

**PATIENT**

Grayson Grier

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3 years

WEIGHT

7 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary
Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

10952

DATE

12/17/2025

PRESENTING CLINICAL SIGNS

P resented for ~48-hour, lethargy, inappetence and decreased thirst. P is indoor/outdoor. No known toxin/foreign material. No hx medical dx in chart.

Abnormal PE/Chem/CBC/UA Results: See attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with mild 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 (4.74 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 (4.69 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 0.34 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 0.5 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 (1.06 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.

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 cystic and common bile duct appear mildly to moderately distended and tortuous measuring at 0.39 cm. The bile duct appears to taper distally and is lost to visualization. No focal obstruction is visualized.



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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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured 0.29 cm in diameter and the jejunum measured 0.27 cm in diameter. 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 visible/mildly mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

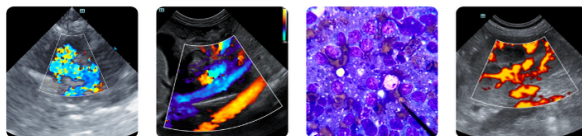
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild diffuse mesenteric lymphadenopathy. A lymph node near the colon measures 0.5 cm x 1.56 cm. A cluster of mesenteric lymph nodes visualized measures 0.4 cm, 0.52 cm, and 0.46 cm. The omentum is mildly hyperechoic around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Pancreatic changes most consistent with mild pancreatic remodeling or mild chronic pancreatitis.
- 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 (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Mildly "ropey" small intestine with some areas exhibiting a prominent muscularis layer. These changes would be most consistent with inflammatory type change, although early neoplastic change can't be ruled out.
- Mild mesenteric lymphadenopathy. Current appearance is most consistent with reactive lymph nodes. Early neoplastic lymph nodes cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder is moderately distended with a moderate amount of intraluminal debris. There are no



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stones visualized and the wall appears relatively normal in thickness. Although, the bile duct is dilated and tortuous, no focal lesions are visualized but an unseen lesion cannot be definitively ruled out. Findings are suggestive of cholecystitis. Consider empirical treatment for cholecystitis with ursodiol, denamarin, and antibiotics.

Prior to treatment, ideally, sampling of the bile for fluid analysis, culture, and sensitive would be ideal and/or a fine needle aspirate of the liver looking for any infectious organisms or unexpected findings. Additionally, consider screening for toxoplasmosis and any other infectious disease processes which could be at play given the indoor/outdoor nature of this individual. FIP could be an alternate differential if the patient is not responding to routine treatment.

The small intestine appears slightly “ropey” with some areas exhibiting a mildly prominent muscularis layer. These changes could be consistent with mild inflammatory type change. The significance of this is uncertain in the absence of underlying gastrointestinal symptoms. Recommend continued monitoring. If an underlying enteropathy is strongly suspected, a GI Panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate could be considered.

If symptoms are persistent, consider continued following of the enlarged lymph nodes, looking for progression/enlargement which could indicate the need for a fine needle aspirate.

Recommend a urinalysis +/- culture to evaluate the urine changes observed.

