



PATIENT

Hades Mays

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

9 Years

WEIGHT

11.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Krollman RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Dr. Grace Kennedy

INVOICE

13887

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- Anorexia x 4 days, Lethargy
- not responding to appetite stimulants, anti-nausea medication. SQ fluids were also given at exam on 2/16

Abnormal PE/Chem/CBC/UA Results: Sent out senior lab work, all WNL

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.11 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (3.83 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The area of the left adrenal gland is normal.

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.

Spleen

The spleen is subjectively normal in size, 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. The spleen measured 0.93 cm.

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains large gas and shadowing fluid and shadowing ingesta. It measures at a normal thickness of <0.7 cm 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. The large



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amount of gas interference greatly impairs evaluation of the stomach in many areas of the cranial abdomen.

Some of the areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid and gas. 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 (0.27 cm) Visualized peristalsis appears appropriate. A large population of the small intestine appears significantly gas distended with some fluid. Intraluminal gas interferes with full evaluation of the caudal, mid-caudal abdomen and the small intestine.

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/liquid and gas shadowing distally. Visualization of the colon as a whole is challenging due to interference from the intraluminal gas and fluid from the small intestine and stomach. There is a focal section of fluid distended bowel measuring 0.27 cm in thickness, possibly consistent with proximal colon, cecum, etc. Wall layering appears intact.

Pancreas

The pancreas is prominent and hypoechoic in the left limb as 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.

Free Abdomen

There is no free fluid. There is no evidence of a diffuse lymphadenopathy. A large focal hypoechoic mesenteric lymph node is visualized measuring 0.58 by 1.78 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes consistent with mild pancreatitis in the left limb.
- Diffuse gas and fluid distention of the stomach and small intestine- Visualization in these areas is greatly obscured by intraluminal gas artifact.
- Large hypoechoic mesenteric lymph nodes- findings can be consistent with a highly reactive or early neoplastic lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of the abdomen is challenging in this individual as there is significant gas artifact associated with the stomach and small intestine. No definitive focal lesions are observed. Findings could be consistent with significant ileus, a highly stressed patient with severe aerophagia or a distal obstruction. Correlate with abdominal radiographs to better evaluate.

The left limb of the pancreas is prominent and hypoechoic, possibly consistent with mild pancreatitis. Correlate with the PLI level and consider empirical treatment for pancreatitis.

There is what appears to be a large hypoechoic mesenteric lymph node visualized (can't rule out right adrenal?). If a safe window for sampling is available and this is situated in the mid abdomen, then sampling for cytologic evaluation could be considered.



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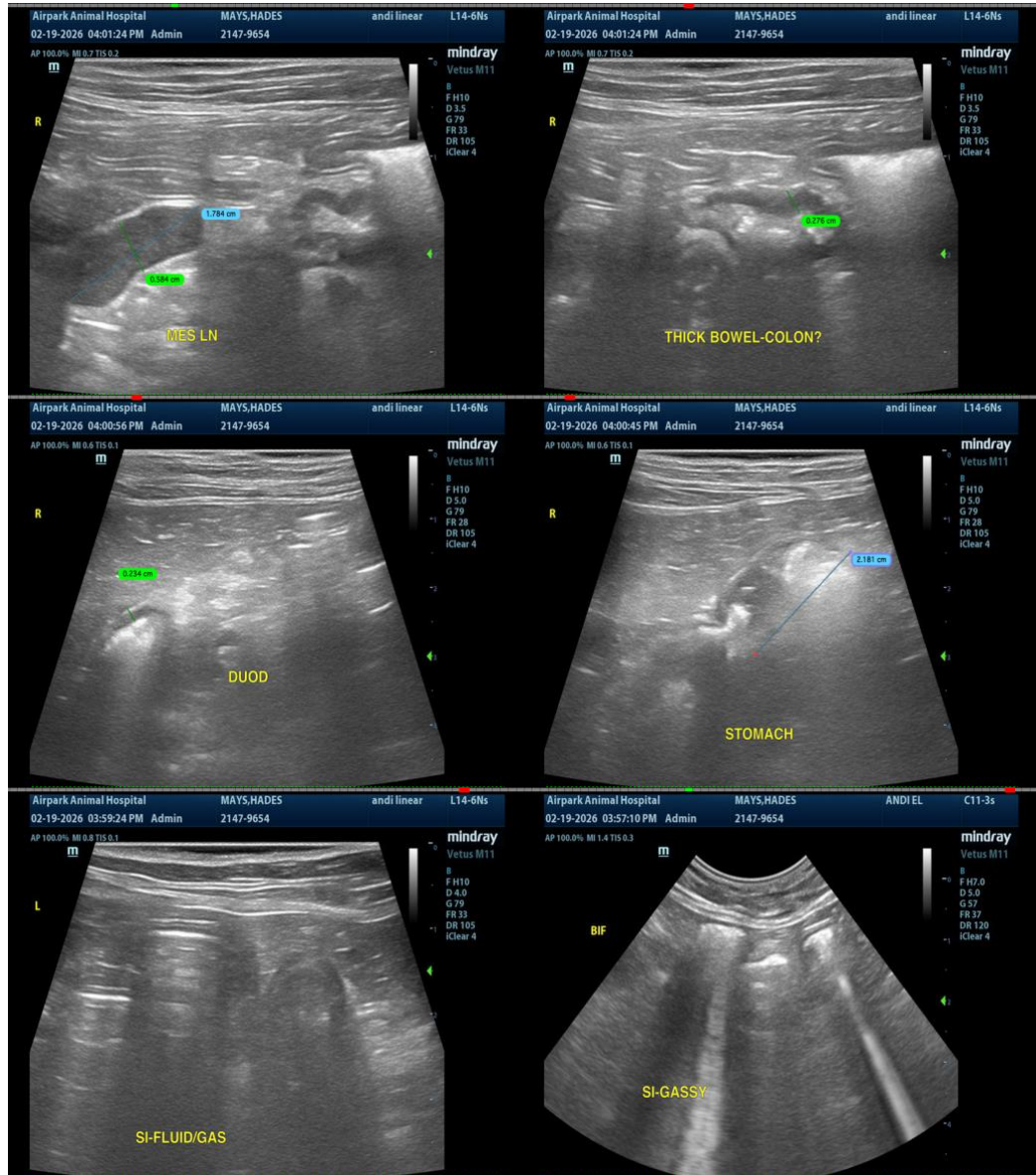
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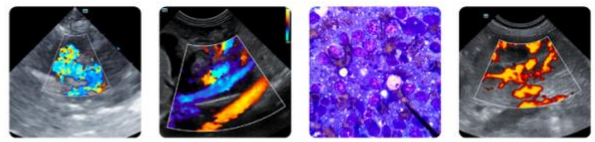
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If symptoms are persistent and radiographs demonstrate diffuse gas distension, you could consider promotility medication in hopes of ileus. If an obstruction is suspected, exploratory surgery may need to be considered with samples obtained for histopathology of the small intestine, lymph nodes +/- large intestine, etc.





