



PATIENT

Blaze Knauss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese, DVM

HOSPITAL NAME

Willow Run Veterinary
Clinic

REFERRING VET

Jack Reese, DVM

INVOICE

72718

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Patient presented as second opinion for ongoing symptoms of vomiting, GI upset. Owner reports symptoms recurrent over last month - P responds to Cerenia treatment, but when unmedicated will vomit food and water. O unsure of any possible foreign material ingestion, but is concerned due to experience with a previous cat. Labwork, radiographs from previous clinic were relatively unremarkable.

Abnormal PE/Chem/CBC/UA Results: In-house labwork results from rDVM: In-House Diagnostics: 1. CBC: WNL 2. Chem17: Stress hyperglycemia, 173 3. Electrolytes: WNL 4. Urinalysis: USG > 1.050, pH 6.5, 30 mg/dL protein, no glucose; WBC 1/hpf, RBC 3/hpf, possible cocci (suspected artifact vs contaminant vs subclinical bacteriuria), no crystals. 5. Two-view abdomen: stomach full. Liver, spleen, kidneys, urinary bladder WNL. Normal stool in colon. Small intestine diffusely gas and fluid-filled. Normal serosal detail 6. TT4: 1.3

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 (4.09 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 (4.31 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 0.29 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 0.30 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 (0.75 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.



PATIENT

Blaze Knauss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese, DVM

HOSPITAL NAME

Willow Run Veterinary
Clinic

REFERRING VET

Jack Reese, DVM

INVOICE

72718

DATE

12/19/25

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

The stomach contains mild fluid and gas. The gastric wall appears mildly prominent with a prominent submucosal layer measuring at 0.54 cm. In some areas the gastric wall appears more prominently thickened with slightly reduced detail of wall layering and more hypoechoic appearance. In this area it measures 0.69 cm.

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. Duodenum wall measures 0.34 cm. Jejunum wall measures 0.23 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 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

There is scant free fluid noted. There are occasional prominent mesenteric lymph nodes. The gastric lymph node is large and hypoechoic, measuring 0.53 cm x 1.02 cm, and a cranial abdominal lymph node is visualized measuring 0.43 cm x 0.66 cm. The omentum is generally mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes in the left limb – most consistent with chronic pancreatic remodeling.
- Subjectively thickened gastric wall with areas of mildly reduced detail of wall layering – Findings could be consistent with gastritis or early neoplastic change.
- Diffusely prominent muscularis layer of the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Mild cranial abdominal lymphadenopathy – Findings are most consistent with reactive or early neoplastic lymph nodes.



PATIENT

Blaze Knauss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese, DVM

HOSPITAL NAME

Willow Run Veterinary
Clinic

REFERRING VET

Jack Reese, DVM

INVOICE

72718

DATE

12/19/25

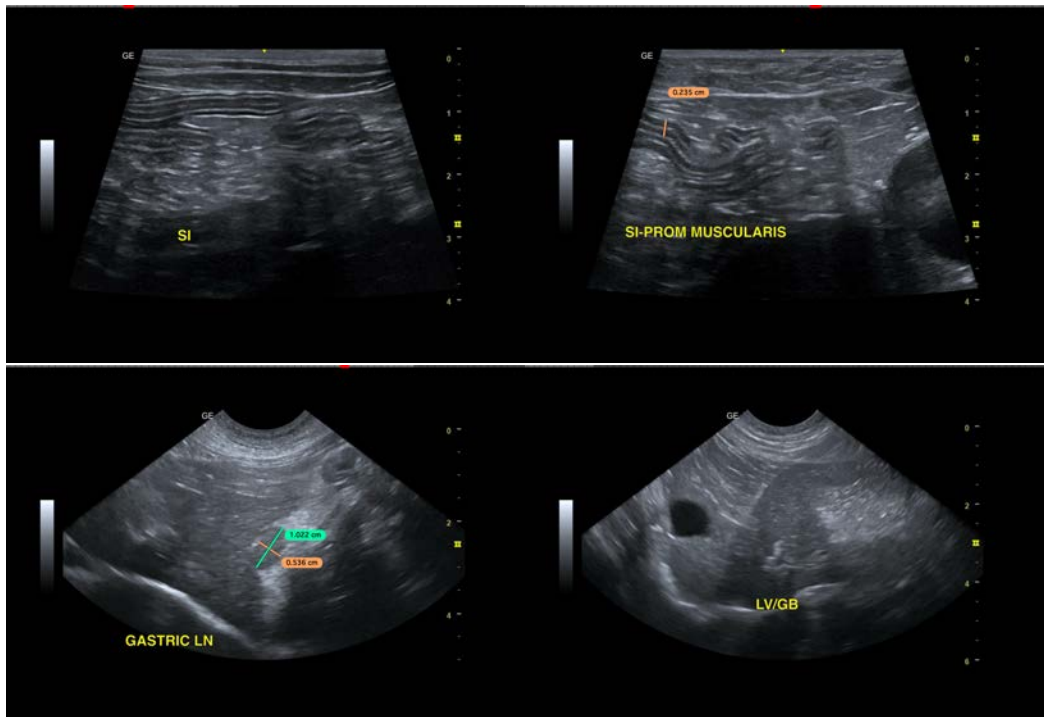
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely mildly thickened with a prominent muscularis layer. These changes are most consistent with inflammatory type change, although early neoplastic change cannot be ruled out.

