



PATIENT

Aiko Murray

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 years

WEIGHT

5.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina, CVT

HOSPITAL NAME

Animal Health
Veterinary Clinic

REFERRING VET

Dr. Readdy

INVOICE

10981

DATE

12/19/2025

PRESENTING CLINICAL SIGNS

P presented for not eating, hiding and vomiting - Had similar episode in November that was treated with Cerenia and resolved without issue - P has gone from 6.4# in November to 5.9# today - Has a new kitten in the home the past 2 months - No diarrhea.

Abnormal PE/Chem/CBC/UA Results: 11/16/25 - Superchem, CBC and T4 all WNL.

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 (3.51 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 (3.6 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.58 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



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The stomach contains large fluid. 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 to moderate fluid and gas 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 (0.24 cm in wall thickness) and the jejunum measured as normal (0.25 cm.)

Visualized peristalsis appears appropriate. The majority of the small intestine appears mildly fluid and gas distended most consistent with an enteritis type pattern. A partial obstruction cannot be ruled out.

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 normal and isoechoic to surrounding 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Severely fluid distended stomach. Findings are suggestive of severe gastric ileus. An outflow tract obstruction cannot be definitively ruled out.
- Mild/moderate diffuse fluid and gas distension of the small intestine. Findings are most consistent with diffuse ileus, a non-fasted patient, or a partial obstructive process cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is severely distended with fluid. The pylorus appears fluid distended as well. No definitive obstruction or mass effect is observed. Although a partial obstruction or non-shadowing material cannot be definitively ruled out. Additionally, the small intestine appears uniformly fluid and gas distended, most consistent with an ileus type pattern, passing partial obstructions, or unseen focal lesions cannot be ruled out but seem less likely. Findings at this time are most consistent with severe gastroenteritis and ileus. Recommend hospitalization for rehydration, radiographs, and serial monitoring +/- pro-motility medications (based on clinical assessment and radiographs.) If symptoms are persistent and radiographs and imaging are suggestive of an obstructive pattern, surgical evaluation may need to be considered with the intent to obtain biopsies of the GI tract and evaluate for any foreign material or focal lesions.



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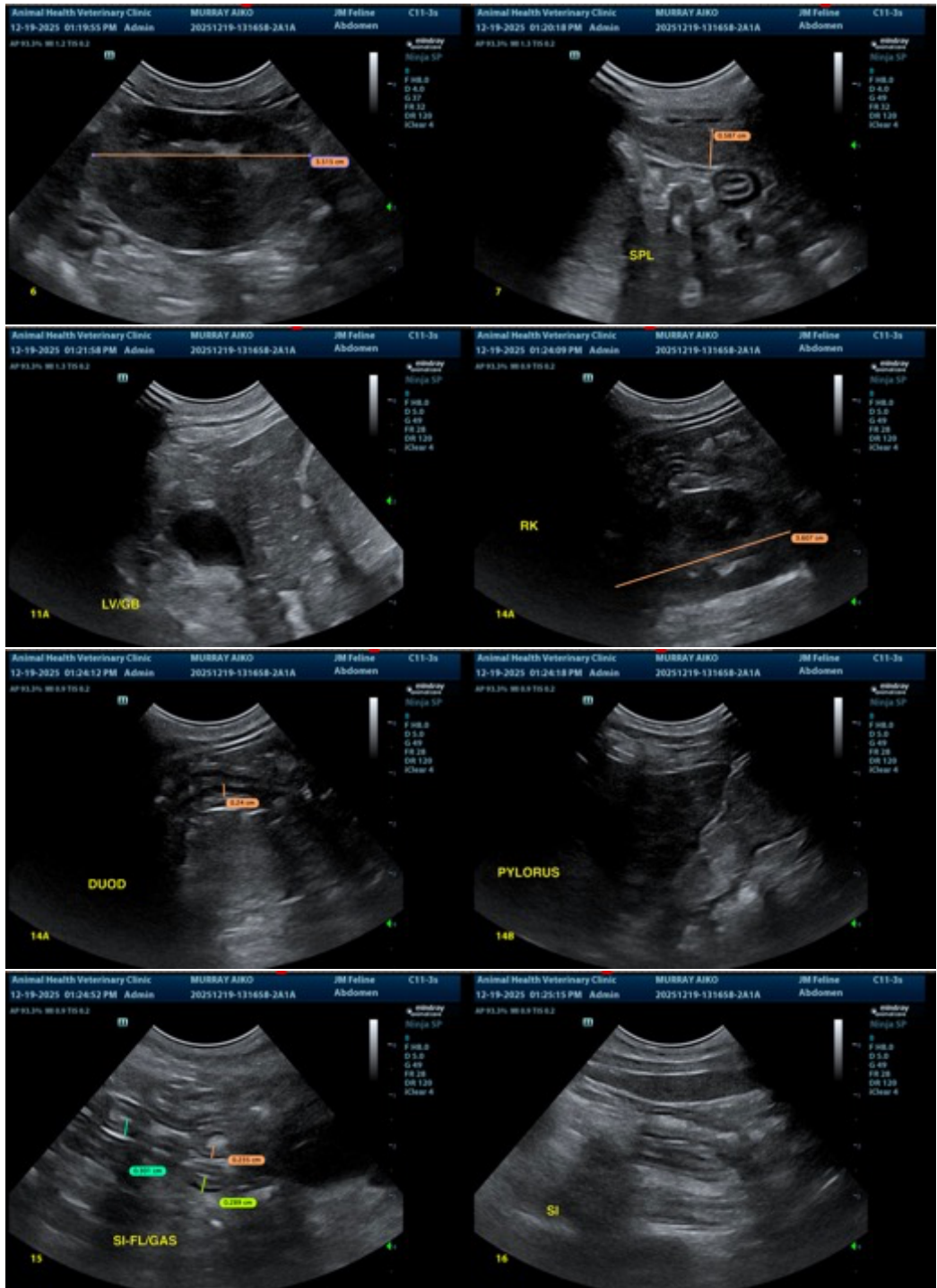
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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