



## PATIENT

Smokey Becker

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

13 Years 5 Months

## WEIGHT

10.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Heather Platzer

## HOSPITAL NAME

Hershire Animal  
Hospital

## REFERRING VET

Susan Zhang, DVM

## INVOICE

73060

## DATE

2/18/26

## PRESENTING CLINICAL SIGNS

Hx diarrhea and reduced appetite, D+ improved with fortiflora. Hx of hyperthyroidism but is well controlled. CBC/chem/T4--mild eosinophilia, elevated calcium. Confirmed with ionized calcium 1.68 (high end 1.4). Parathyroid hormone <0.5 and Parathyroid related protein wnl. Has been on Purina HA consistently for past 6 months for presumptive IBD/food allergy but has never had an AUS.

Blurb was made on 2/4. Since then was seen on 2/6 for inappetence, vomiting, recurrence of diarrhea. weight 10.1lb Was started on cerenia and predL 5mg BID. Doing well by 2/16 and was instructed to taper pred to 5mg SID. O understands being on the steroids can mask changes in GI tract

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with highly echogenic urine. The Bladder wall appears of normal thickness with a smooth mucosal surface. In the dependent portion of the urinary bladder there is hyperechoic shadowing debris most consistent with mineralized debris/small stones. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi at this time.

The left kidney has a normal shape and size (3.94 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.25 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.38 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

### Spleen

The spleen is normal in size but slightly irregular in shape, measuring 0.89 cm in width at the level of the hilus. Cranial to the hilus there is a slight isoechoic "bulge" in the parenchyma measuring 1.01 cm. The blood flow through the hilus and splenic parenchyma appears normal.

### Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



## PATIENT

Smokey Becker

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.

## SPECIES

Feline

**Gastrointestinal**  
The stomach contains a large amount of fluid/shadowing ingesta. 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. Shadowing ingesta could be consistent with non-fasted patient, delayed gastric emptying, or ingested foreign material. Shadowing ingesta is evident in the pylorus but a definitive obstruction cannot be confirmed.

## BREED

DSH

## SEX

Neutered Male

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. Jejunum wall measured 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## AGE

13 Years 5 Months

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.

## WEIGHT

10.5 lbs

## Pancreas

The left limb of the pancreas is prominent and mottled 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.

## INTERPRETED BY

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

## Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## IMAGING PERFORMED BY

Heather Platzer

## PRIMARY FINDINGS

- Suspended echogenic debris in the urinary bladder and dependent mineralized sandy debris/small stones – Recommend urinalysis, culture and radiographs.
- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic pancreatitis in the left limb.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. The appearance could be secondary to steroid therapy.
- Fluid/shadowing ingesta distended stomach – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction.
- Segmental “ropey” small intestine – Findings could be consistent with mild inflammatory type changes.

## HOSPITAL NAME

Hershire Animal  
Hospital

## REFERRING VET

Susan Zhang, DVM

## INVOICE

73060

## DATE

2/18/26



## PATIENT

Smokey Becker

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

13 Years 5 Months

## WEIGHT

10.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Heather Platzer

## HOSPITAL NAME

Hershire Animal  
Hospital

## REFERRING VET

Susan Zhang, DVM

## INVOICE

73060

## DATE

2/18/26

## SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.
- Isoechoic “bulge” visualized associated with the spleen – I suspect this represents anatomic variation. An early mass effect cannot be ruled out. Recommend continued monitoring.

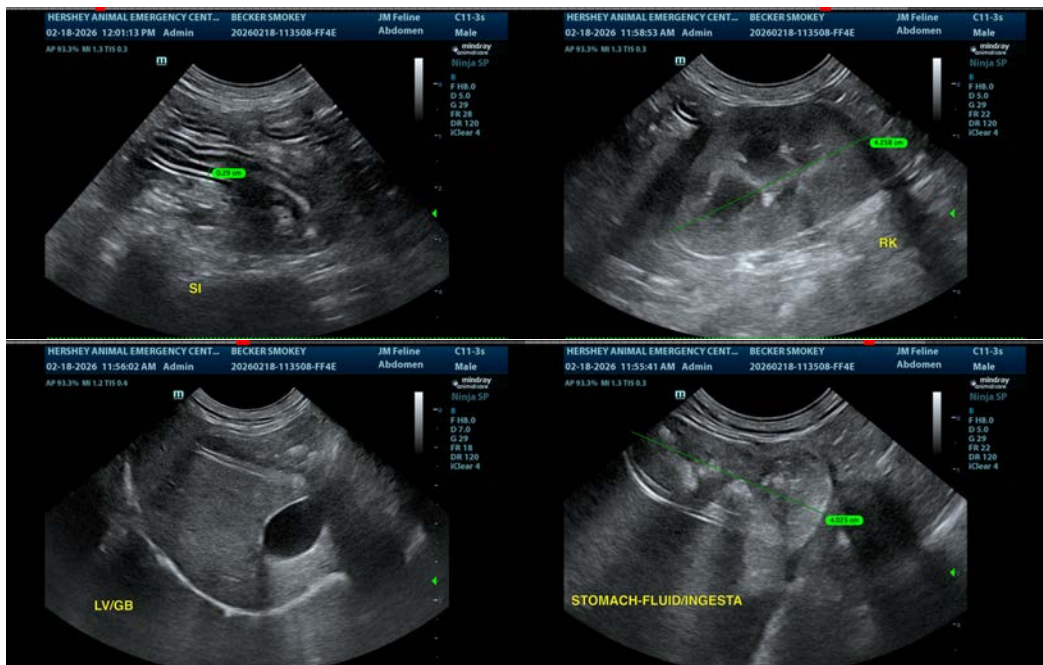
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is significantly distended with fluid and shadowing ingesta. Correlate with feeding history and current radiographs. If the patient was adequately fasted, consider more prolonged fast and reassessment, as the patient may have a degree of ileus or similar, particularly if concurrent pancreatitis is present. If there is significant concern for an obstructive process, an upper GI endoscopy could be considered. Additionally, you could consider repeat ultrasound, looking for improvement or progression of changes observed on today’s scan.

