



**PATIENT**

Lola Burns

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

8 years

**WEIGHT**

11.8 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

The Venturing Vet

**REFERRING VET**

Dr. Herzog

**INVOICE**

11336

**DATE**

2/19/2026

**PRESENTING CLINICAL SIGNS**

- Anorexia for 4 days.

**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 (3.51 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 (3.6 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 0.37 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 0.31 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 subjectively normal in size (1.02 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.

**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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

**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 relatively uniform diameter with minimal to mild 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 (0.19 cm in wall thickness) and the jejunum measured as normal (0.21 cm.) 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. Descending colon measures 0.18 cm.

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**Pancreas**

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional mildly prominent lymph nodes visualized at the ileocecal junction. Examples measure 0.25 cm and 0.21 cm. Pancreaticoduodenal lymph node is prominent measuring 0.41 cm with reactive mesentery surrounding the prominent lymph nodes.

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**ULTRASONOGRAPHIC FINDINGS**

- Pancreatic changes consistent with mild pancreatic remodeling +/- chronic pancreatic inflammation.
- Mild, reactive lymphadenopathy.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are visualized associated with the GI tract on today's exam. There's no evidence of a significant obstructive pattern, wall thickening, etc. Although there are some areas with mild fluid distension and there is a mild reactive lymphadenopathy, which could be consistent with early inflammatory type change/enteritis. Recommend non-specific supportive care for acute gastroenteritis/pancreatitis with continued monitoring, particularly if symptoms are persistent. Radiographs submitted show a moderate amount of formed stool in the colon, and a focal gas pocket. No overt pathology is noted associated with this region on ultrasound. Although there is gas in the distal colon. If this patient's clinical history is supportive of a possible underlying enteropathy, you could consider a hydrolyzed protein prescription diet, and a GI panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate to further evaluate.

