



PATIENT

Marnie Zeng

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years

WEIGHT

4.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beatties PH Stoney
Creek

REFERRING VET

Dr. Wattson

INVOICE

11514

DATE

3/19/2026

PRESENTING CLINICAL SIGNS

- Present for stanguria starting this morning, drooling and vomiting.
- rDVM saw P monday for vomiting, anorexia and weightloss with mild elevated ALT with normal bile acids.
- Currently on HP diet and cerenia.
- Mild dehydration and muscle wasting.
- UA shows bacterial cystitis with good concentration.
- Current Medications: Cerenia.

Abnormal PE/Chem/CBC/UA Results: Mildly elevated ALT and normal bile acids, did not get records.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic urine. The Bladder wall appears slightly thickened and irregular measuring at 0.21 cm. Ther region of the trigone, ureteral papillae and visible urethra appear free of any mass, lesions, or. Caculi.

The left kidney has a normal shape and size (4.0 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 (4.39 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 0.33 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 0.26 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 (0.92 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.



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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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. Shadowing ingesta interferes with full evaluation with the stomach and some areas of the cranial abdomen.

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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 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 0.22 cm in diameter and the jejunum measured 0.2 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 area of the pancreas is normal and isoechoic to surrounding mesentery. 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's a cluster of prominent lymph nodes visualized at the ileocecal junction. Examples measure 0.4 cm x 1.05 cm, and 0.5 cm and 0.42 cm. The omentum is mildly hyperechoic around the prominent lymph nodes.

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ULTRASONOGRAPHIC FINDINGS

- Mildly distended urinary bladder with echogenic urine and questionable wall thickening/irregularity. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Fluid/shadowing ingesta visualized within the gastric lumen. Correlate with the feeding history. If the patient is adequately fasted this could represent ingested foreign material, delayed gastric emptying or a partial out flow tract obstruction.
- Areas of "ropey" small intestine with a prominent muscularis layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Mild reactive lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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The urinary bladder is minimally distended which makes interpretation of wall thickening and irregularity challenging. The small amount of urine visualized appears slightly echogenic. Recommend a urinalysis and culture, and consider reevaluation of the urinary bladder with more distension.

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There's a significant amount of shadowing material visualized within the gastric lumen making full evaluation of the stomach, the pyloric region, etc., not possible. Correlate with abdominal radiographs and consider reevaluation with a more prolonged fast. If the stomach remains significantly distended, there could be obstructive material or similar, and a upper GI endoscopy could be considered for further evaluation.

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The small intestine appears somewhat "ropy" most consistent with inflammatory type change. If an underlying chronic enteropathy is suspected, you could consider the following:

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- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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 taking these measures, ultimately biopsies of the GI tract may be warranted.

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Additionally, if symptoms are persistent or progressive, you could consider repeat imaging in the future looking for the possible progression of today's lesions or the development of new lesions.

