



## PATIENT

Sacha Agar

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

16 Years

## WEIGHT

4.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Signal Hill Animal Clinic

## REFERRING VET

Dr. Sweet

## INVOICE

72665

## DATE

2/3/26

## PRESENTING CLINICAL SIGNS

Lethargy , inappetence , constipation , suspected pancreatitis along with CKD.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney is irregular in shape (likely due to previous infarct), measuring 2.99 cm. The cortex is increased in echogenicity with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is pyelectasia present at 0.40 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is borderline small in size (2.42 cm) but normal in shape. The cortex is increased in echogenicity with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Mild pyelectasia is noted at 0.22 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.35 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 0.21 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 (0.83 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. There is a poorly defined hypoechoic nodule in the caudate lobe measuring 0.99 cm x 0.56 cm.

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.



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## Gastrointestinal

The stomach contains moderate 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 and gas interfere with full evaluation of the stomach.

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. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. Descending colon wall measures 0.17 cm.

## Pancreas

The pancreas is large, hypoechoic and mottled in both limbs. Some areas are hypoechoic to the surrounding mesentery, and the right limb appears particularly patchy with no evidence of nodules or cystic lesions. There is evidence of mild regional mesenteric inflammation, most consistent with chronic active pancreatitis.

## Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy. A prominent sublumbar lymph node is visualized measuring 0.49 cm in diameter. A jejunal lymph node is visualized measuring 0.29 cm. The omentum is generally of normal echogenicity. It is mildly hyperechoic particularly around the right cranial aspect of the pancreas.

## PRIMARY FINDINGS

- Bilateral renal changes most consistent with chronic renal disease. Additionally, there is mild bilateral pyelectasia – Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic active pancreatitis.
- Small, hypoechoic nodule in the right liver – Findings could be consistent with a benign or early neoplastic lesion. Recommend continued monitoring.
- Moderate shadowing ingesta visualized within the gastric lumen – Correlate with the feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or ingested foreign material. No evidence of an obstruction is visualized.
- Occasional prominent mesenteric lymph nodes – These primarily have the appearance most consistent with reactive lymph nodes, although early neoplastic change cannot be ruled out.



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## SECONDARY FINDINGS

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

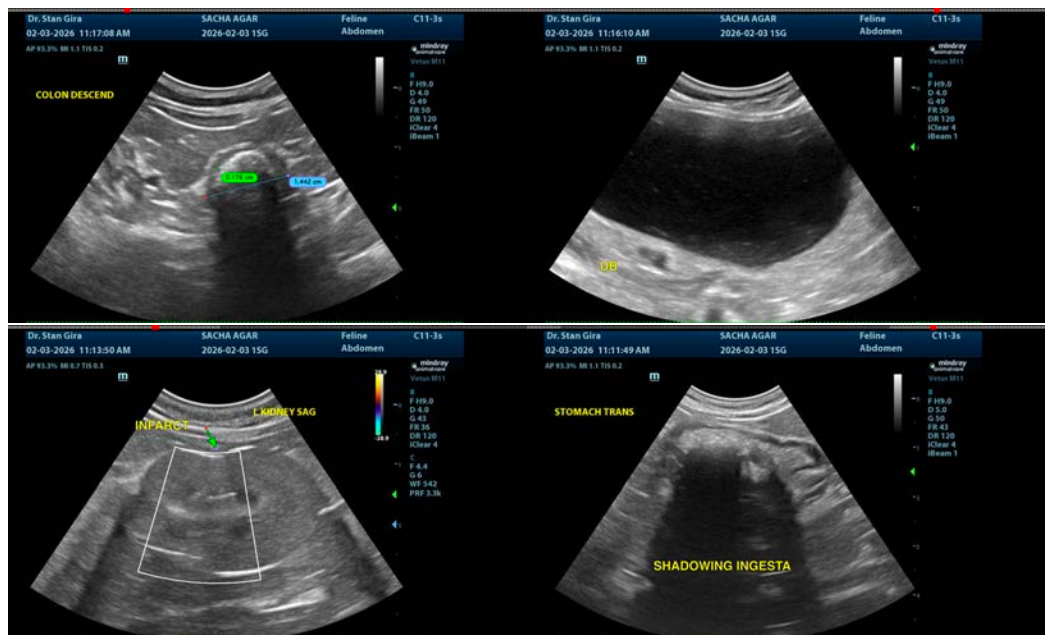
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is prominent and mottled in both limbs, with the right limb appearing particularly patchy with some surrounding reactive mesentery, most consistent with chronic pancreatitis. Correlate with PLI level and recommend empirical treatment for pancreatitis.

