



PATIENT

Sky Popova

SPECIES

Feline

BREED

Maine Coon

SEX

MN

AGE

1.5 years

WEIGHT

Approx. 7

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit Veterinary
 Hospital

REFERRING VET

Dr. Gardiner

INVOICE

11248

DATE

2/5/2026

PRESENTING CLINICAL SIGNS

- Seen at RDVM for inappetence, lethargy, rads done and transfer to EMERG for possible FB. Due to costs of hospitalization and diagnostics there, owner opted to take home
- Seen here this AM for second opinion and seek US. PE -tense abdominal palpation, history of abnormal stools with mucous and blood at times, sometimes soft. O reports this improved on hydrolyzed diet.
- Seen end of Jan RDVM for diarrhea, started Metronidazole, which improved but returned once prescription ended. Metro extended which continued up to current situation of decreased appetite and vomiting. Last dose was Monday. History of Pica with plastic. No meds

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results and radiographs.

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 (4.12 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 (4.4 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 0.47 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 0.51 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 prominent/large in size (1.25 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



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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.

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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 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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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to mild fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured 0.32 cm in diameter and the jejunum measured 0.28 cm in diameter. Visualized peristalsis appears appropriate. No definitive focal lesions are observed. Some sections of small bowel appear mildly fluid and gas distended with a slightly prominent muscularis layer, most consistent with an enteritis type pattern. Non-obstructive or partially obstructive foreign material cannot be ruled out.

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Sections of colon are visualized with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The pancreas is visible/mildly mottled in both limbs. 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 some large mid caudal mesenteric lymph nodes visualized. An example measures 0.84 cm x 2.15 cm. The omentum is hyperechoic in the cranial abdomen in the region of the stomach and the pancreas.

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ULTRASONOGRAPHIC FINDINGS

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- Large spleen. I suspect this may be normal in this very large cat. Alternate differentials would include congestion, lymphoid hyperplasia, splenitis, less likely neoplastic infiltration.
- Visible/mildly mottled pancreas. Findings could be consistent with mild pancreatic inflammation.
- Enteritis type pattern visualized associated with the small intestine.
- Large/prominent caudal abdominal lymph nodes. Findings are most consistent with reactive lymph nodes, although early neoplastic change cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears somewhat prominent with some areas exhibiting prominent layering and



