

PATIENT

Jackson Witt

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years 9 months

WEIGHT

5.04 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline VH

REFERRING VET

Dr. Kateryna Sovik

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11292

DATE

2/11/2026

PRESENTING CLINICAL SIGNS

- On 2/6/26 decreased appetite: Was not eating for a couple of days. Is not interested in his dry food. Is barely eating small amounts of wet food.
- Lethargy: Not jumping up on normal surfaces, missed a jump which is unusual. Not waiting for food in the morning, which is a change from his normal routine. Polydipsia: Noticed drinking a lot more water than usual in the past 24-48 hours.
- Hospitalized at an emergency clinic from Friday, 02-06 to Saturday, 02-07 ER findings: AUS on Friday: Kidneys did not appear small. Suspected unconfirmed pyelonephritis Discharged Saturday evening. On Sunday Has not eaten since 2 am Sunday. Has not defecated since returning from the ER. Urinating 1-3 times per 24 hours. Client reports he is interested in water but is hesitant to drink, though some intake is observed. Client reports patient was worse yesterday. His eyes became glassy, and he was hiding all day. He perked up this morning after fluids but remains anorexic. Complete inappetence since Monday evening. Refused regular kibble, various wet foods, strong-smelling foods, and treats. Turns head away from food and water. Ate a small amount of his dry food on Monday after returning home. Drank approximately three sips of water yesterday. Urination: Urinated approximately twice yesterday, small volumes.No defecation since Monday, when he passed two hard stools. No diarrhea reported.
- Acute kidney injury. Anorexia/inappetence. Mild dehydration
- MedsL RxMarboflox, Gaba, Miratazapine

Abnormal PE/Chem/CBC/UA Results: Bloodwork on Saturday, 2026-02-07: Creatinine 5.2. Showed minimal improvement after fluids. Urinalysis: No bacteria observed. Urine culture: Pending. FeLV test: Negative. Yesterday (2/10/26): MCHC 36.3 28.1 - 35.8 g/dL HIGH EOS 0.08 0.17 - 1.57 K/ μ L LOW MPV 10.4 11.4 - 21.6 fL LOW SDMA 15 0 - 14 μ g/dL HIGH BUN 41 16 - 36 mg/dL HIGH ALKP < 10 14 - 111 U/L LOW Today (2/11/26): SDMA 16 0 - 14 μ g/dL HIGH QPL 4.8 0.0 - 4.4 U/L HIGH LABS attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

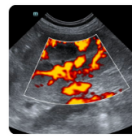
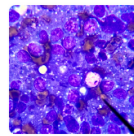
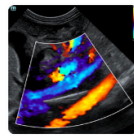
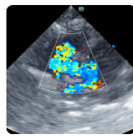
Urinary System

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 (3.84 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 (4.23 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



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The left adrenal gland is normal in size measuring 0.48 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.

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The right adrenal gland is normal in size measuring 0.56 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.

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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.

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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.

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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

The stomach contains mild/moderate gas and 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. Gas interferes with full evaluation of the stomach.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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 (0.23 cm in wall thickness) and the jejunum measured as normal (0.17 cm.) Some sections of small intestine appear mildly to moderately fluid distended with reduced progressive motility. No definitive focal obstruction is visualized.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

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Pancreas

The pancreas is prominent, hypoechoic and mottled. 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

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. An example measures 0.7 cm, and 0.5 cm x 0.89 cm. A jejunal lymph node is visualized measuring 0.61 cm x 1.88 cm. The omentum is of normal uniform echogenicity.



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ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture
- Hypoechoic, mottled left limb of the pancreas. Findings are most consistent with pancreatic remodeling +/- chronic pancreatitis.
- Mild gas/fluid distension of the stomach and some segmental fluid distension of the small intestine. No definitive focal lesions are visualized. Findings are suggestive of generalized ileus/gastroenteritis.
- Prominent mesenteric lymph nodes. Findings are most consistent with reactive lymph nodes. Early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive focal lesions are visualized associated with the GI tract to explain the symptoms reported. There are sections of small intestine which appear mildly to moderately fluid distended with lack of progressive motility most consistent with segmental ileus and gastroenteritis. A small, partially obstructive foreign material cannot be definitively ruled out but none is clearly visualized.

The left limb of the pancreas is prominent, hypoechoic and mottled. Correlate with a PLI level. If there's significant elevation, consider concurrent treatment for pancreatitis.

If symptoms are persistent despite treatment for gastroenteritis/pancreatitis, with continued diuresis as there's concern for an acute on chronic renal episode, then reevaluation should be considered as eventually biopsies of the GI tract may be warranted.

Correlate the current renal values with a urine specific gravity. There's concern that the current mild elevations are inappropriate in the face of fluid therapy. Recommend a blood pressure and a urine protein-creatinine ratio to accompany your pending urine culture.



