



PATIENT

Yue Acoose

SPECIES

Feline

BREED

Bombay

SEX

MN

AGE

1 year 5 months

WEIGHT

5.04 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Alpine 24/7 – ER
doctor

INVOICE

11289

DATE

2/11/2026

PRESENTING CLINICAL SIGNS

- Four-day history of vomiting:
 - Day 1: once
 - Day 2: twice
 - Day 3: once
 - Day 4 (today): twice (pale yellow fluid)
- Occasional gagging after eating quickly. Diarrhea described as clear/mucoid (“jello-like”), consistent with colitis. Sneezing began yesterday. Energy normal; playful; not hiding. One brief episode of losing balance and falling backward from windowsill with full recovery.
- Not currently keeping food or water down.
- Diet: Kirkland Signature dry food + Churu treats.
- High concern for foreign body given plastic-chewing behavior.

Abnormal PE/Chem/CBC/UA Results: • Mentation: Alert, nervous but responsive • Temperature: Afebrile • HR/RR: Within normal limits • Hydration: 5–6% dehydrated (tacky gums, mild skin tent) • Abdomen: Comfortable on palpation • Oral exam: No string or foreign material visualized • No abdominal pain • No neurologic deficits observed CBC • RBC 13.28 ↑ • HCT 0.622 ↑ • Hemoglobin 194 ↑ • WBC 6.68 (normal) • Mild monocytosis (0.69) • Platelets adequate Chemistry • Sodium 167 ↑ (mild hypernatremia) • Osmolality 332 ↑ • Renal values normal • ALT 109 (normal) • ALP normal • Bilirubin normal • Total protein 81 (upper normal) • Albumin normal • Amylase/Lipase within reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. There is a small to moderate amount of suspended echogenic debris visualized. The majority of the bladder wall appears normal thickness and has a smooth mucosal surface but the ventral wall appears slightly hyperechoic and irregular, most consistent with mild thickening or adhered debris. It measures 0.21 cm in the apical ventral region. The region of the trigone, ureteral papillae and visible urethra appear free from any mass lesions or calculi.

The cranial pole of the left kidney is visualized with no abnormalities noted.

The right kidney has a normal shape and size (4.49 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 not clearly visualized.

The right adrenal gland is normal in size measuring 0.35 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



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The spleen is borderline large in size (1.3 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. It is curled in the abdomen.

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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. The portal markings are somewhat prominent.

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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 bile duct is visualized and is somewhat prominent but does not appear overtly dilated.

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Gastrointestinal

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The stomach contains mild 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 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. The duodenum measured 0.25 cm in diameter and the jejunum measured 0.24 cm in diameter. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis in both limbs.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild to moderate mesenteric lymphadenopathy with large hypoechoic lymph nodes visualized in the mid abdomen and near the ileocecal junction. Examples of jejunal lymph nodes measure 0.48 cm x 2.01 cm, 0.51 cm x 2.73 cm, and lymph nodes near the ileocecal junction measure 0.16 cm and 0.35 cm in diameter. The omentum is mildly hyperechoic around the pancreas and the prominent lymph nodes.

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ULTRASONOGRAPHIC FINDINGS

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- Mildly thickened ventral wall of the urinary bladder. Findings are most consistent with possible cystitis. Correlate with urinalysis +/- culture. An underlying neoplastic process is not less likely.
- Large spleen. Possible differentials include anatomic variation (large cat), congestion, lymphoid hyperplasia, splenitis, less likely neoplastic infiltration.



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- Pancreatic changes consistent with mild to moderate pancreatitis in both limbs.
- Segmental thickening of the small intestine with some areas exhibiting a prominent muscularis layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Prominent mesenteric lymph nodes. Findings are most consistent with reactive lymph nodes, although early neoplastic change cannot be ruled out.

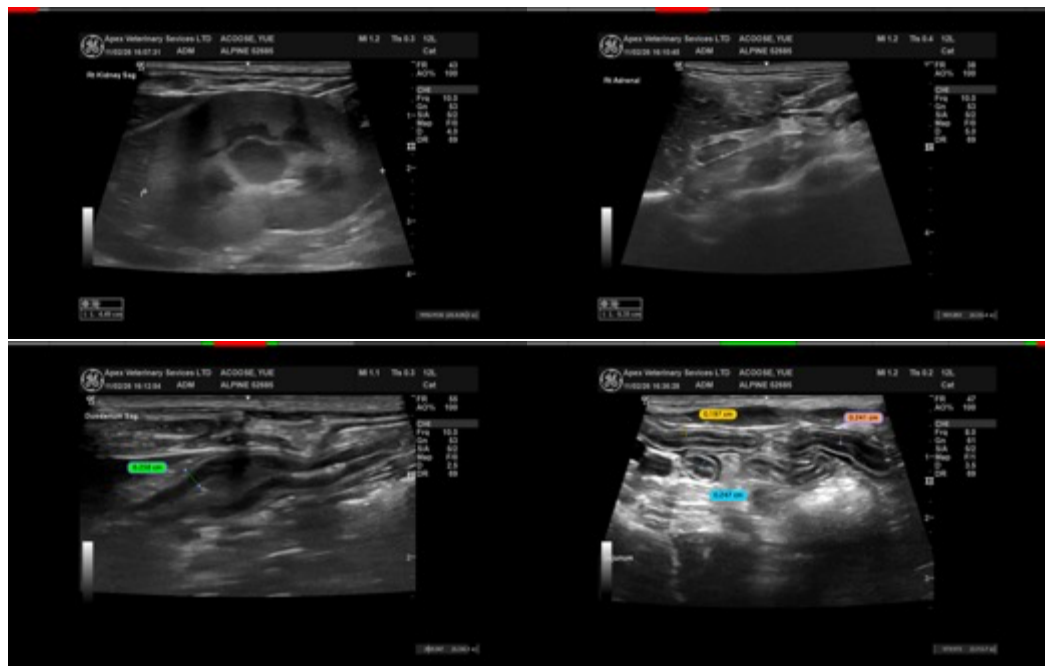
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's no evidence of an obstructive pattern and no foreign material noted associated with the GI Tract. This cannot definitively rule out the possibility of a partial obstruction, but it seems much less likely. Additionally, both limbs of the pancreas are large, prominent, and hypoechoic with some mild surrounding reactive mesentery most consistent with pancreatic inflammation. Correlate with a PLI level and recommend empirical treatment for pancreatitis/gastroenterocolitis.

