



PATIENT

Zoe Jansen

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11

WEIGHT

7.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

11373

DATE

2/26/2026

PRESENTING CLINICAL SIGNS

- Hematuria, yellow stool.

Abnormal PE/Chem/CBC/UA Results: Proteinuria, hematuria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mildly echogenic urine. The majority of the bladder wall appears normal. On some views there is mild thickening/irregularity at the apical ventral region measuring approximately 0.63 cm x 1.18 cm. Possibly consistent with focal wall thickening, adhered debris, a hematoma in this area, less likely a TCC etc. The region of the trigone largely appears within normal limits. On some views there is questionable thickening in this region but is not repeatable in all views.

The left kidney has a normal shape and size (3.29 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 (2.81 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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.

Spleen

The spleen is subjectively normal in size (0.54 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 minimal luminal contents. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

The pancreas is visible/mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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.

ULTRASONOGRAPHIC FINDINGS

- Mild irregularity/thickening at the apical ventral bladder wall with questionable thickening in the trigone region. Findings could be consistent with cystitis, adhered debris, a hematoma, or a poorly defined mass effect.
- Pancreatic changes most consistent with chronic pancreatic remodeling in the left limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a small amount of suspended echogenic debris in the urine, and there's some mild irregularity/thickening to the apical ventral bladder wall. The nature of this thickening is uncertain as it is somewhat subtle. This could be consistent with wall thickening and cystitis (bacterial or sterile) or adhered debris, a hematoma post cystocentesis could have this appearance as could an early mass lesion. Correlate with a urinalysis and culture. Consider reevaluation in the future. If this is persistent, traumatic catheterization or surgical biopsy may be warranted.

Additionally, on one view there is some concern for thickening in the trigone region. This is not repeatable on multiple views, so it could be image artifact. Consider sedation and digital rectal exam to palpate the urethra for any thickening, mass effects, etc. in this region. This area should be reevaluated if symptoms are persistent.



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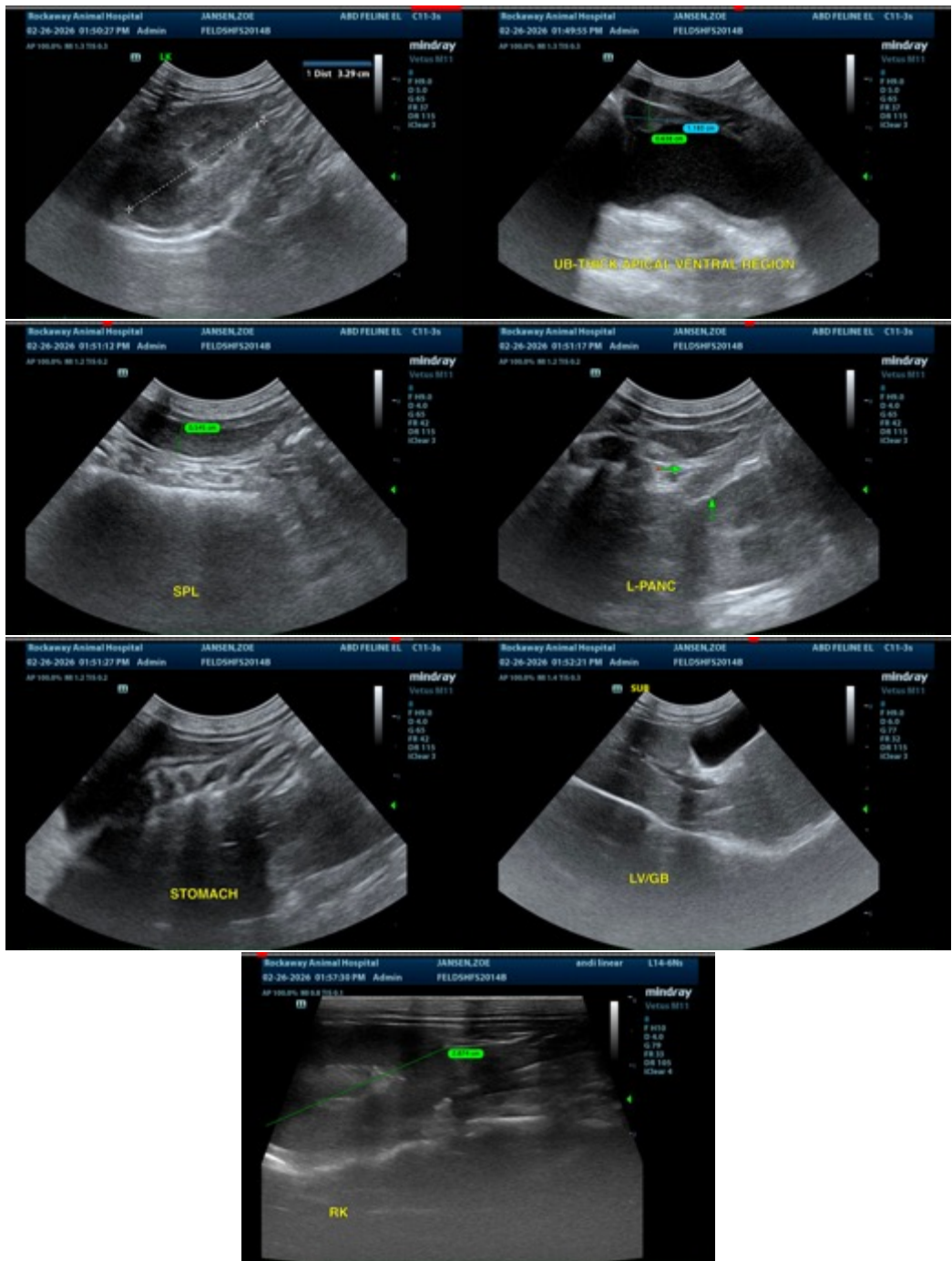
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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