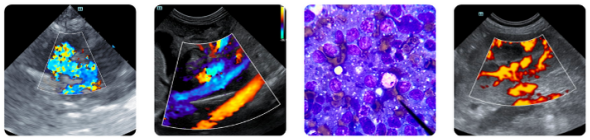


PATIENT

Oscar Dormer

SPECIES

Feline

BREED

Ragdoll

SEX

MN

AGE

14 years

WEIGHT

11.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg AH

REFERRING VET

Dr. Mary Pearce

INVOICE

11518

DATE

3/19/2026

PRESENTING CLINICAL SIGNS

- The owner reports that Oscar has not been eating since Friday and has been sleeping most of the time. Intermittent vomiting but does not seem worse. Has not vomited at all over the last few days. He had one stool 3/16, which was formed. O unsure if drinking/urinating a lot, he is still drinking, but not eating. There have been no significant changes in his typical routines.
- Oscar is one of several cats in the household.
- P was sen 3/16 and BW/radiographs performed. Symptomatic care with SC fluids, Cerenia initiated.
- The owner reports that since visit, p has shown no further interest in food, including chicken baby food, which he previously enjoyed. It is uncertain if Oscar has consumed anything at night as food is left out.
- Weight loss of 1lb over last year.

Abnormal PE/Chem/CBC/UA Results: 3/19/26: PE: P has normal oral exam, no FB under tongue. Abdomen tense on palpation. Heart murmur 3/6 systolic parasternal. Pancreatic lipase 2.7 (0-4.4). 3/17/26: HCT 33.6%, retic 13 (Normal), WBC 8.9 (normal), mono 0.73 (H), eos 0.196 (L), PLT 194. BUN 44 (H), Creat 1.4, SDMA 13, otherwise normal chem, lytes, and total T4. Radiographs: Some fluid or gas in stomach, possible mineralization of kidneys and seems prominent, spleen appears prominent, gi empty and spread out, liver appears prominent. Attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.19 cm). Overall echogenicity is slightly hyperechoic 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

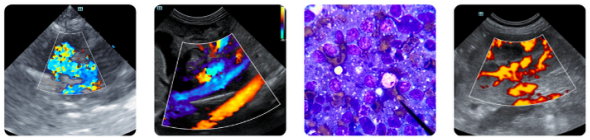
The right kidney has a normal shape and size (4.11 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen



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The spleen is subjectively normal in size (0.81 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.

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. No evidence of a pyloric outflow tract obstruction is visualized but there is focal soft shadowing material visualized, possibly consistent with food, medication, possibly a hairball, ingesta foreign material, etc.

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. The duodenum measured as normal (0.26 cm in wall thickness) and the jejunum measured as normal (0.19 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 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.

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.

PRIMARY FINDINGS

- Moderate fluid and shadowing ingesta visualized within the gastric lumen. Correlate with the feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying, gastric foreign material, etc.

