

PATIENT

Leo Dunne

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 4 Months

WEIGHT

11.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katelyn Mazzochette,
DVM

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Elizabeth,
Hawkesworth-Heft,
DVM

INVOICE

72290

DATE

12/3/25

PRESENTING CLINICAL SIGNS

Sedated with low dose dexdomitor and butorphanol for scan* Owners claim pet has been progressively losing weight over the last 6-8 weeks. New pet to our hospital so no weight to compare, but previously 12.23 pounds at previous hospital a year ago and 11.1 pounds at visit on 11/21/2025 at our hospital. Owner states pet gained weight since weight taken at previous hospital so they believe there has been additional loss than 12.23 to 11.1. Patient has had some vomiting but typically is just hairballs. Pet's appetite is very good and he is always hungry. Owner have tried feeding high calorie foods and kitten foods but states pet still is losing weight.

Abnormal PE/Chem/CBC/UA Results: MCHC: 36.8 (29.1-35.7) Calcium: 11.8 (8.2-11.2) TCO2: 23 (12-22) No abnormalities on PE on 11/21 minus mild dental tartar.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily 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 (4.43 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 (4.46 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 0.41 cm at the cranial pole and 0.38 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 0.39 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 (0.77 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



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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.

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There is a septate/folded appearance to the gallbladder, which is likely incidental. 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

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The stomach contains moderate 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.

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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. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The colon is distended with non-formed fecal material. Descending colon wall is slightly prominent/thickened at 0.23 cm with intact wall layering.

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Pancreas

The left limb of the pancreas is prominent and hypoechoic as 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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant lymphadenopathy. There is a mild reactive lymphadenopathy with mesenteric lymph nodes measuring 0.38, 0.21, and 0.23 cm. The omentum is generally of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

REFERRING VET

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- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Septate/folded gallbladder – This is likely an incidental finding.
- Moderate fluid visualized within the stomach – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or partial outflow tract obstruction (none clearly visualized).
- Prominent descending colon with non-formed fecal material and a mildly thickened colon wall – Findings could be consistent with mild colitis.

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- Mild reactive mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. No focal mass lesions are observed. Given the symptoms described, an underlying gastrointestinal disease would be most likely, and this can be present with relatively normal appearing ultrasound. If based on your clinical findings this seems likely, 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.

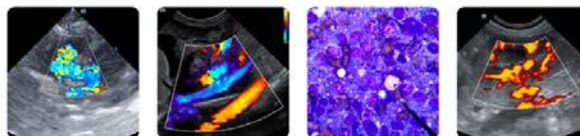
Although none is reported, diarrhea or soft stool is suspected based on the appearance of the stool within the colon. The above testing will screen for exocrine pancreatic insufficiency, etc. If not done recently, you could also consider screening for GI parasites and empirical deworming.

Mild elevation in calcium is reported. Consider an ionized calcium +/- PTH/PTHrP levels to further assess.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

If symptoms are persistent and gastrointestinal disease is strongly suspected, it is possible that GI biopsies would be necessary to further evaluate.





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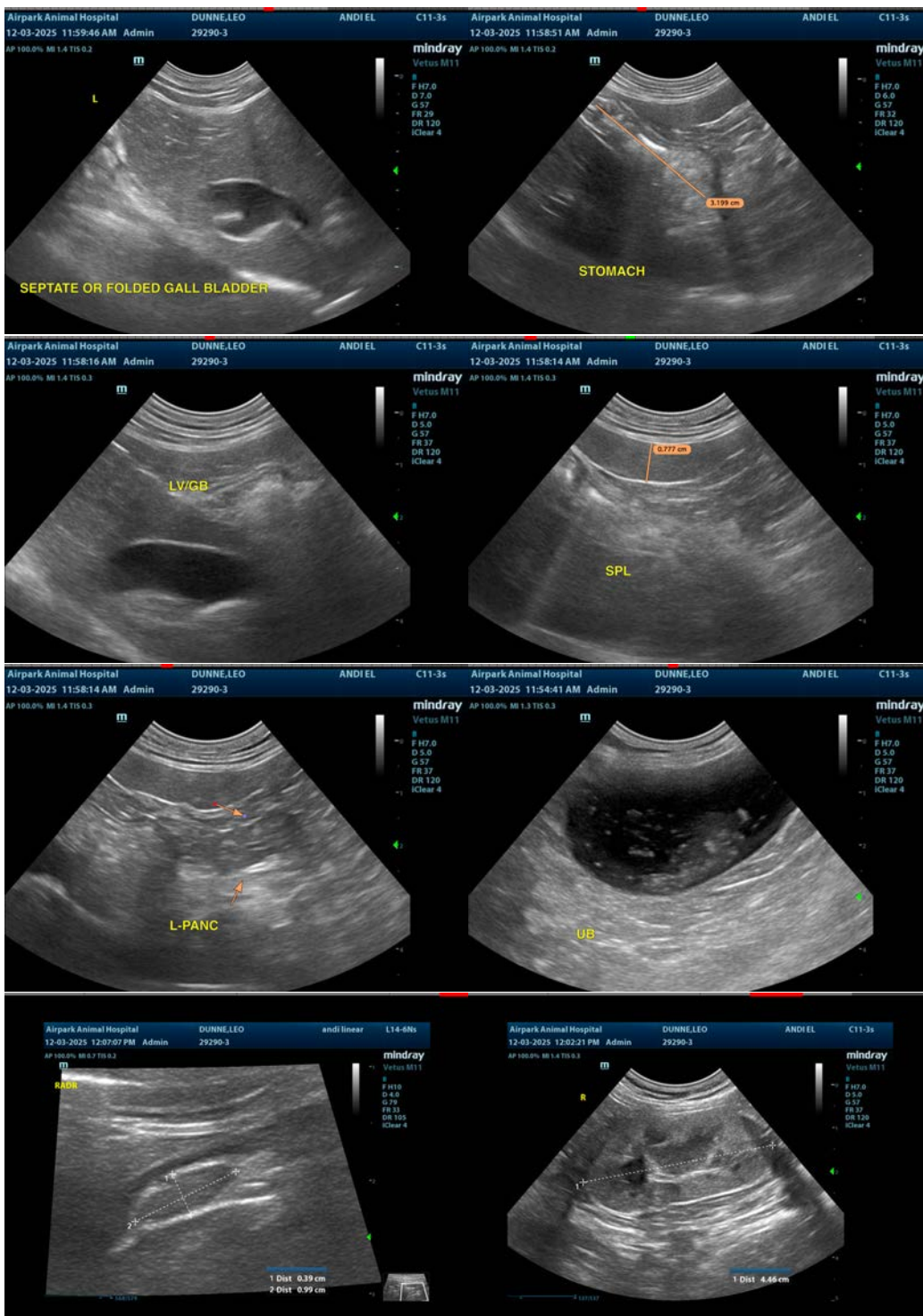
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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