There are many prominent mesenteric lymph nodes. If symptoms are not responding to therapy, and a safe window is available, a fine needle aspirate could be considered for cytologic evaluation.

The spleen is large and curled in the abdomen. Significance of this is uncertain. This is a larger cat, so this could be normal as no focal parenchymal abnormalities are noted but if symptoms are persistent or there's concern for underlying neoplastic change, etc., a fine needle aspirate could be considered.

The ventral wall of the urinary bladder is hyperechoic and slightly irregular. Correlate with a urinalysis +/- culture results to further evaluate.





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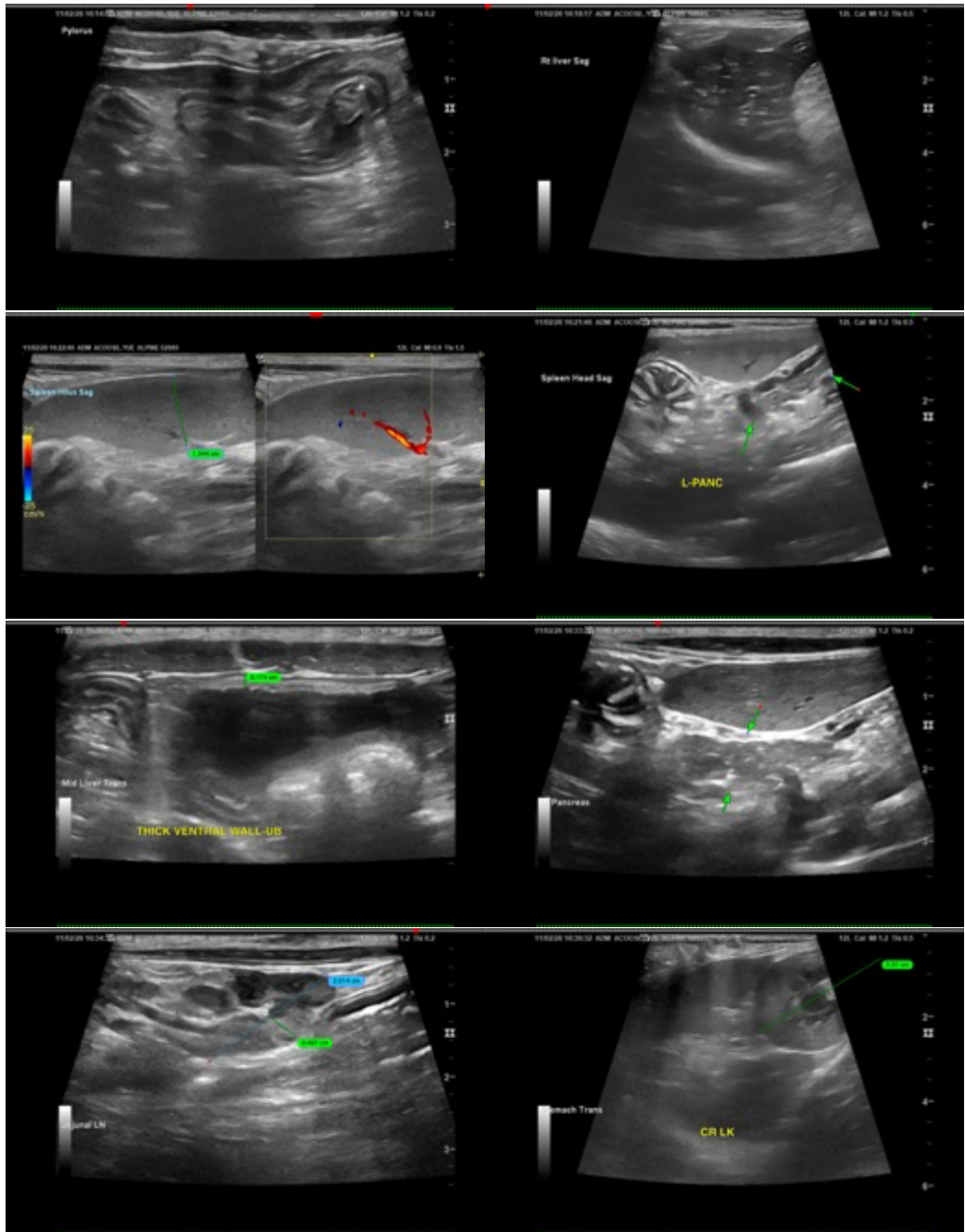
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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