



PATIENT

Stanley Alfred

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

19 Years

WEIGHT

6.78 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDMS, Certified Vet
Sonographer

HOSPITAL NAME

All Friends Animal
Hospital

REFERRING VET

Kathleen Tangari, DVM

INVOICE

73638

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Anorexia, losing weight. Thyroid value 8.6. r/o IBD vs lymphoma. On Vit B12, cerenia, Depomedrol - methimazole.

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 (3.25 cm) with mild pyelectasia at 0.18 cm. The cortex is increased in echogenicity, with poor 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 nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (3.05 cm) with pyelectasia at 0.39 cm. The cortex is increased in echogenicity, with poor 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 nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 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 0.43 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 (0.95 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. There is a hypoechoic nodule visualized in the parenchyma measuring 0.85 cm x 1.07 cm. Additionally, there is a cystic structure in the mid region of the liver measuring 0.92 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains 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 to mild fluid and gas 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 0.22 cm. Jejunum wall measures 0.18 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

The pancreas is mottled in both limbs with a prominent pancreatic duct. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

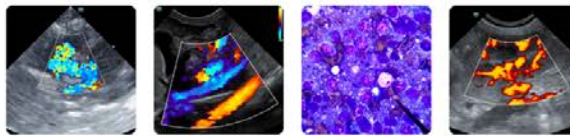
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Hypoechoic nodule in the liver – Findings could represent a benign or early neoplastic lesion.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Fluid distended stomach – Correlate with feeding/drinking history. If the patient was adequately fasted, this could represent delayed gastric emptying.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have changes consistent with chronic renal disease. No obvious obstruction is noted to explain the pyelectasia. Recommend a urinalysis, culture, blood pressure, and urinalysis as a baseline. Recommend continued monitoring.



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The pancreas shows evidence of remodeling and possible chronic pancreatitis. Correlate with a PLI level. If this is significantly elevated, recommend treatment for chronic pancreatitis.

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There is a hypochoic nodule in the liver. The nature of this lesion is uncertain. I suspect this is too deep to safely sample. Recommend continued monitoring with ultrasound.

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The stomach is significantly fluid distended. This could represent gastric ileus if the patient was fasted. No significant gastrointestinal lesions were visualized, but if this is suspected you could consider further workup for a primary gastroenteropathy.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

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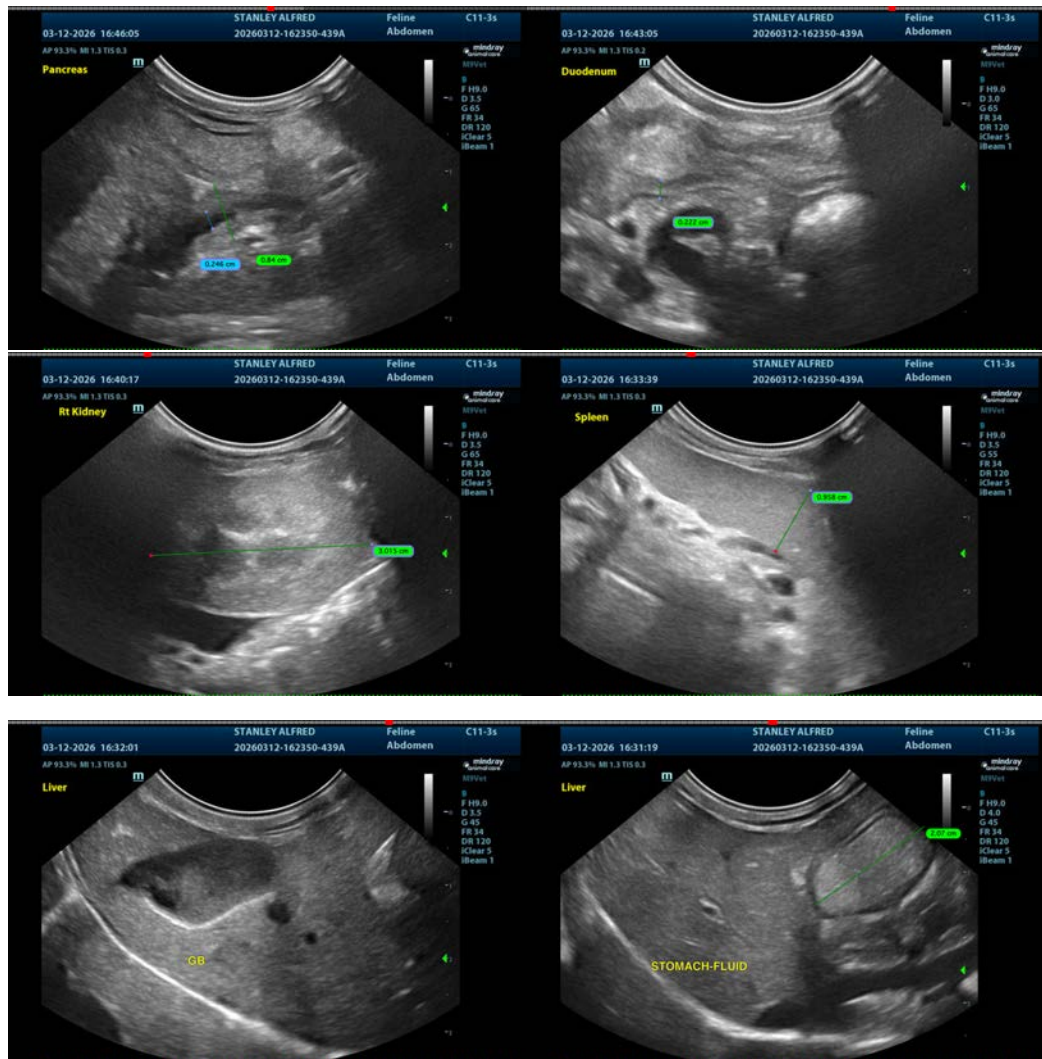
Kathleen Tangari, DVM