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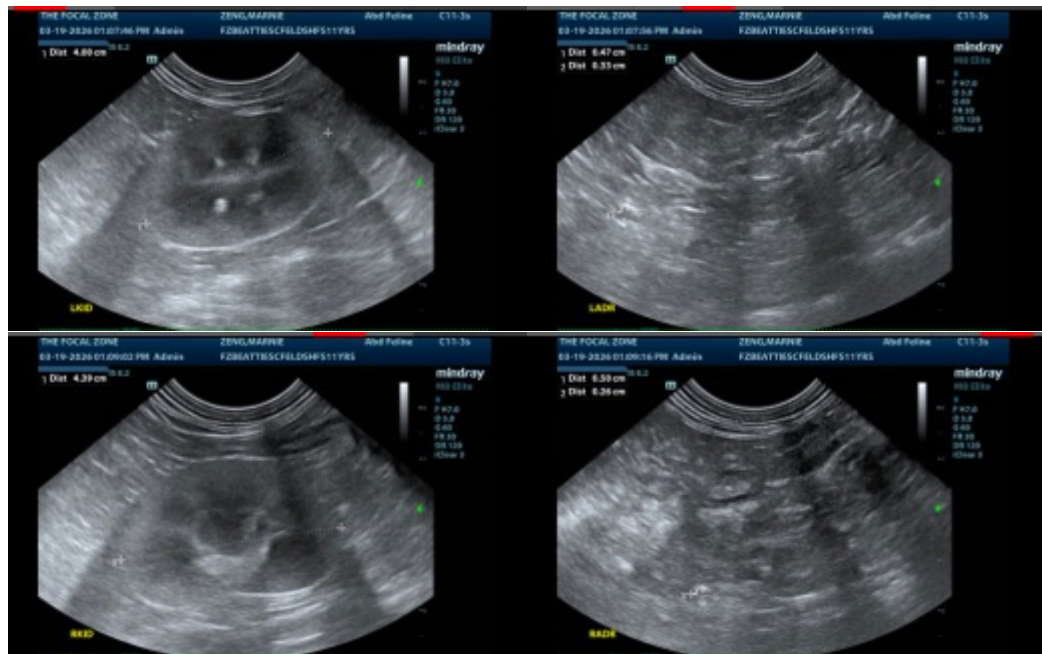
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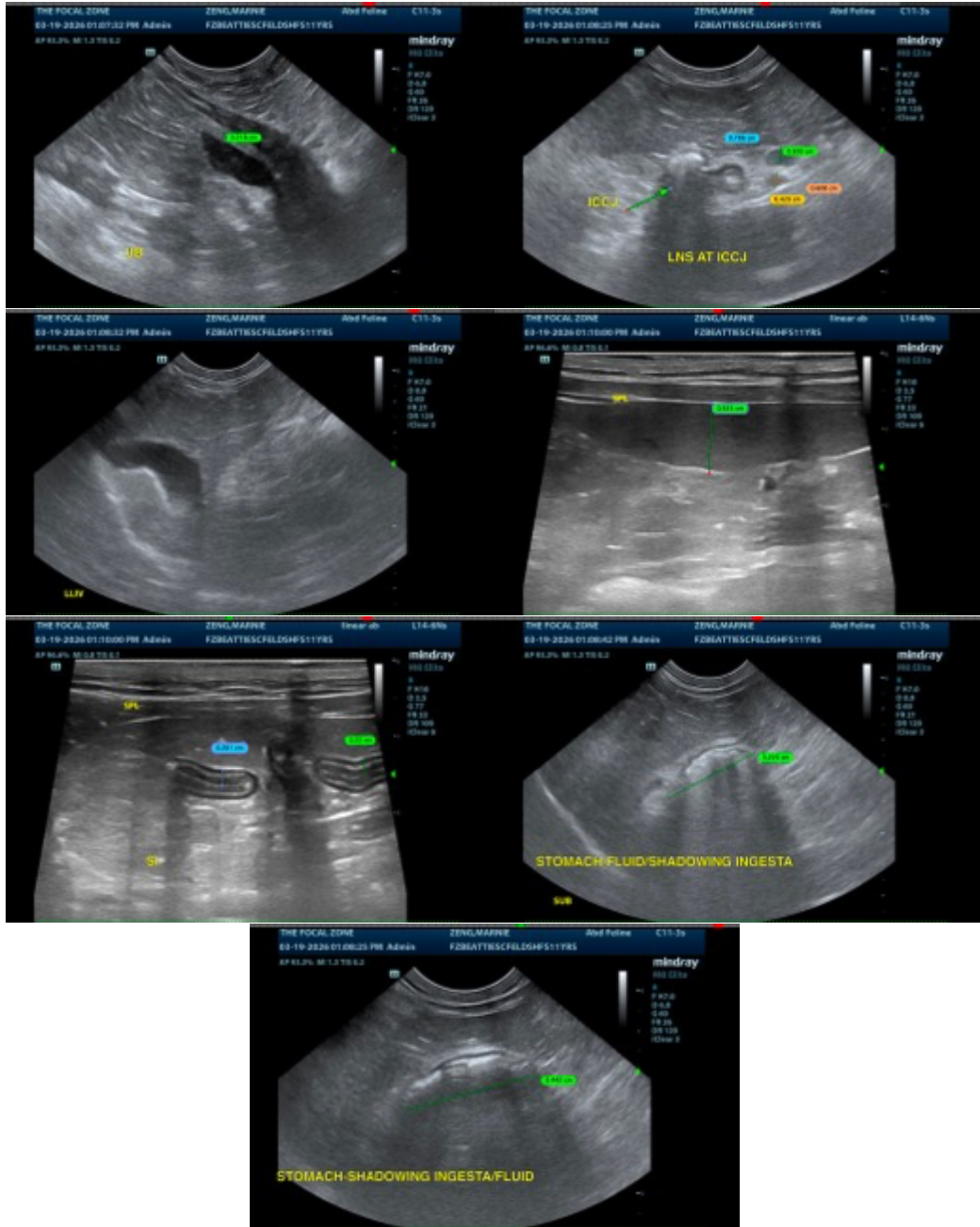
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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