

**PATIENT**

Izzy Hastings

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

15

**WEIGHT**

7.9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr Brooks

**INVOICE**

24164

**DATE**

03/12/2026

**PRESENTING CLINICAL SIGNS**

- weight loss of 2.1 lbs since Jan 2026 was 9.8 lbs diabetic doing well, eating less dry food for 1 month , hx of cutaneous masses on face/chin Concern for IBD vs neoplasia Current meds Betacat 15mg 1 tab BID

Abnormal PE/Chem/CBC/UA Results: WBC 21.17 Neu 18.48 Mono 0.79 Ca 12 TP 9.3 Glob 5.9 U/A trace protein Glucose 1000 negative ketones USG 1.036

**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 (3.59 cm). Overall echogenicity is normal with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.58 cm). Overall echogenicity is normal with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

Normal area of the left adrenal.

Normal area of the right adrenal.

**Spleen**

The spleen is subjectively normal in size, 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. The spleen measured 0.87 cm in width.

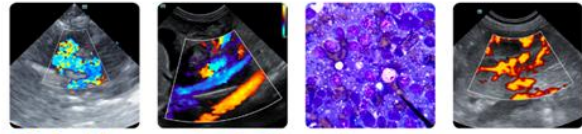
**Liver**

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path



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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 0.33 cm in diameter, and the jejunum measured 0.27 cm in diameter. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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**Pancreas**

The left limb of 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 pancreatitis.

**SEX**

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

- Pancreatic changes most consistent with mild chronic active pancreatitis
- Age-related changes visually associated with both kidneys
- Prominent /mildly "ropy" small intestine, findings could be consistent with mild inflammatory type change, a neoplastic process is thought less likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

The pancreas is prominent hypoechoic in both limbs with mildly surrounding reactive mesentery, most consistent with active pancreatitis. Correlation with PLI level and consider empirical treatment for pancreatitis.

No focal lesions were visually associated with the GI tract. Some sections of small intestine visualized appeared somewhat "ropy" with a prominent muscularis but not severely thickened. The findings could be considered consistent with mild underlying enteritis or similar. Consider the following if clinically appropriate

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- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks) \*diet change should be considered only if it is felt this would not negatively impact glycemic control
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

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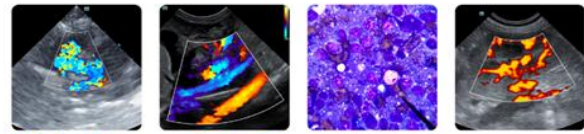
If symptoms are persistent despite treatment for pancreatitis and other potential adjustments, then you could consider repeat imaging in the future looking for possible progression of today's lesions or the development of new lesions.

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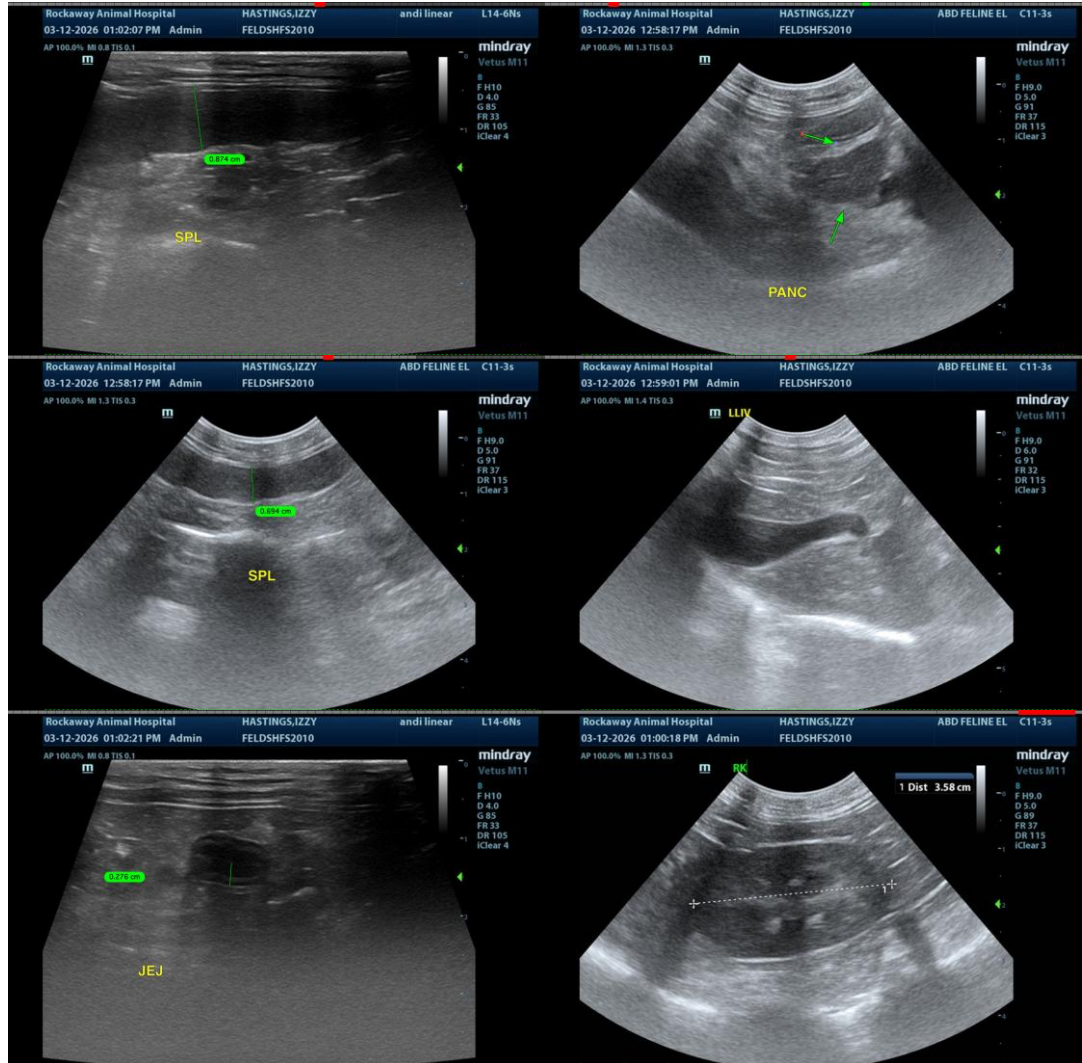
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
kathleen.sennello@sonopath.com