



PATIENT

Sillie Husain

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

8 Years

WEIGHT

4.77 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road
 Animal Hospital

REFERRING VET

Dr. Farooq

INVOICE

73810

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Presented for vomiting bile multiple times within 24-48hours. Lethargic and inappetence. Showed abdominal pain (vocalizing during palpation)

Current Medications: Cerenia inj was given in hospital at their other DVM Tuesday evening (March 17th). Metacam & Hairball EZ were sent home at this time.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT 160 (12-130) Decreased K 3.4 (3.5-5.8) Rest normal Radiographic Findings Inflamed intestines Presence of soft tissue opacity (unclear if foreign material vs inflammation)

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 (3.32 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (3.53 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 0.36 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 0.37 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 (1.03 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 contains moderate shadowing ingesta. 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. Full evaluation of the stomach/pylorus and some areas of the cranial abdomen cannot be clearly visualized due to shadowing intraluminal material.

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Most of 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 0.22 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There are occasional mildly corrugated areas of bowel. One such area appears mildly thickened with some intraluminal fluid, measuring at 0.33 cm, possibly consistent with focal enteritis.

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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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is slightly hyperechoic in the cranial abdomen caudal to the stomach.

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ULTRASONOGRAPHIC FINDINGS

- Mild age related changes visualized associated with both kidneys.
- Mild pancreatic changes consistent with mild pancreatitis in the left limb.
- Moderate shadowing ingesta visualized within the gastric lumen – Findings could be consistent with a non-fasted patient, delayed gastric emptying, retained ingesta, or ingested foreign material.
- Occasional focal areas of small intestine that appear somewhat corrugated and thickened – Findings are possibly consistent with focal areas of enteritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a significant amount of shadowing material visualized within the stomach. Correlate with radiographs. If the patient has been adequately fasted, consider a more prolonged fast to see if this clears. If it does not clear, there could be concern for ingested foreign material or severe ileus. You could administer a small amount of barium to see if it adheres, or an upper GI endoscopy to further evaluate.



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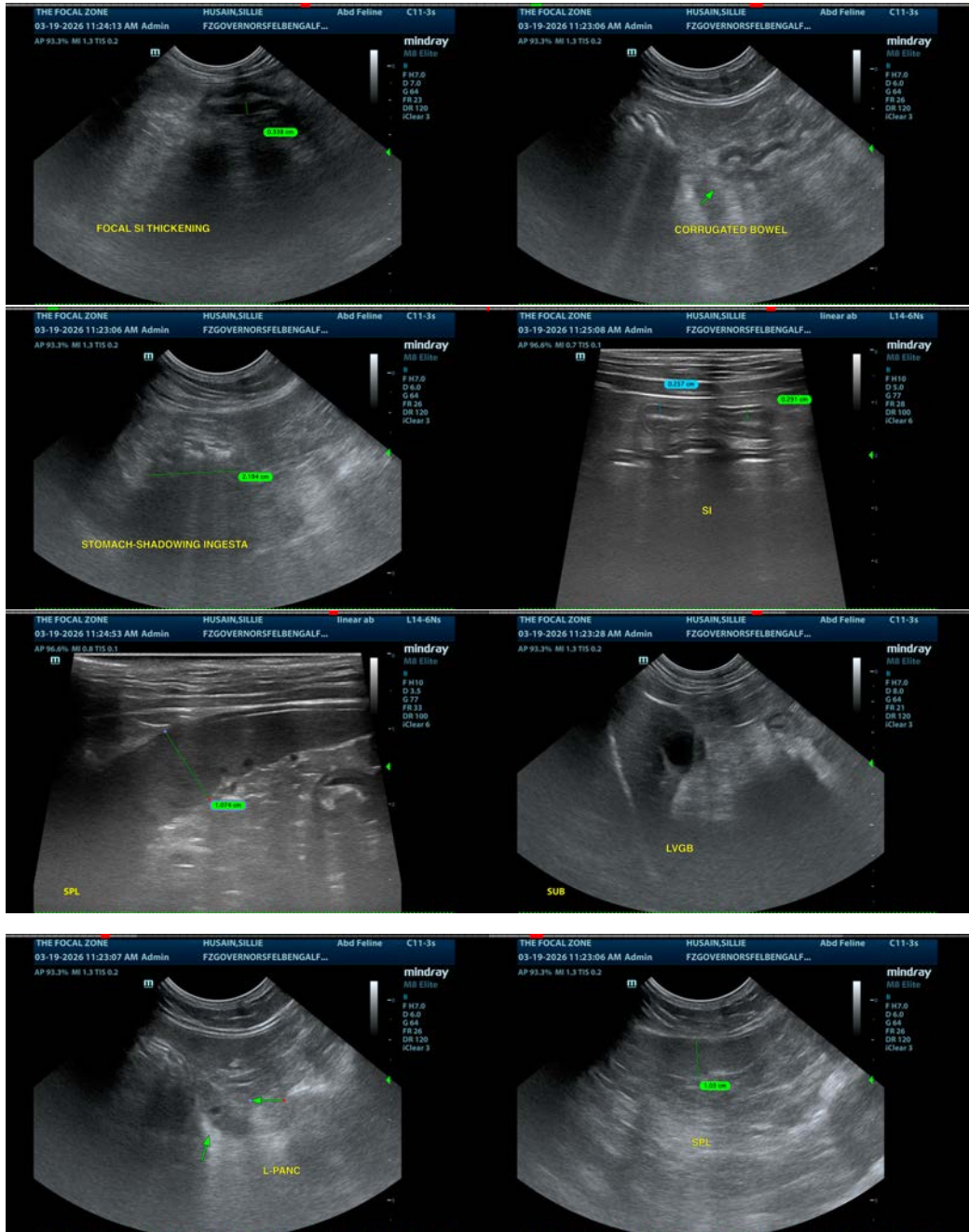
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The left limb of the pancreas is hypoechoic with some reactive mesentery in the region most consistent with mild pancreatitis. Correlate with a PLI level and consider empirical treatment for pancreatitis.

