



PATIENT

Church Frazier

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years 5 Months

WEIGHT

7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Lake Brandt

REFERRING VET

Dr. Smith

INVOICE

73519

DATE

3/10/26

PRESENTING CLINICAL SIGNS

P spayed about 6 days ago. P adopted 3 days ago. Incision site is mildly swollen and inflamed with purulent discharge. Not eating. Has also not urinated in over 24 hours- rDVM did cysto today and then p urinated a large amount on her own.

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 (2.94 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 (2.82 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.24 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 0.29 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. 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.



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Gastrointestinal

The stomach contains mild/moderate 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. 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. Duodenum wall measures 0.25 cm. Jejunum wall measures 0.23 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 visible/mildly hypoechoic 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

There is a small amount of free fluid in the caudal abdomen, primarily located towards the apex of the urinary bladder and adjacent to the spleen. There are occasional prominent mesenteric lymph nodes, an example measures 0.67 cm x 1.1 cm. The omentum is hyperechoic in the caudal abdomen.

Other

The uterine stump is visualized and appears prominent/mildly thickened with some mild intraluminal fluid and surrounding inflammation. Inflammation could be consistent with infection, inflammation/suture reaction, etc.

ULTRASONOGRAPHIC FINDINGS

- Prominent left limb of the pancreas – potentially consistent with mild pancreatic inflammation.
- Mild/moderate fluid distention of the stomach – correlate with feeding/drinking history. Findings could be consistent with gastric ileus. No evidence of an outflow tract obstruction is clearly visualized.
- Free fluid in the caudal abdomen with reactive mesentery – Findings are most consistent with localized peritonitis (sterile versus septic).
- Prominent uterine body with mild fluid distention – Findings could be consistent with infection, focal inflammation, less likely a stump pyometra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small amount of free fluid in the mid caudal abdomen and some reactive mesentery. Dorsocaudal to the urinary bladder. The uterine body is somewhat prominent with mild fluid distention and appears mildly thickened. Findings could be consistent with focal peritonitis, either bacterial or sterile secondary to suture reaction, etc. Recommend sampling of the free fluid in the region for cytologic evaluation, looking for intracellular bacteria, etc. If this is observed and there is indications for septic peritonitis, exploration of the region surgically with lavage, cultures, etc. should be performed. If



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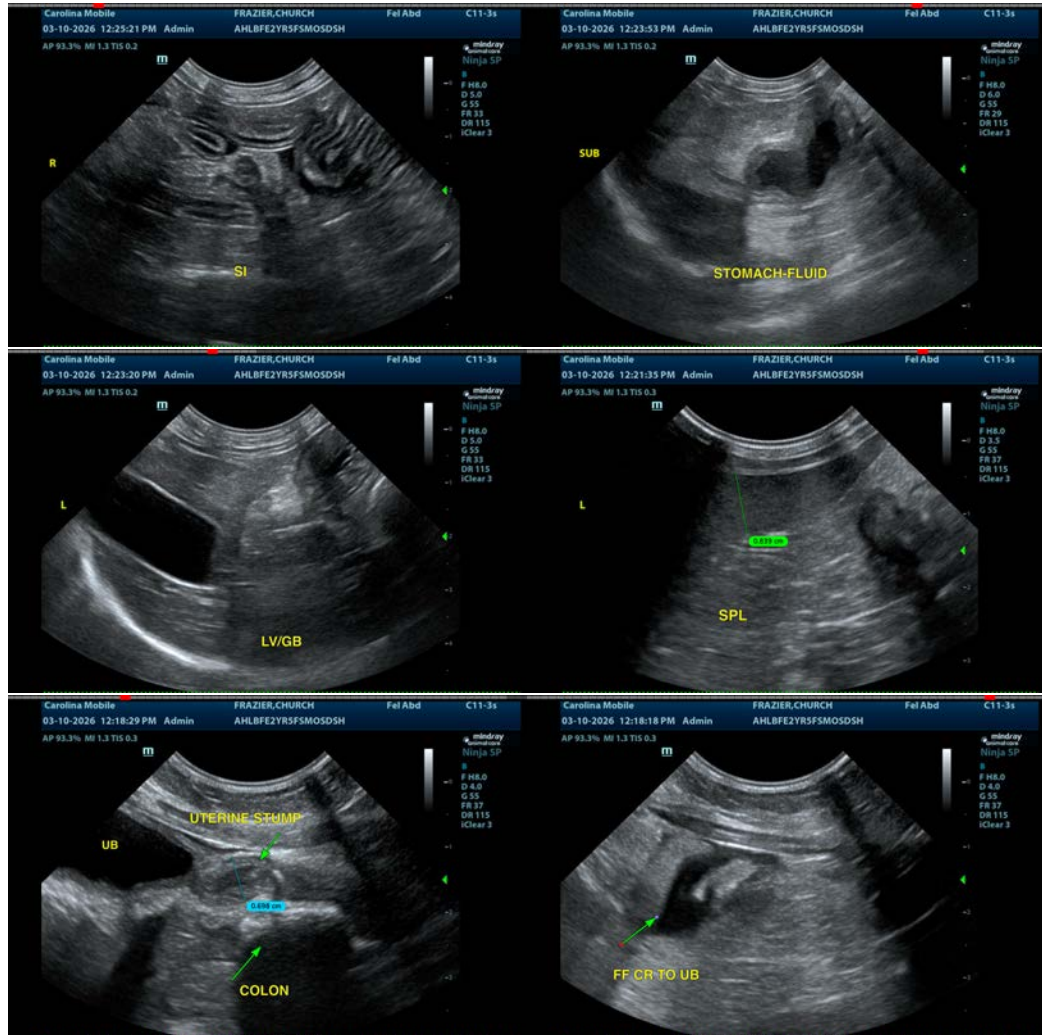
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there is no evidence of sepsis (and the patient has not been on antibiotics), this could represent suture reaction, retained gauze, etc. Options could include continued supportive care, or if there is concern differentiating, consider repeat explore to lavage, obtain cultures, and look for any gross abnormalities.

