



PATIENT

Oreo Warren

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3

WEIGHT

14.2

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

11241

DATE

2/5/2026

PRESENTING CLINICAL SIGNS

- Vomiting for a couple of days.

Abnormal PE/Chem/CBC/UA Results: ALT 138 GGT 9 Lipase 7.2.

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 (3.82 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 (4.07 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 0.39 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 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 (0.68 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 moderate to large 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. There's some mild shadowing ingesta along with the fluid observed. No evidence of a definitive obstruction is visualized.

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 (0.18 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. The descending colon appears significantly fluid distended.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild to moderate pancreatitis in the left limb.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no lymphadenopathy. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is hyperechoic in the cranial abdomen in the region of the pancreas and stomach.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with mild to moderate pancreatitis in the left limb.
- Fluid distended stomach with some shadowing ingesta. Correlate with the feeding/drinking history. If the patient was adequately fasted this likely represents delayed gastric emptying. A partial outflow tract obstruction cannot be ruled out.
- Fluid distended colon. Findings could be consistent with impending diarrhea.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left limb of the pancreas is prominent and hypoechoic with surrounding reactive mesentery most consistent with mild to moderate pancreatitis. Recommend empirical treatment for pancreatitis.

The stomach is significantly fluid distended with some shadowing ingesta noted. Findings are suggestive of gastric ileus, although a partially obstructive lesion cannot be ruled out.

The visualized areas of small intestine appear normal, there's a section of significantly distended bowel in the caudal abdomen, most consistent with colon. Recommend continued treatment for gastroenteritis/pancreatitis. Correlate with current lab work and radiographs. If the patient is not responding to treatment, repeat imaging could be considered looking for the progression of today's lesions or the development of new lesions.



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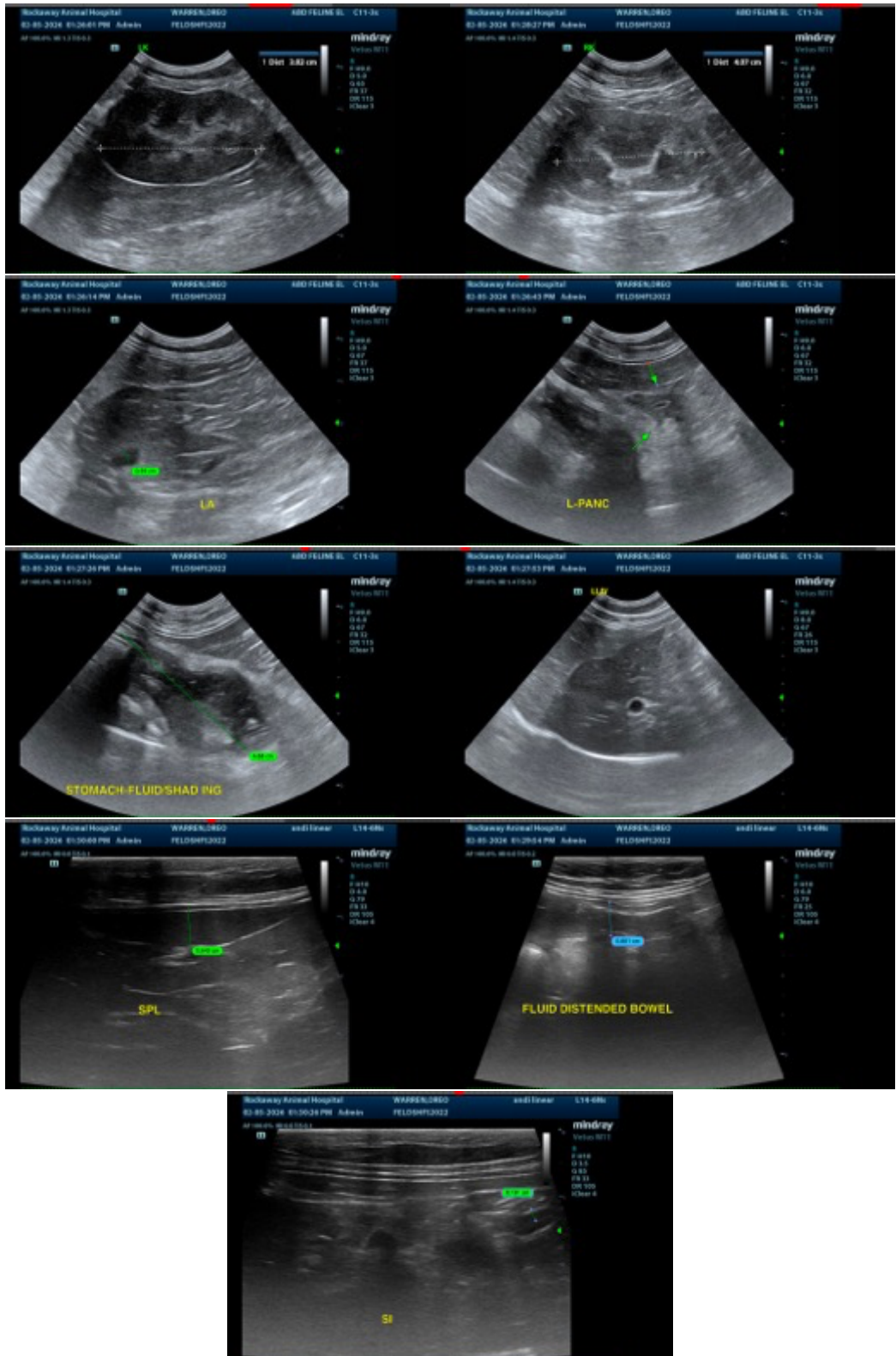
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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