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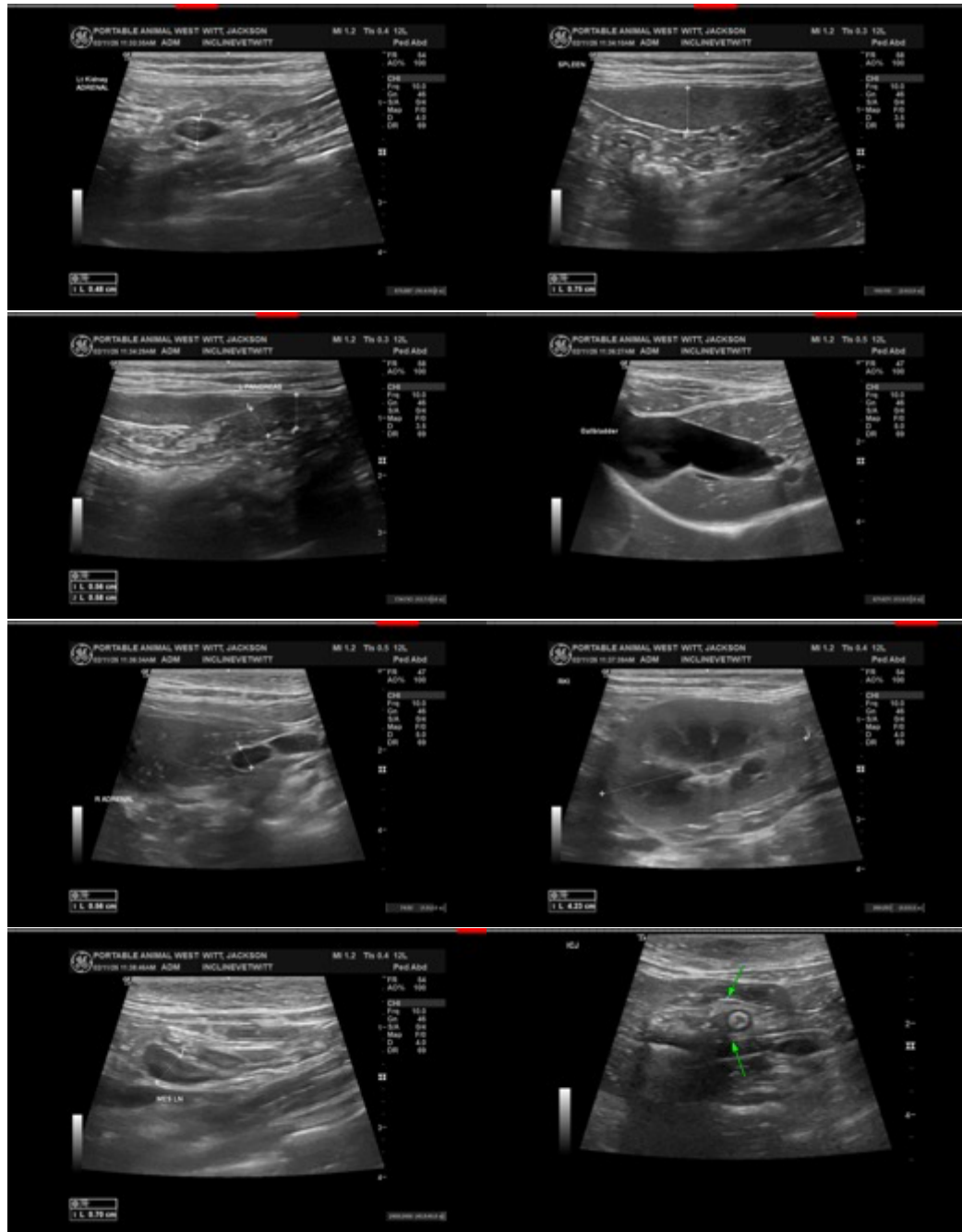
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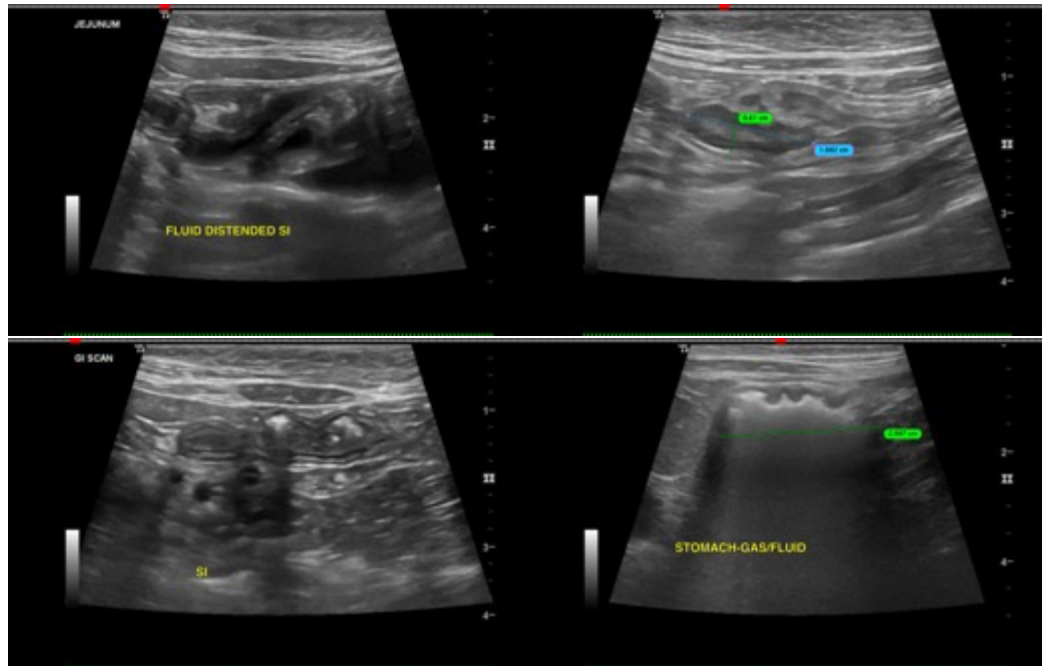
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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