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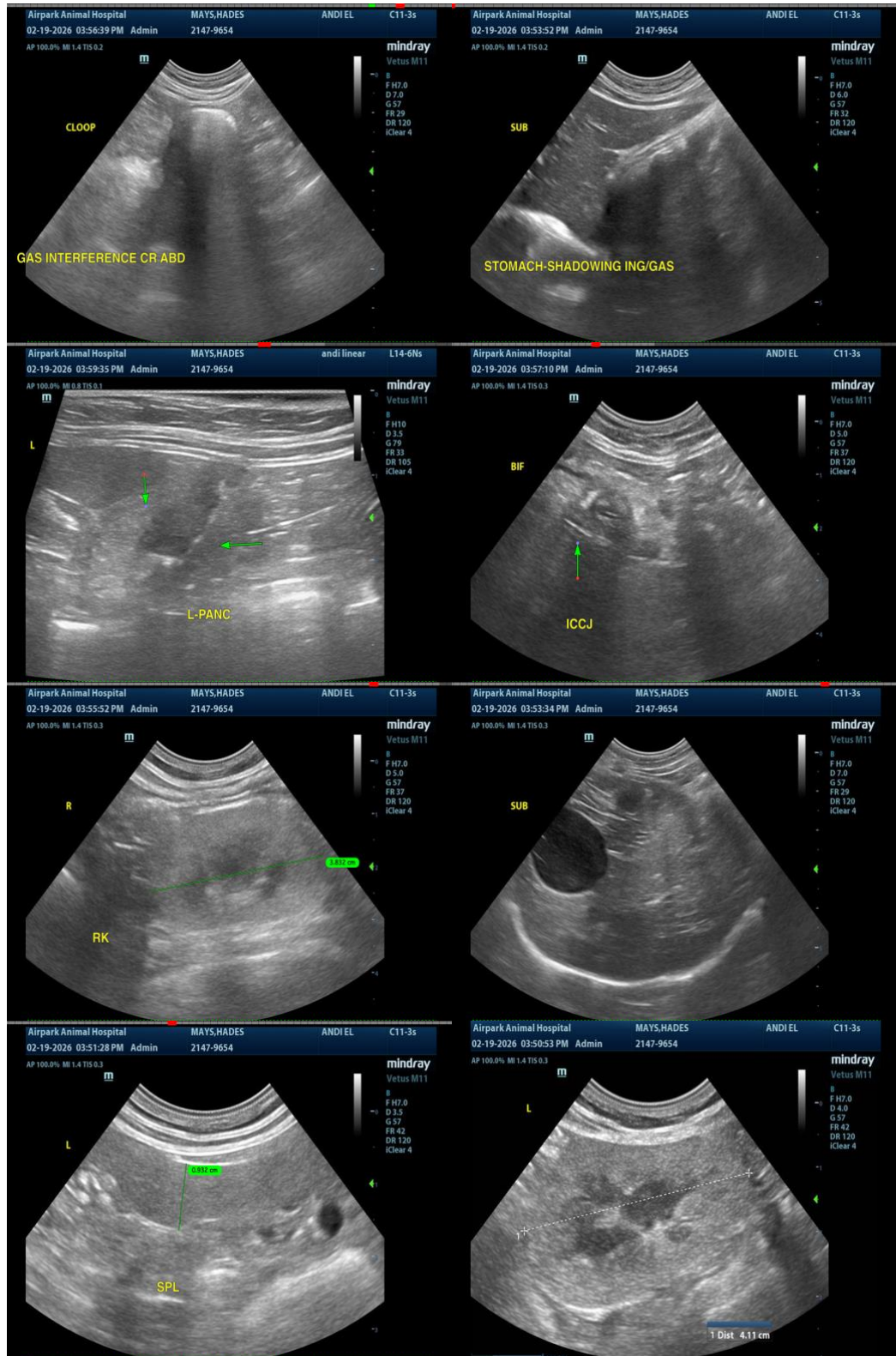
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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