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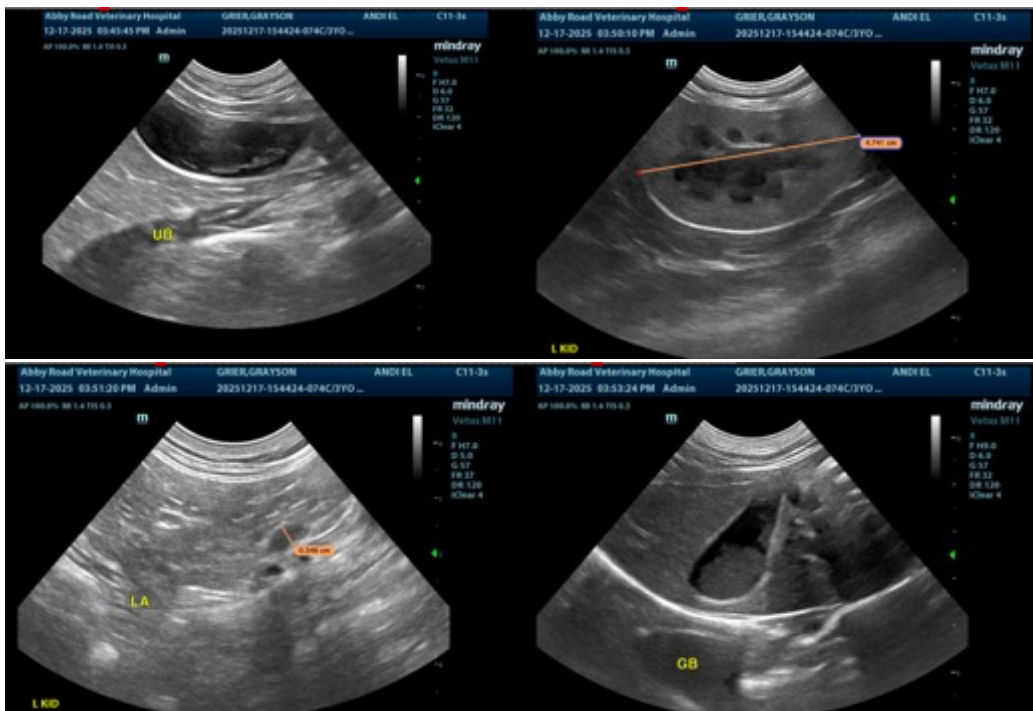
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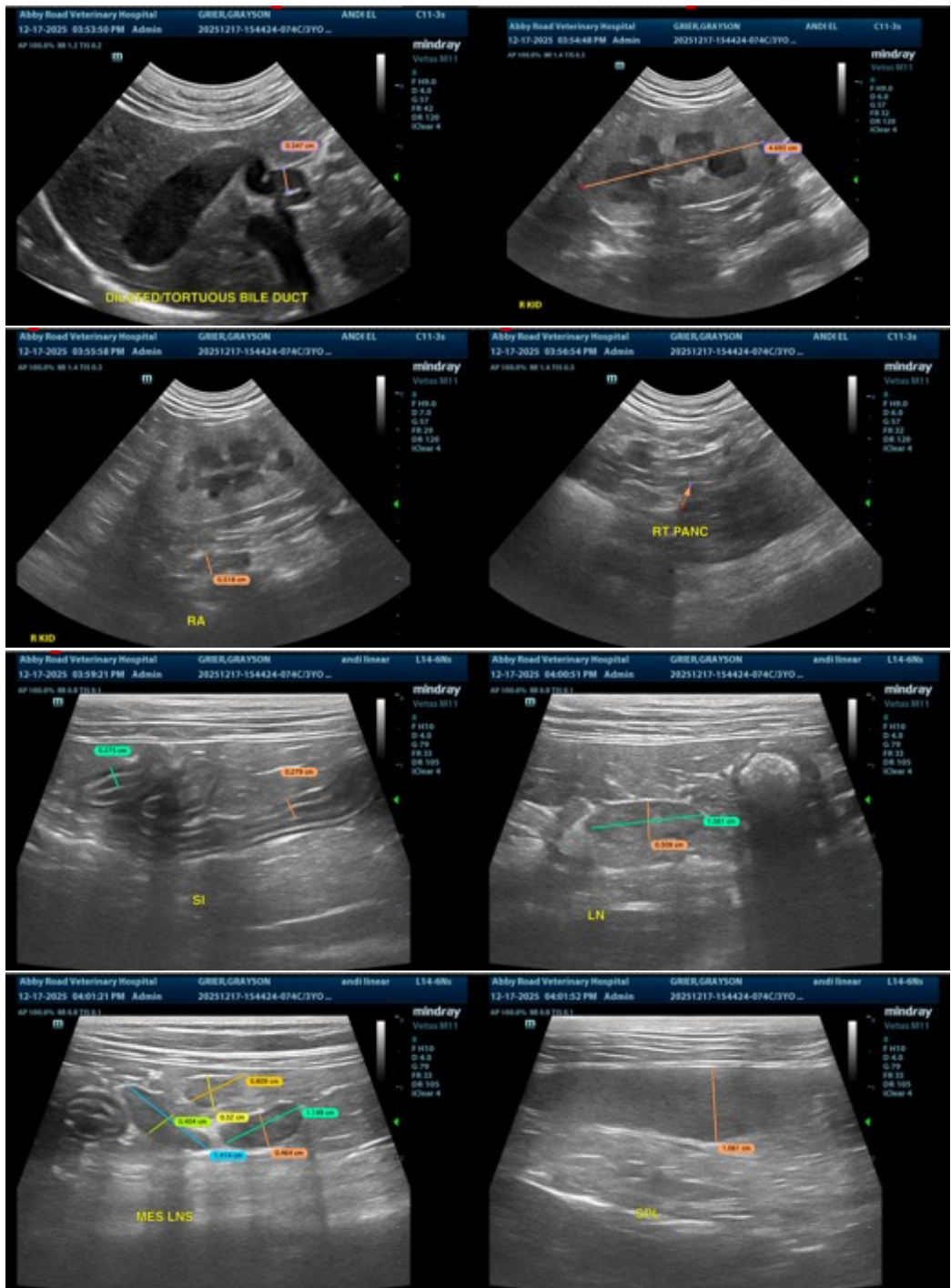
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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