SECONDARY FINDINGS

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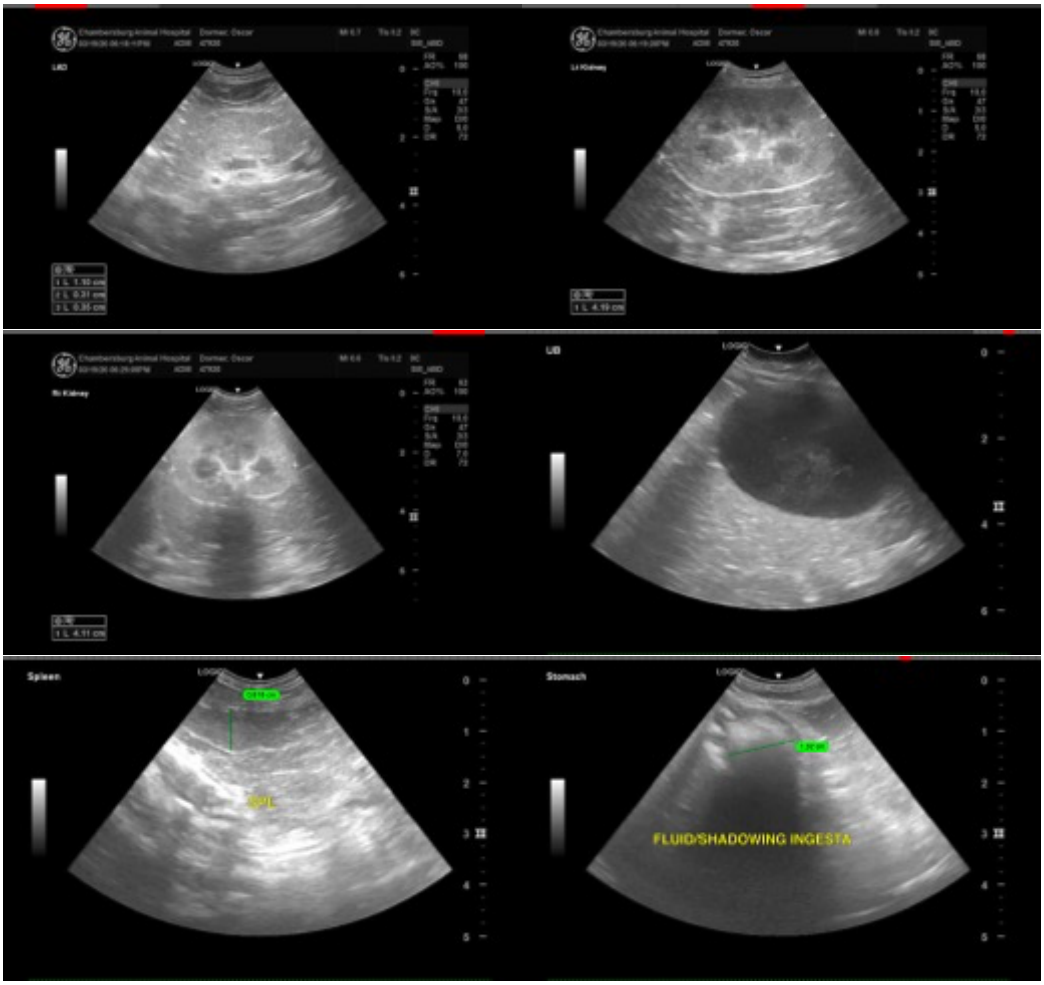
- Mild suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Age related changes visualized associated with kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. The stomach has some fluid and focal soft shadowing material. No evidence of an obstruction is visualized but if the patient was truly fasted (no medication, no treats, etc) this could represent retained ingesta, foreign material, a hairball, etc. If symptoms are persistent and the stomach maintains this material, an upper GI endoscopy could be considered to further evaluate and potentially obtain biopsies of the GI tract. If the patient continued to be anorexic, a feeding tube may need to be considered to address these nutritional deficiencies. If a primary enteropathy is suspected, you could consider a GI panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate to try and better decide if the GI tract is the primary issue.

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



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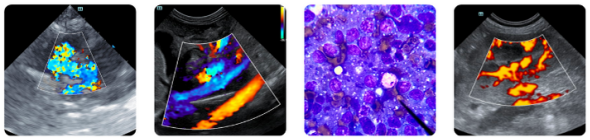

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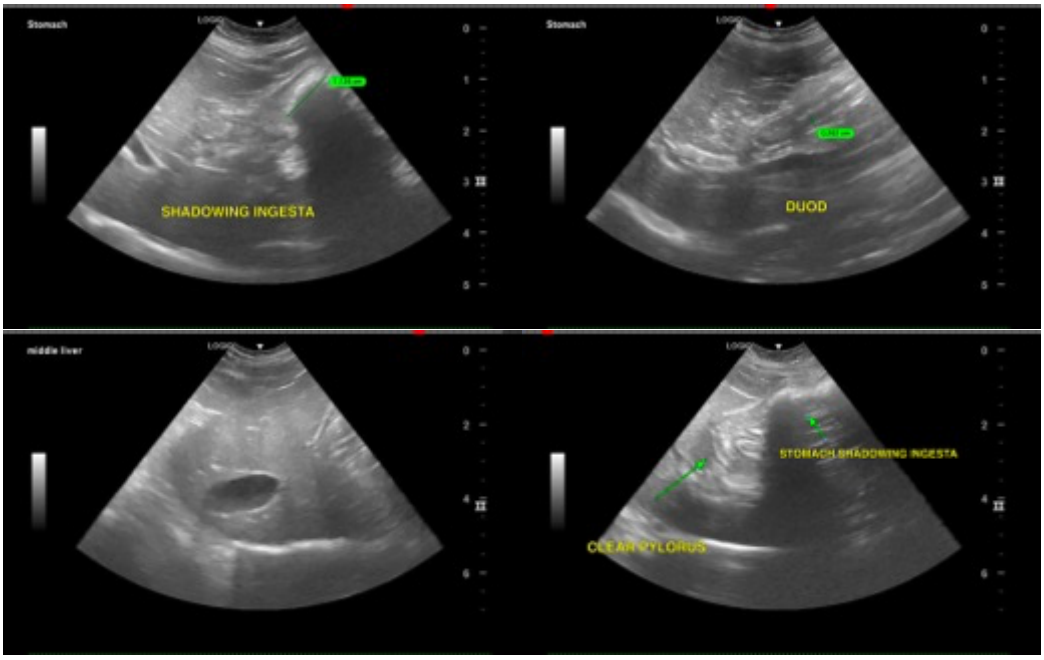

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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