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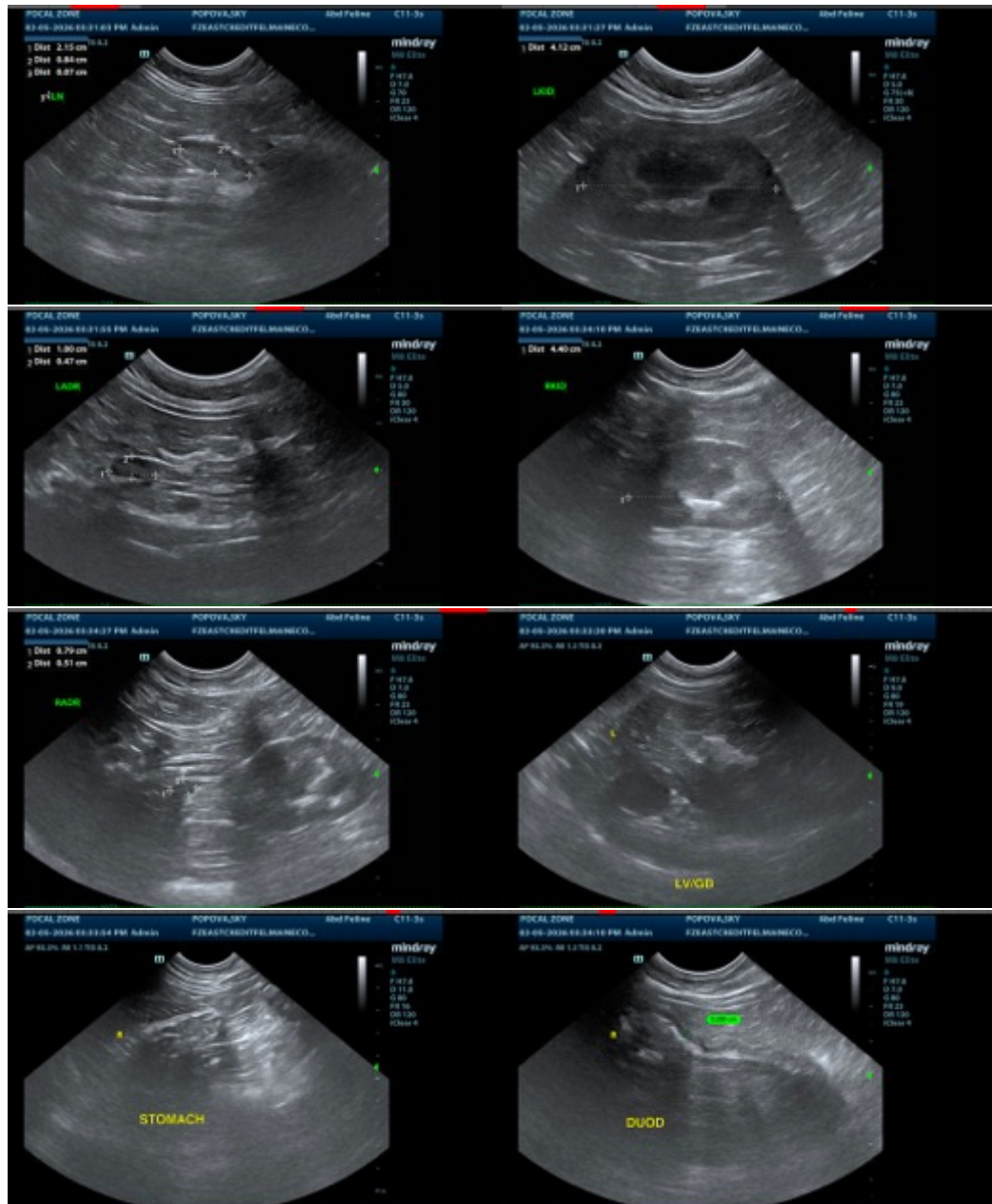
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mild fluid and gas distension. A definitive focal lesion is not clearly visualized but cannot be ruled out. Findings are suggestive of generalized enteritis. The pancreas is visible but does not appear overtly inflamed, although there is some evidence of inflammation in the region of the pancreas and the stomach, suggestive of gastritis or mild pancreatitis. Correlate with a PLI level. Recommend empirical treatment for gastroenteritis/pancreatitis and close continued monitoring if symptoms are persistent, repeat imaging (radiographs +/- ultrasound) may be warranted as eventually more invasive testing may need to be considered.





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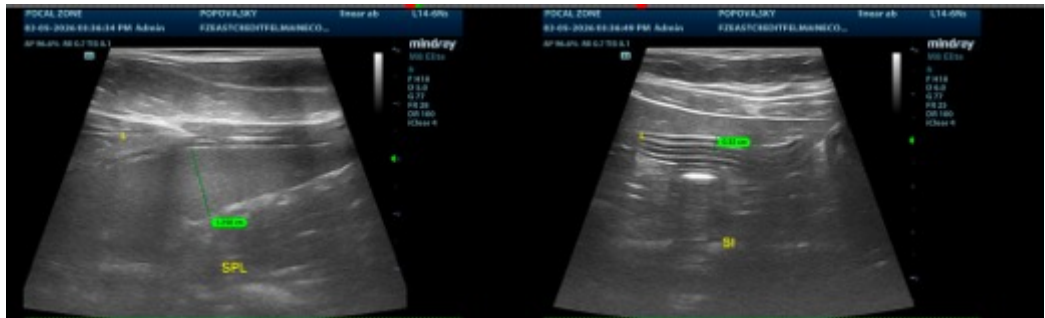
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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