



## PATIENT

Abigail Frost

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

3 years

## WEIGHT

11 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Judy Schroeder

## HOSPITAL NAME

Animal Health  
Associates

## REFERRING VET

Dr. Judy Schroeder

## INVOICE

10866

## DATE

12/4/2025

## PRESENTING CLINICAL SIGNS

Patient presented several days ago for vomiting and diarrhea. Rads shows gas in colon that was of concern for torsion but clinical signs were not consistent. Blood testing normal chemistry and spec fPL, normal UA, immature neutrophils suspected. Repeat rads showed mild changes in gas in colon. Patient is still intermittently vomiting and having diarrhea.

Abnormal PE/Chem/CBC/UA Results: T 103.4, P 144, RR 34 Soft distended abdominal loops. CBC immature neutrophils suspected 540/ul Rad report: Small Intestines: The small intestines remain within normal limits for size, and are now predominantly fluid/soft tissue opaque, with some loops containing a mild amount of gas. • Colon: The ascending and transverse colon now contain a mild amount of heterogenous feces. A moderate amount of homogenous gas and fluid remains present within the proximal to mid aspect of the descending colon. The distal descending colon is again small in size, and predominantly fluid/soft tissue opaque, containing a minimal amount of gas distally.

## 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 (3.66 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 (3.53 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 0.47 cm at the cranial pole and 0.49 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.

### 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.

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 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 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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (0.2 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed fecal material and gas. There is no observed focal or generalized colon wall thickening or loss of layering.

### **Pancreas**

The pancreas is visible/mildly mottled in the left 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 no evidence of a significant lymphadenopathy. There are occasional prominent mesenteric lymph nodes. A lymph node near the ileocecal junction is visualized measuring 0.59 cm. The omentum is of normal uniform echogenicity.

### **ULTRASONOGRAPHIC FINDINGS**

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.
- Mild reactive lymphadenopathy.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are visualized associated with the GI tract to explain the vomiting and diarrhea reported. Unfortunately, there are many causes for vomiting and diarrhea which cannot be definitively diagnosed by ultrasound alone. Consider the following for further evaluation:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks.)



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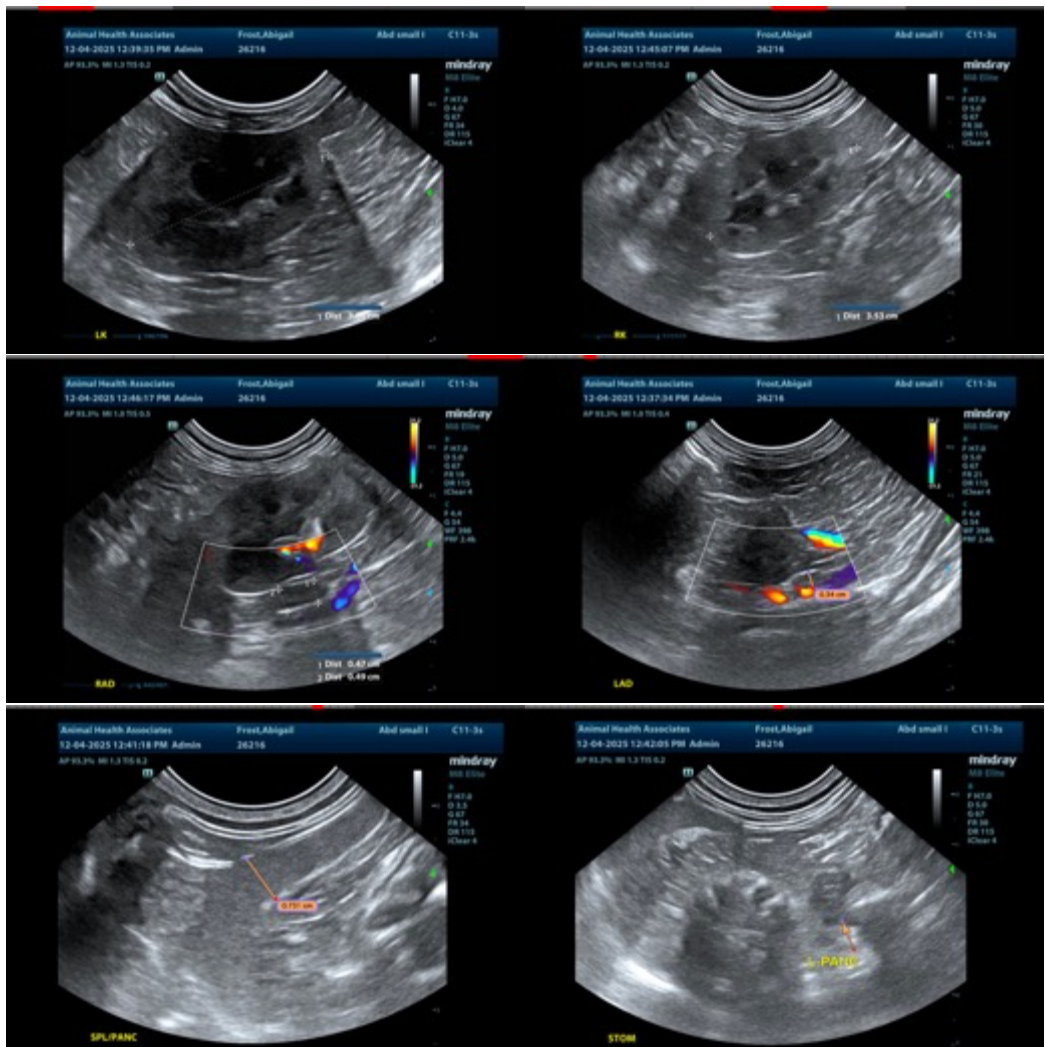
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- If not already done, recommend parasite screening and empirical deworming.
- Consider a screening panel for infectious causes of diarrhea.
- Consider empirical treatment for pancreatitis.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If symptoms are persistent or worsening and there's concern for ingested foreign material, etc., repeat imaging could be considered in the future looking for an obstructive pattern or similar.





