



PATIENT

Nami Lioce

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Year

WEIGHT

7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Kristen Henry, DVM

INVOICE

72355

DATE

12/4/25

PRESENTING CLINICAL SIGNS

Concern: Over past 2-3 weeks: clinical deterioration with decreased appetite, weight loss, increased loafing behavior (2nd episode of illness) Ddx: Hepatic lipidosis, cholangiohepatitis, neoplasia vs other - Elevated liver enzymes (ALT 1409, increased from previous 900)- Icterus- Weight loss/anorexia Hospital:- In-house chemistry panel: ALT 1409, ALKP 278, TBil 3.1

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 (3.68 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 (4.12 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 0.26 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 0.36 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 normal in size but slightly irregular in shape, measuring 0.84 cm, and mottled. The blood flow through the hilus and splenic parenchyma appears normal. The parenchyma appears diffusely nodular when evaluated with the high frequency probe.

Liver

The liver is large in size and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder is poorly visualized. A structure suspected to be gallbladder appears within normal limits.



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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 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. Jejunum wall measures 0.19 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 hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is mild generalized inflammation in the region of the pancreas.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is an occasional prominent mesenteric lymph node. An example measures 0.25 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Diffusely mottled/nodular spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with mild pancreatitis.
- Large, irregular, hypoechoic/heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of inflammation in the abdomen. The spleen is prominent and diffusely nodular when viewed with the high frequency probe. Recommend a fine needle aspirate of the spleen.

The liver is very irregular in shape with rounded margins. The parenchyma appears somewhat heterogeneous. The gallbladder is not clearly visualized, but no evidence of significant pathology is noted. A primary hepatopathy is suspected. It is possible that sedation or similar would be necessary to clearly visualize the gallbladder and bile duct.

The pancreas is hypoechoic and prominent in the left limb, most consistent with pancreatitis.



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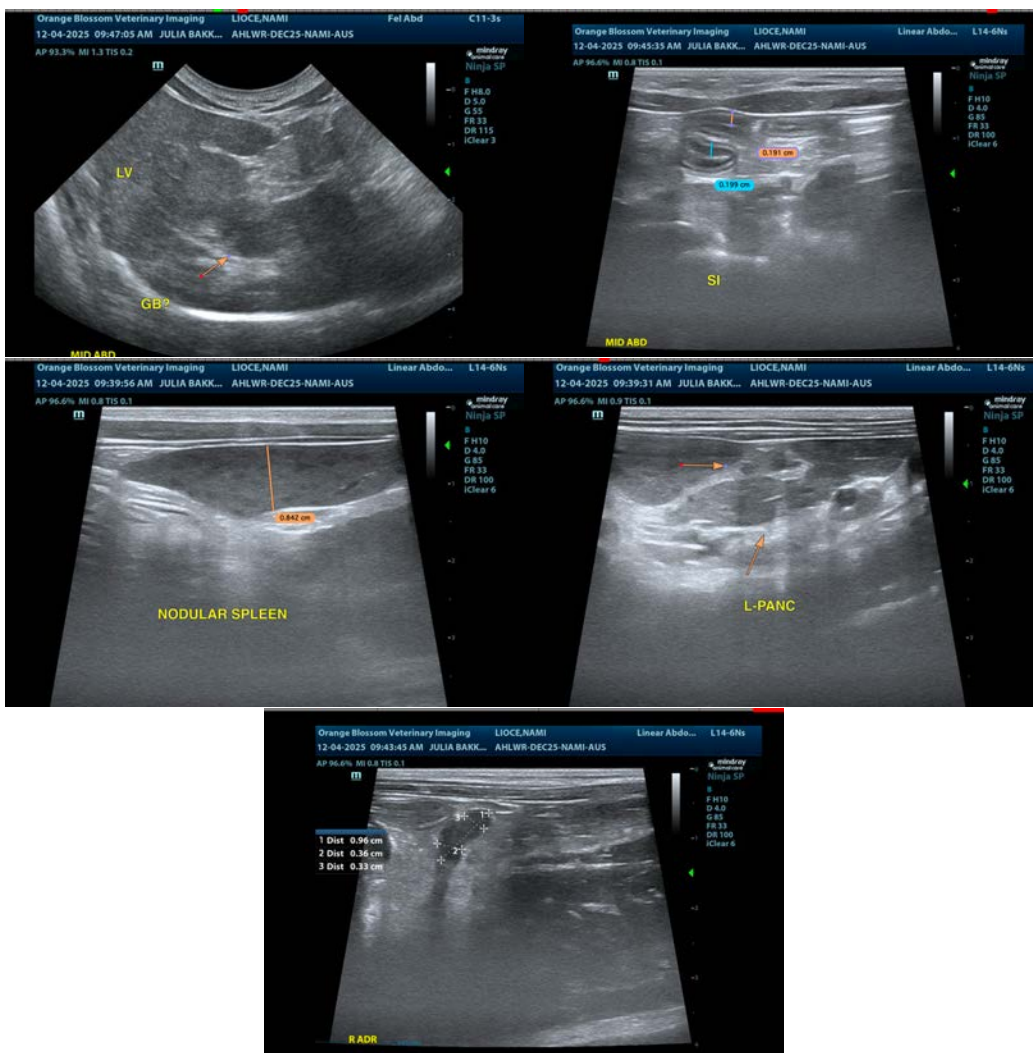
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Strongly recommend a fine needle aspirate of the spleen and liver, looking for possible underlying round cell neoplasia. If this is not identified, then ideally, I would recommend a biopsy of the liver (provided coagulation parameters are normal) with samples for histopathology and cultures. Based on the young age of this individual, I would recommend having biopsies sent to a university, looking for congenital causes of liver dysfunction. Additionally, you could consider repeat ultrasound evaluation to reevaluate the gallbladder overtime, looking for progressive dilation, etc. While waiting for these results you could consider empirical treatment for cholangiohepatitis with Ursodiol, Denamarin, and antibiotics. If possible, hold on steroid use, as this can interfere with cytologic evaluation.





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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

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