The left limb of the pancreas is slightly prominent but does not appear overtly inflamed. If there is concern for concurrent pancreatitis, recommend a PLI level to further assess.





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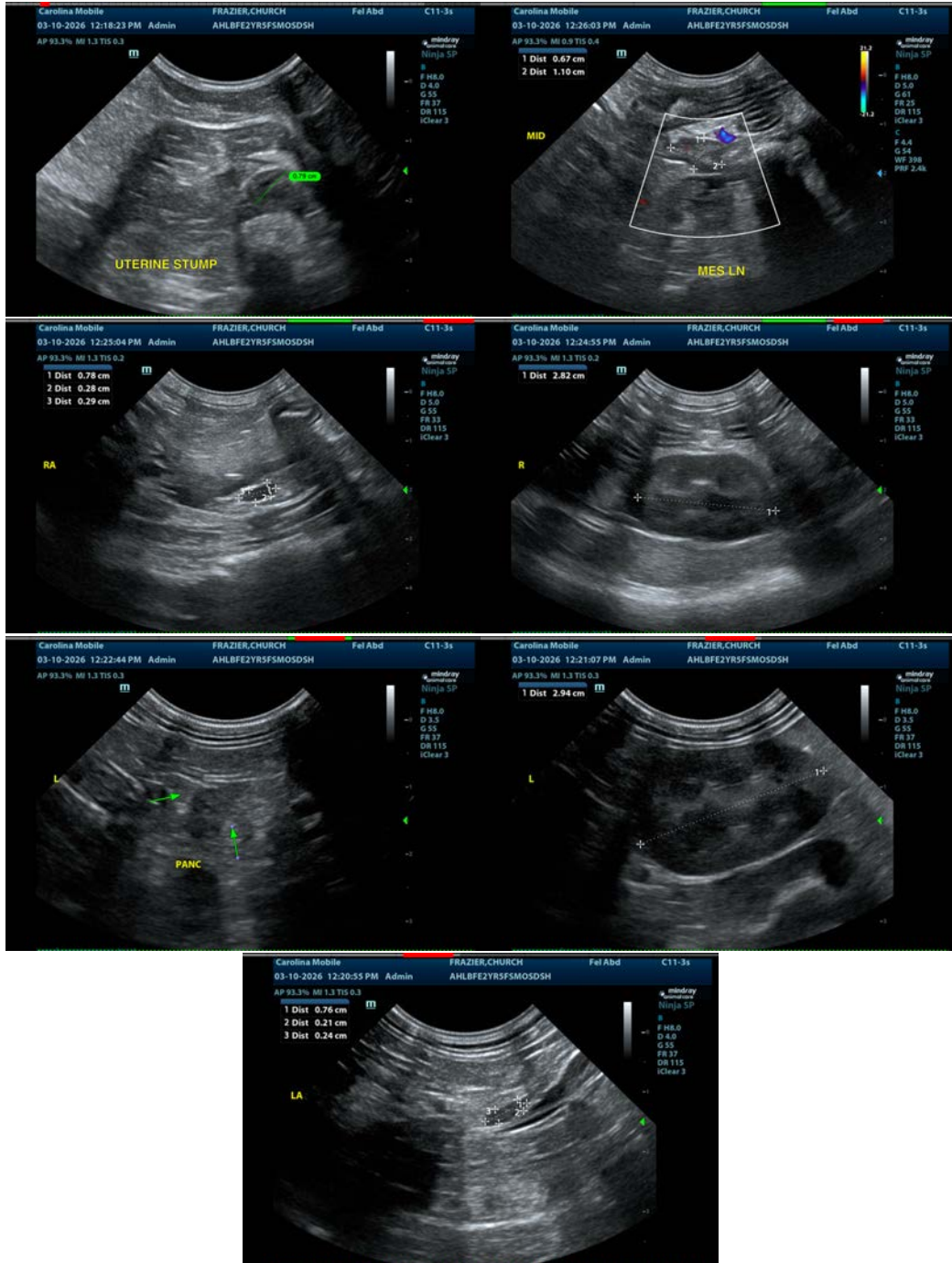
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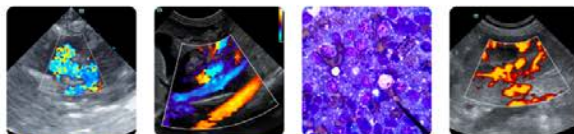
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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