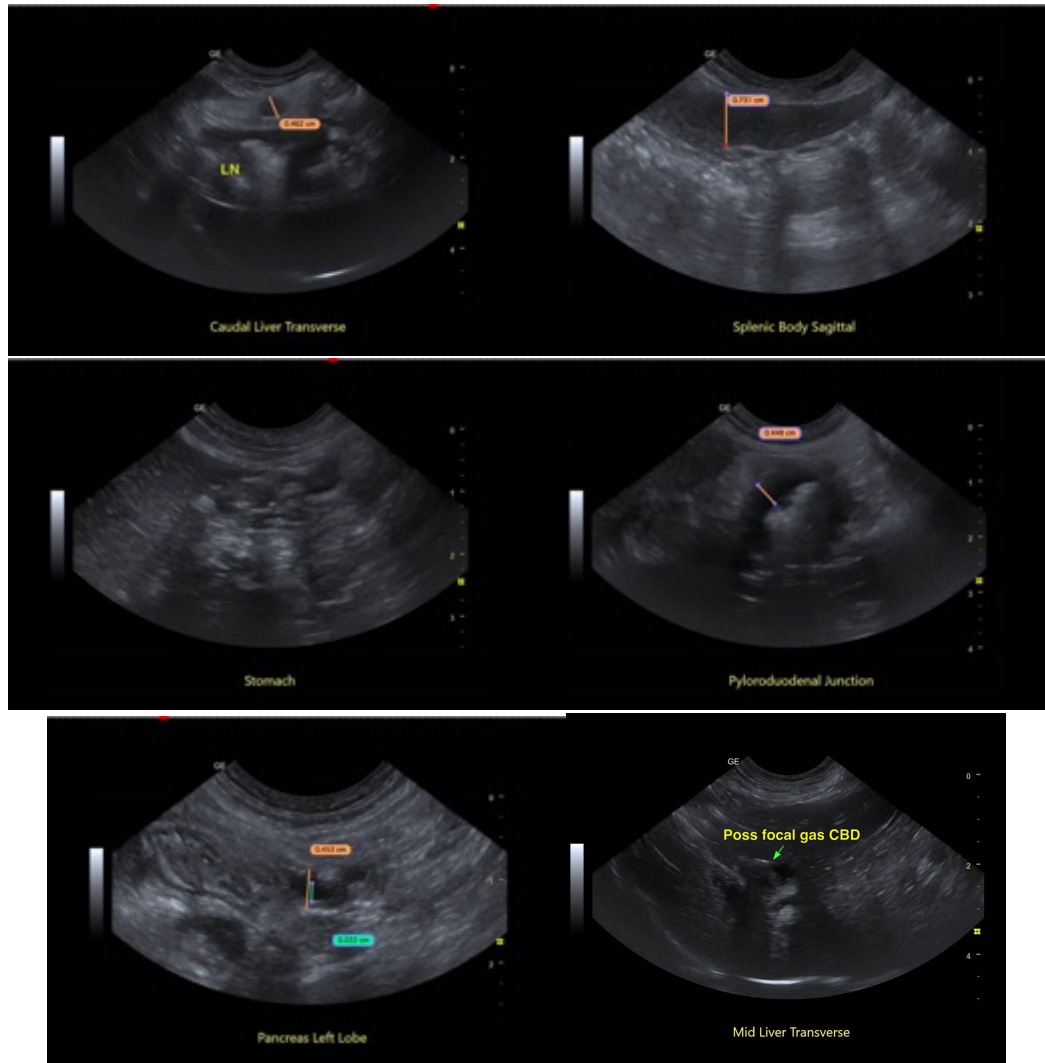
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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