



PATIENT

Loki Sprouse

PRESENTING CLINICAL SIGNS

P presented for labored breathing and coughing fits. P is overweight, diabetic, and now not eating well.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.89 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.

AGE

13 Years

The right kidney has a normal shape and size (3.89 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.

WEIGHT

13.3 lbs

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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 0.36 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.

INTERPRETED BY

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

Spleen

The spleen is subjectively normal in size (0.78 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.

IMAGING PERFORMED BY

Kathleen Byrnes

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.

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Sturgill

INVOICE

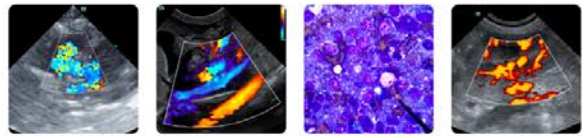
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Gastrointestinal

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.

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2/4/26



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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. Duodenum wall measures 0.28 cm. Jejunum wall measures 0.24 cm. 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 mottled. There are numerous variably sized echogenic appearing hypoechoic lesion visualized in the left limb of the pancreas. Some of these are also evident on the right limb of the pancreas. Examples measure 0.31, 0.22, and 0.26 cm. These are most consistent with hypoechoic nodules, although echogenic cysts are possible. 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.

Pleural effusion is visualized cranial to the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Mottled pancreas with hypoechoic lesions – Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis and lymphoid nodules. Cystic lesions are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes visualized in the abdomen are relatively mild. Both limbs of the pancreas appear mottled with variably sized hypoechoic lesions most consistent with lymphoid hyperplasia nodules, although atypical cystic lesions or similar are possible. Neoplastic lesions are possible but seem less likely. A fine needle aspirate could be considered. No other focal mass lesions or significant lymphadenopathy are noted. Correlate these findings with current lab work, any evidence of hypoalbuminemia, etc.

Other potential differentials for pleural effusion could include a neoplastic effusion, inflammatory/infectious (pyothorax, vasculitis, FIP, chylothorax, lung lobe torsion, etc.). Recommend fluid analysis and cytology on the fluid, cardiac ultrasound (I believe this was already done), and a contrast CT scan if clinically appropriate.



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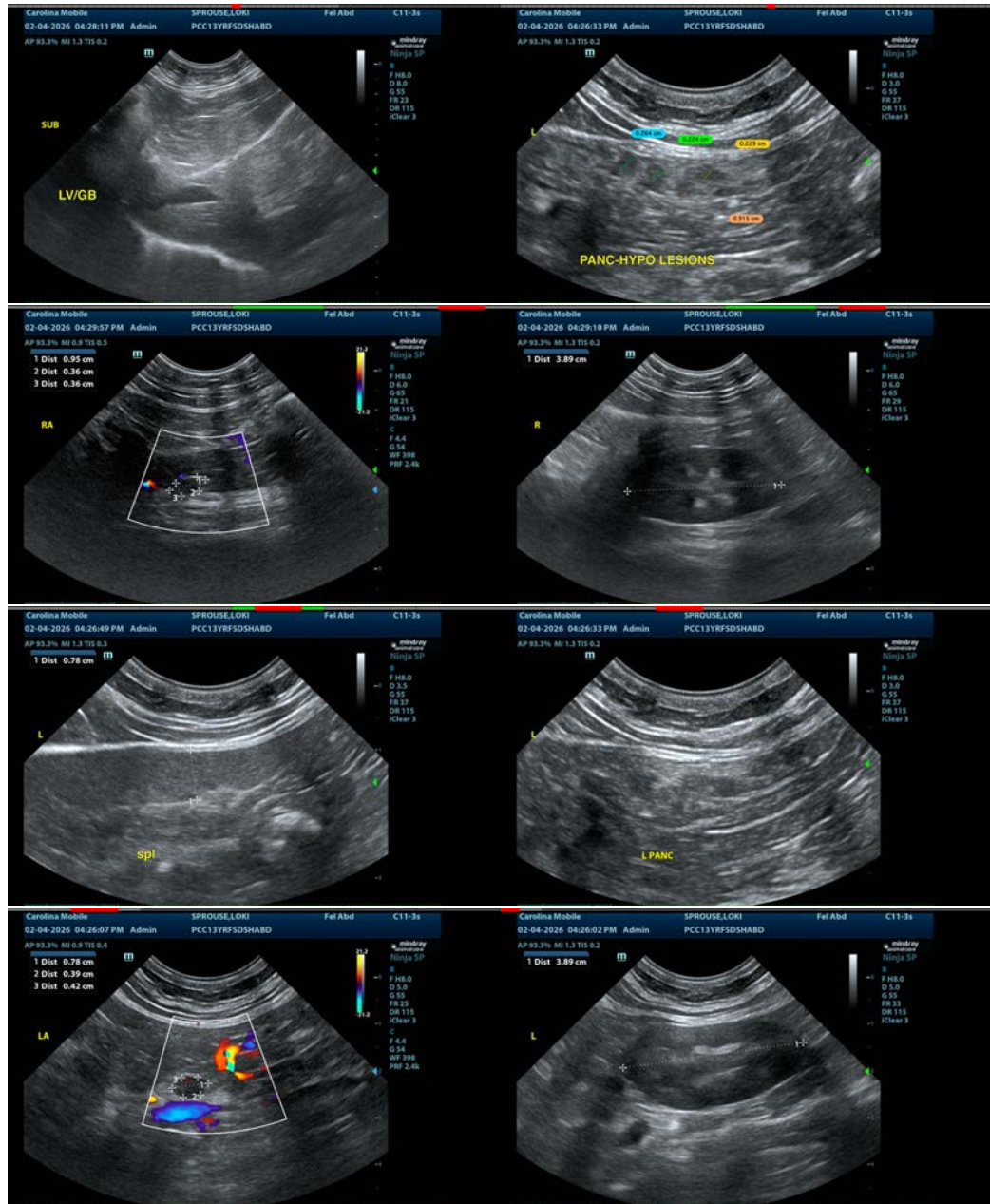
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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