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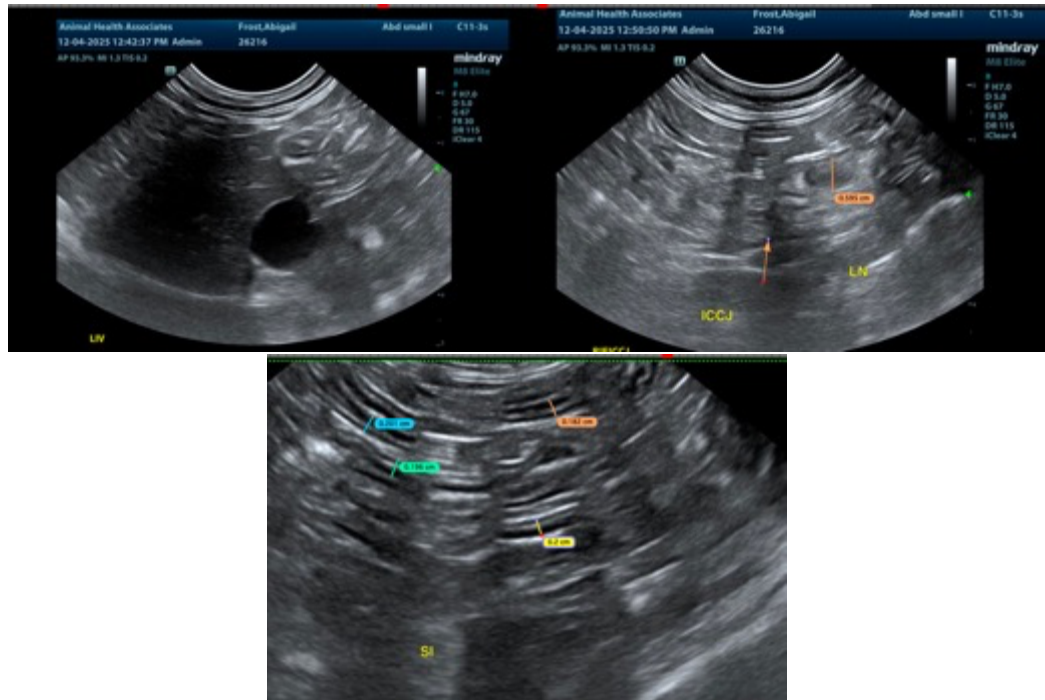
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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