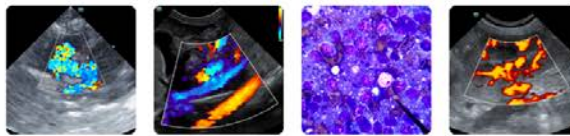
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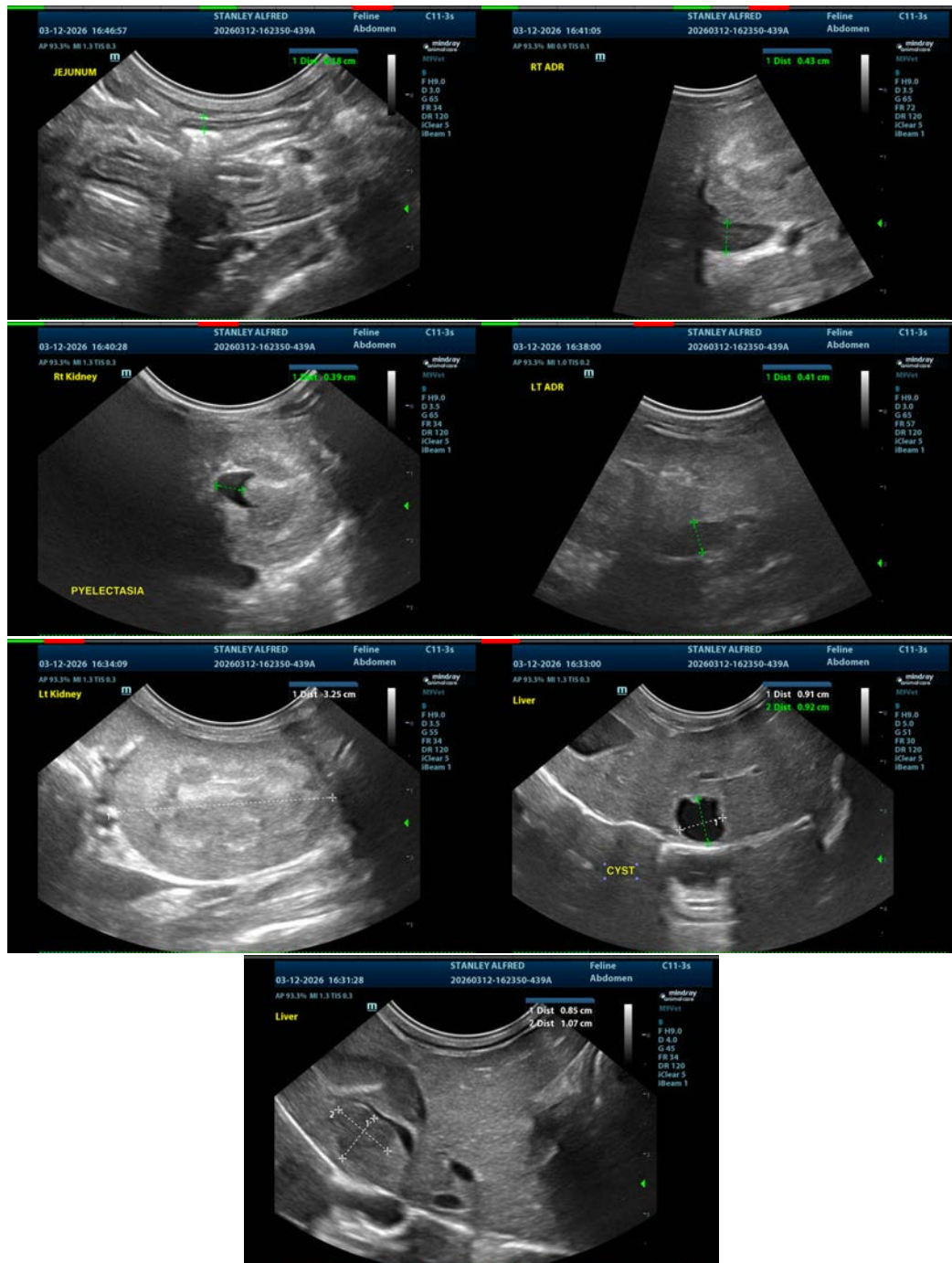
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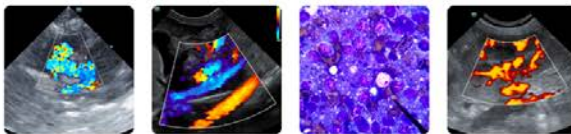
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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