The small intestine appears somewhat “ropy”. This could be consistent with mild inflammatory type change. Early neoplastic change cannot be ruled out, particularly with the current steroid therapy.

The urine has a large amount of suspended echogenic debris and there are some dependent stones noted. Correlate these findings with a urinalysis, culture and radiographs, looking for the number and size of stones present.

The left limb of the pancreas is prominent. Correlate findings with a PLI level and consider empirical treatment for chronic pancreatitis.





**PATIENT**

Smokey Becker

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years 5 Months

**WEIGHT**

10.5 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Heather Platzer

**HOSPITAL NAME**

Hershire Animal  
Hospital

**REFERRING VET**

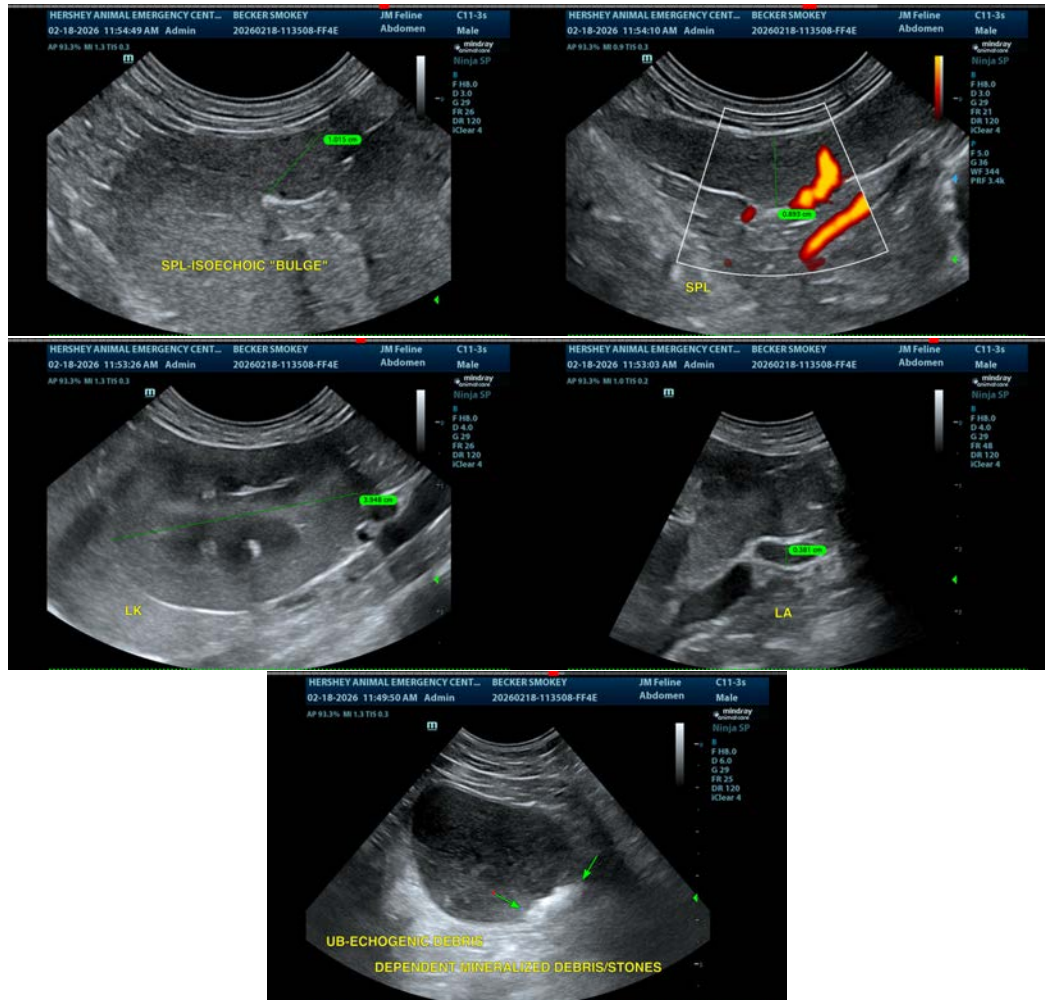
Susan Zhang, DVM

**INVOICE**

73060

**DATE**

2/18/26



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