Both kidneys have changes consistent with chronic renal disease. If not already done, recommend a blood pressure, urinalysis and culture to further evaluate.

There is some hard shadowing material visualized within the stomach. This could be consistent with ingesta, kibble, etc., although ingested foreign material or similar cannot be ruled out. Correlate with feeding history +/- radiographs.

If the patient has a history of chronic constipation, this could be due to subclinical dehydration. If not already feeding a semi-moist diet, this could be considered. Additionally, you could consider the addition of Miralax to the diet in an effort to slightly soften the stool.





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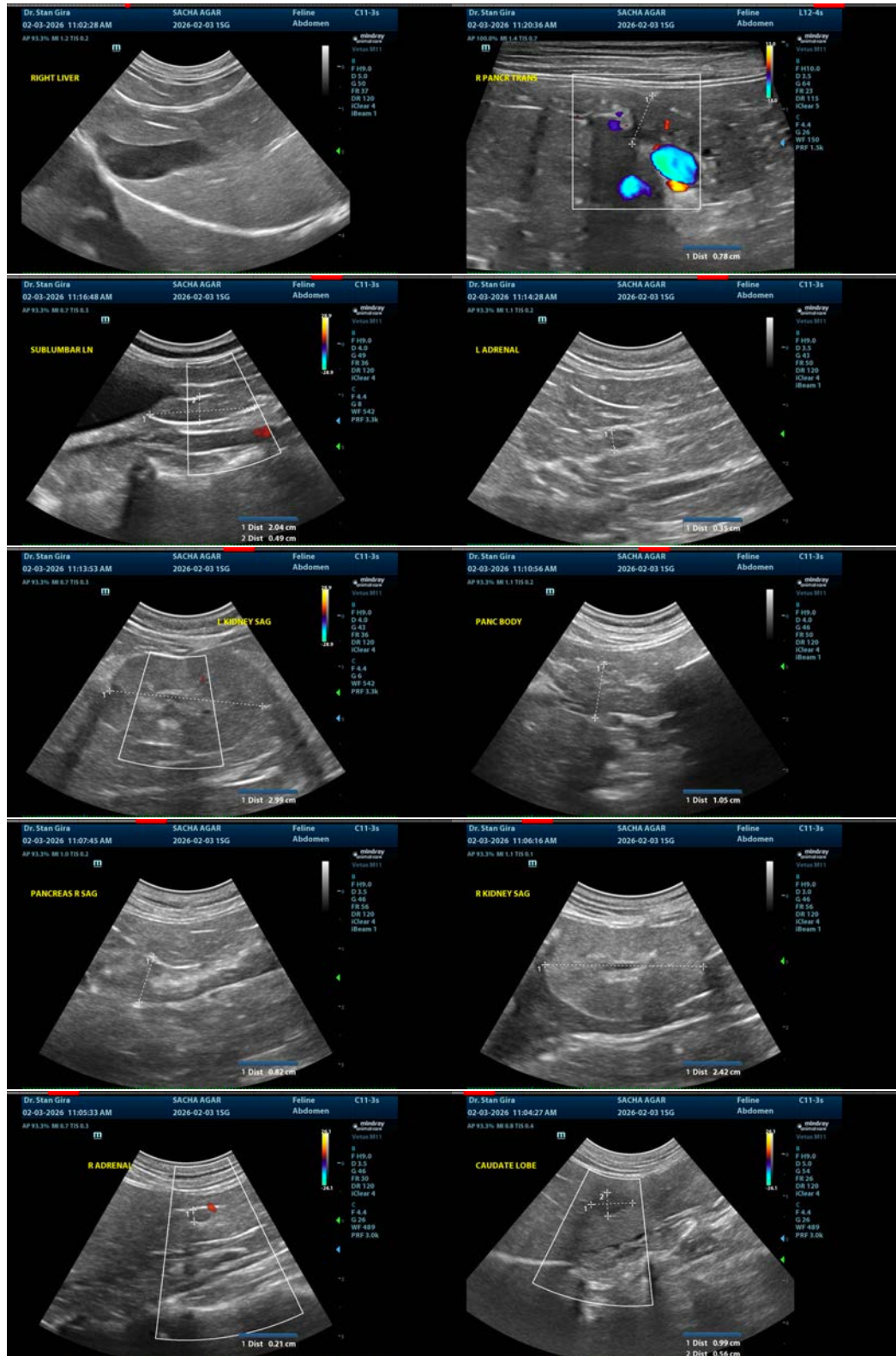
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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