There are some focal sections of bowel that appear mildly fluid distended and corrugated. These areas measure slightly thicker than other regions, possibly consistent with focal inflammation/enteritis. If symptoms are persistent, reevaluation of these regions could be considered.





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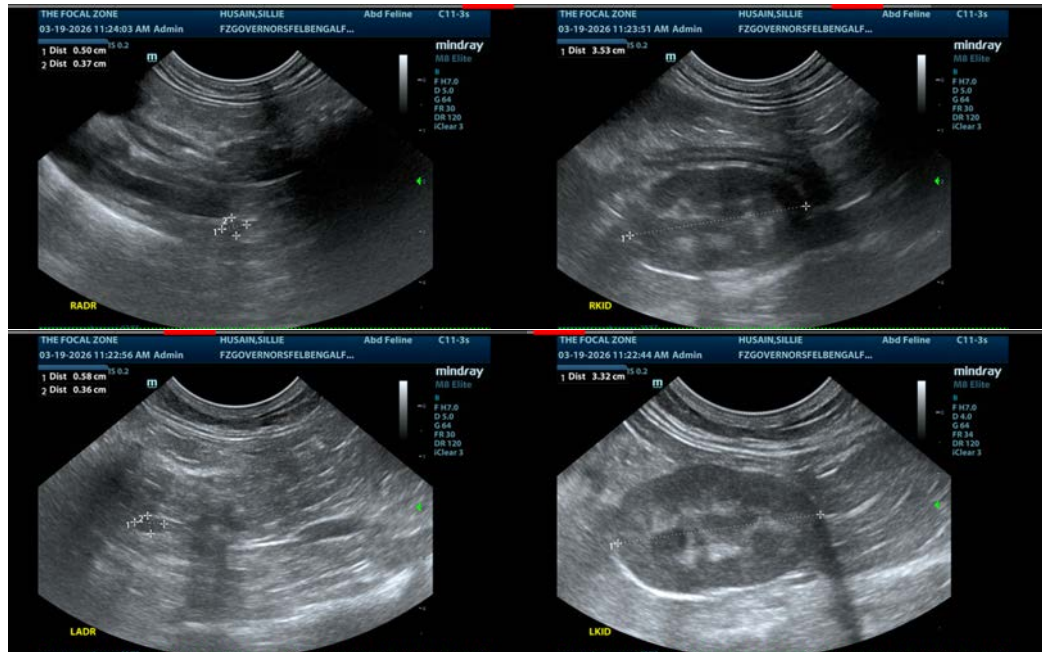
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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