On some views the gastric wall appears mildly thickened with intact wall layering, but there are some other areas that appear more significantly thickened with mildly reduced detail of wall layering. This could represent imaging artifact, significant gastritis, or early infiltrative disease. Options for further evaluation would include biopsies of this region (surgical or endoscopic), or you could consider reevaluation with ultrasound in 6-8 weeks.

If gastric biopsies are considered, biopsies of the small intestine should also be performed. Prior to this, you could consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.





PATIENT

Blaze Knauss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese, DVM

HOSPITAL NAME

Willow Run Veterinary
Clinic

REFERRING VET

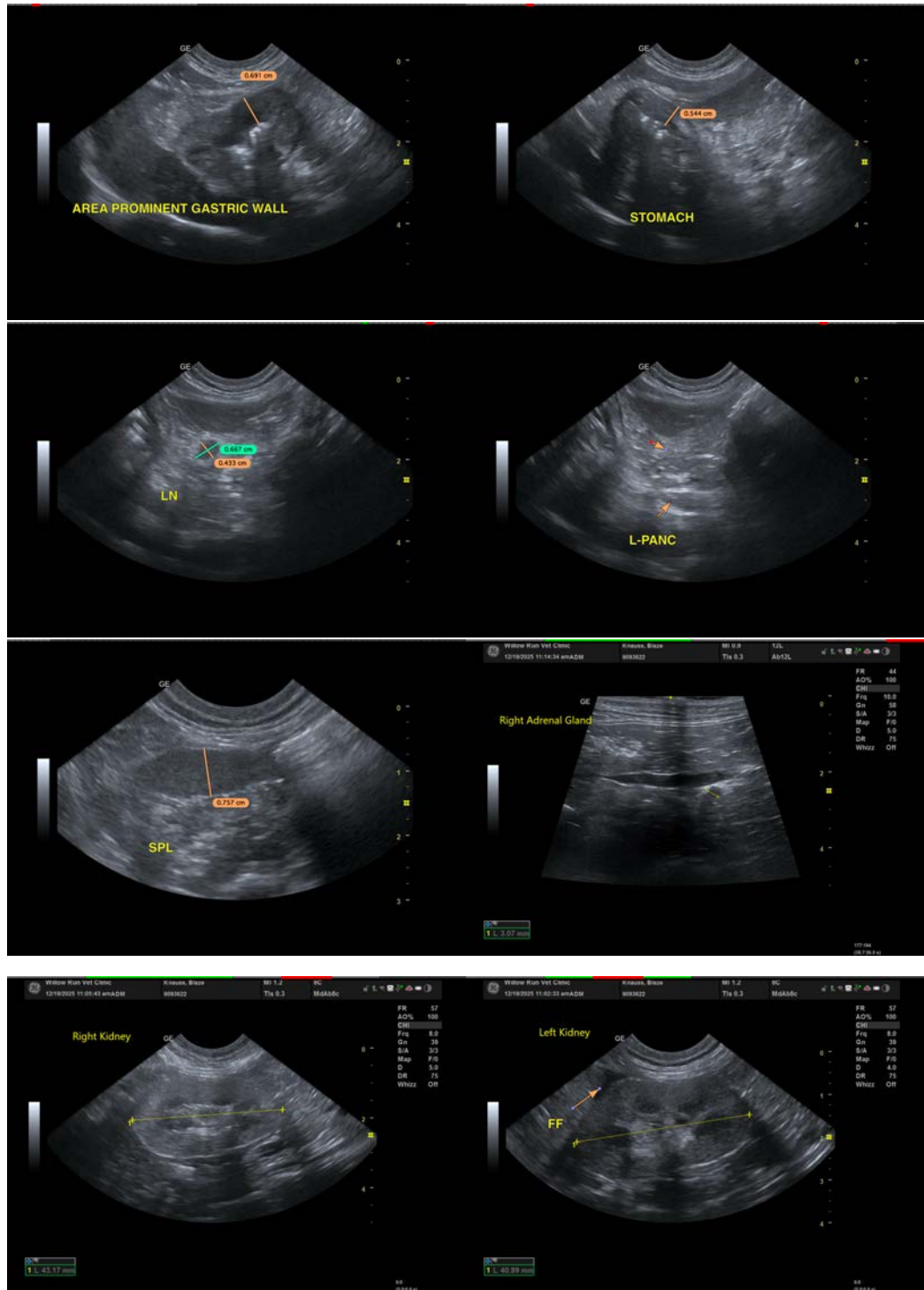
Jack Reese, DVM

INVOICE

72718

DATE

12/19/25





PATIENT

Blaze Knauss

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese, DVM

HOSPITAL NAME

Willow Run Veterinary
Clinic

REFERRING VET

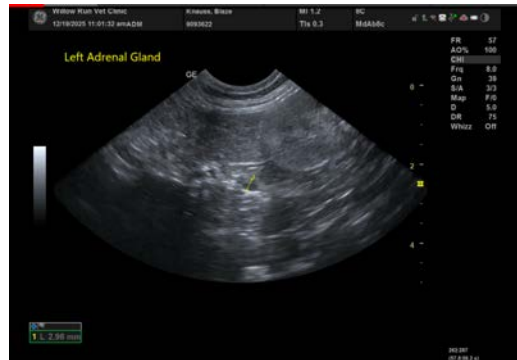
Jack Reese, DVM

INVOICE

72718

DATE

12/19/25



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