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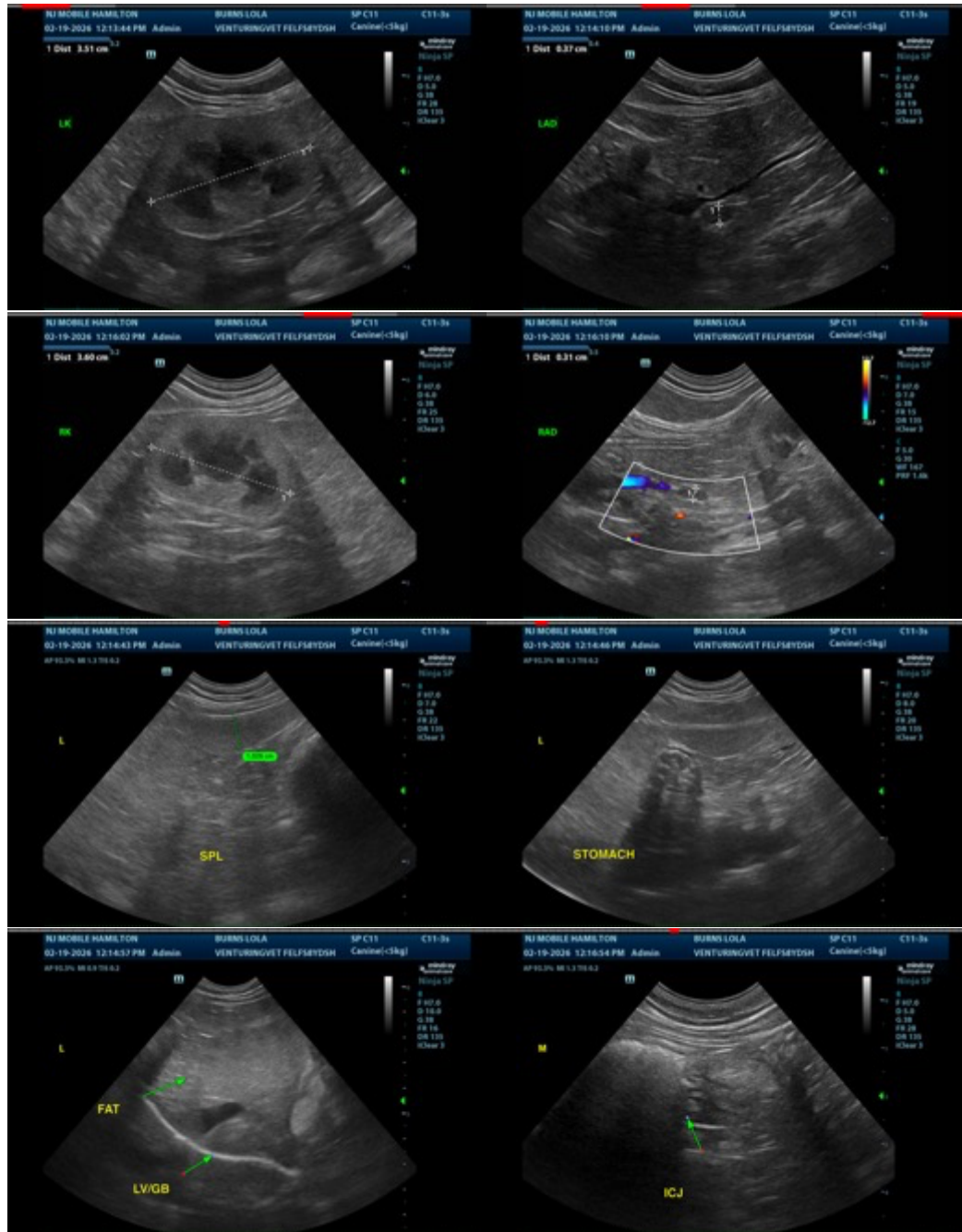
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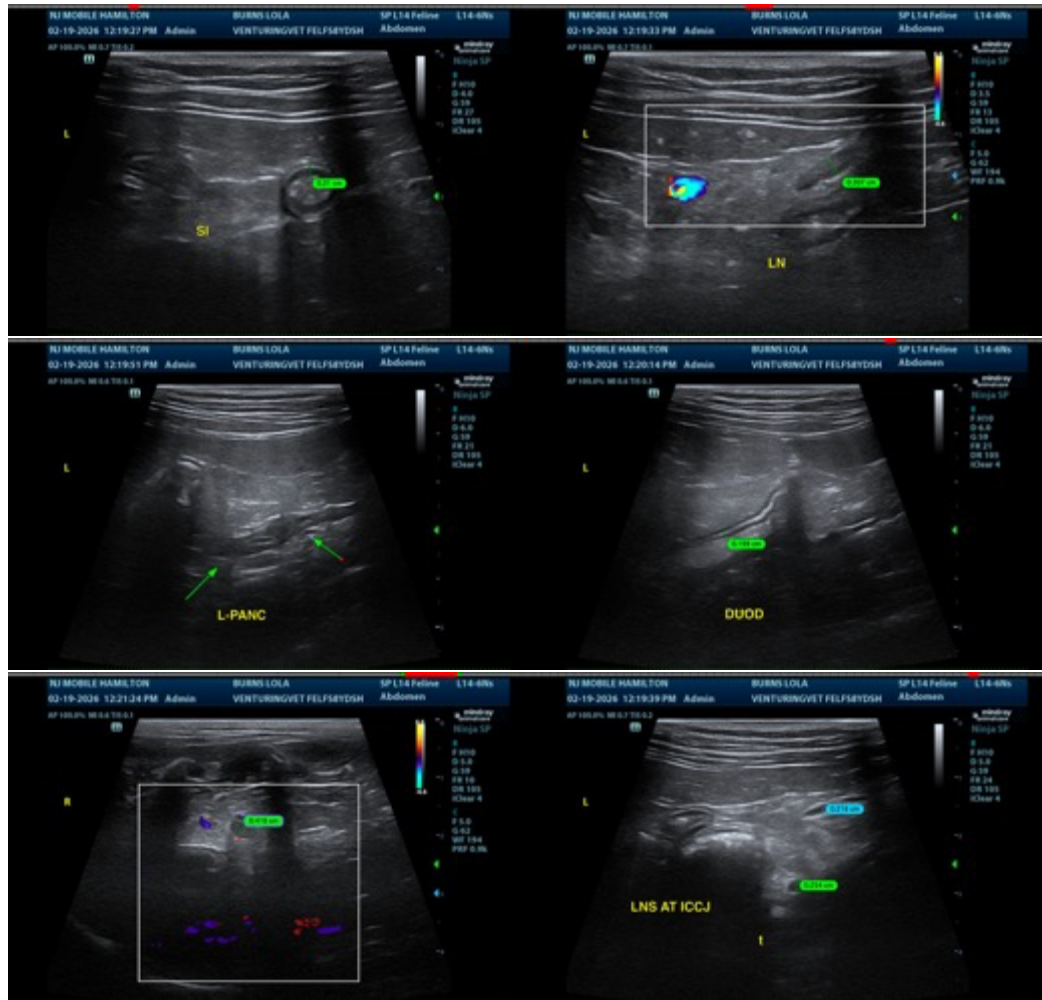
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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