



PATIENT

Rue Wolfe

SPECIES

Feline

BREED

American Bobtail

SEX

FS

AGE

12 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Thwaites

INVOICE

11557

DATE

3/24/2026

PRESENTING CLINICAL SIGNS

- Persistent urinary sediment. Suspected left kidney abnormalities. Lots of cellular debris in bladder. Hematuria. Reoccurring urinary infections.

Abnormal PE/Chem/CBC/UA Results: Elevated Ca, Glob, Neutropenia.

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 (4.41 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 mild pyelectasia noted measuring 0.15 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and is small in size (2.86 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 significant pyelectasia noted measuring 0.42 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.28 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 0.49 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 borderline plump in size (1.13 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.



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Gastrointestinal

The stomach contains minimal luminal contents. 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 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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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 in the left limb.

Free Abdomen

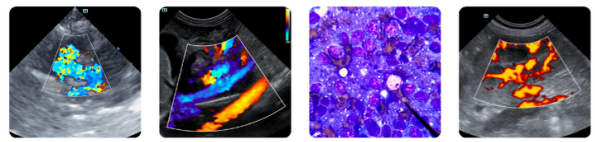
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- 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.
- Mildly reduced corticomedullary distinction in both kidneys with a small right kidney and significant with significant pyelectasia. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Borderline plump spleen. Findings could be consistent with anatomic variation, congestion, lymphoid hyperplasia, splenitis, less likely neoplastic infiltration.
- Pancreatic changes in the left limb most consistent with mild pancreatitis +/- pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both of the kidneys have mildly reduced corticomedullary distinction. The right kidney appears smaller with more significant reduction in distinction, and pyelectasia. Findings could be seen with pyelonephritis, PU/PD, a stricture, or similar. Given the history reported, a recurrent UTI, or previous pyelonephritis would be a concern.



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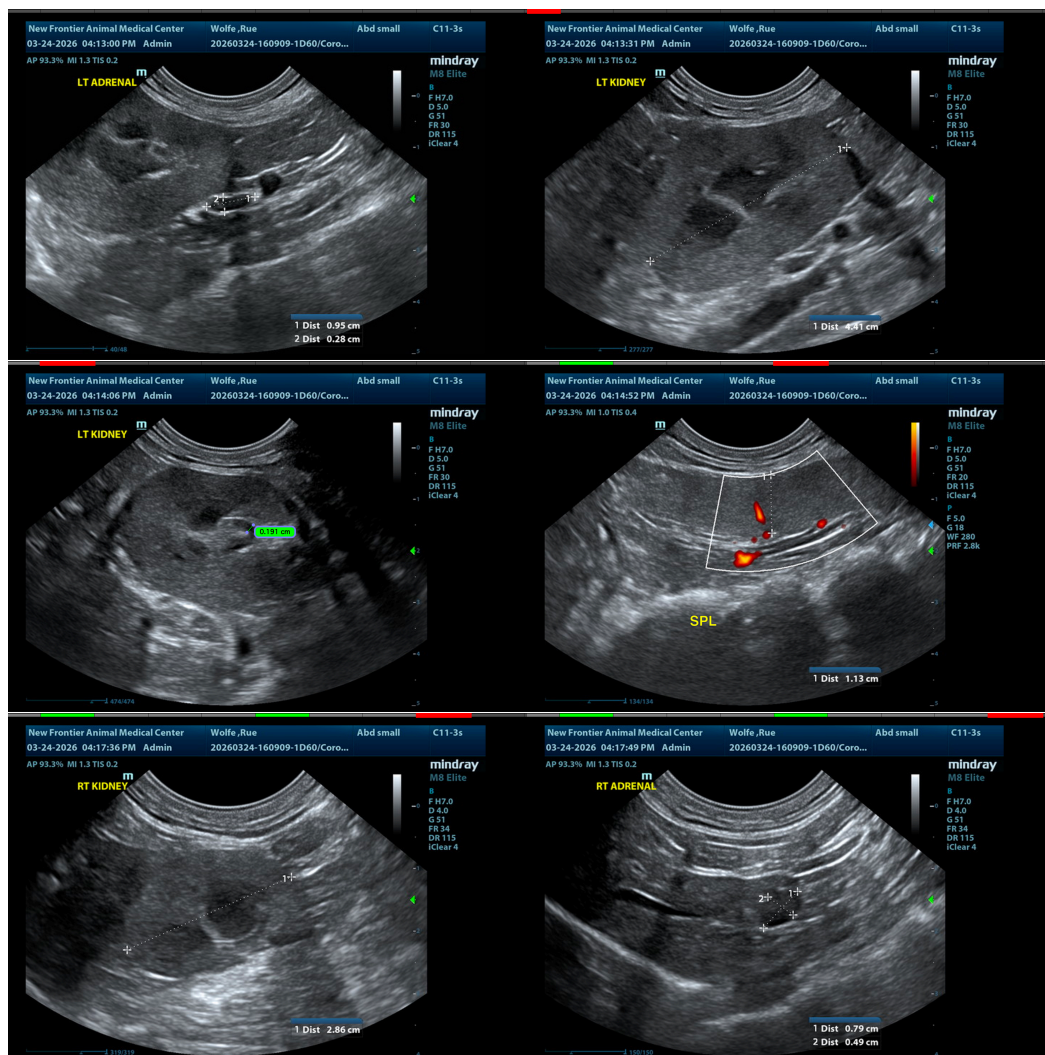
No focal lesions are observed in the bladder to explain the recurrent UTIs reported. Some of these will not always show up on ultrasound, and require more advanced imaging such as a contrast CT scan, contrast cystourethrogram, etc. Additionally, if this is a very short bob tail, they can have spinal issues and difficulty with urinary incontinence or even emptying their urinary bladders completely, which can pre-dispose to urinary tract infections.

The left limb of the pancreas appears prominent and hypoechoic with some surrounding reactive mesentery. These changes are concerning for pancreatitis. In the absence of symptoms, consistent with pancreatitis the significance of this is uncertain. A qualitative fPLI level may be helpful.

The spleen measures as slightly large, otherwise appears normal. Options moving forward would include continued monitoring and/or a fine needle aspirate of the spleen.

Given the hypercalcemia reported, recommend a hypercalcemia malignancy profile with testing and ionized calcium, PTH and PTHrP levels.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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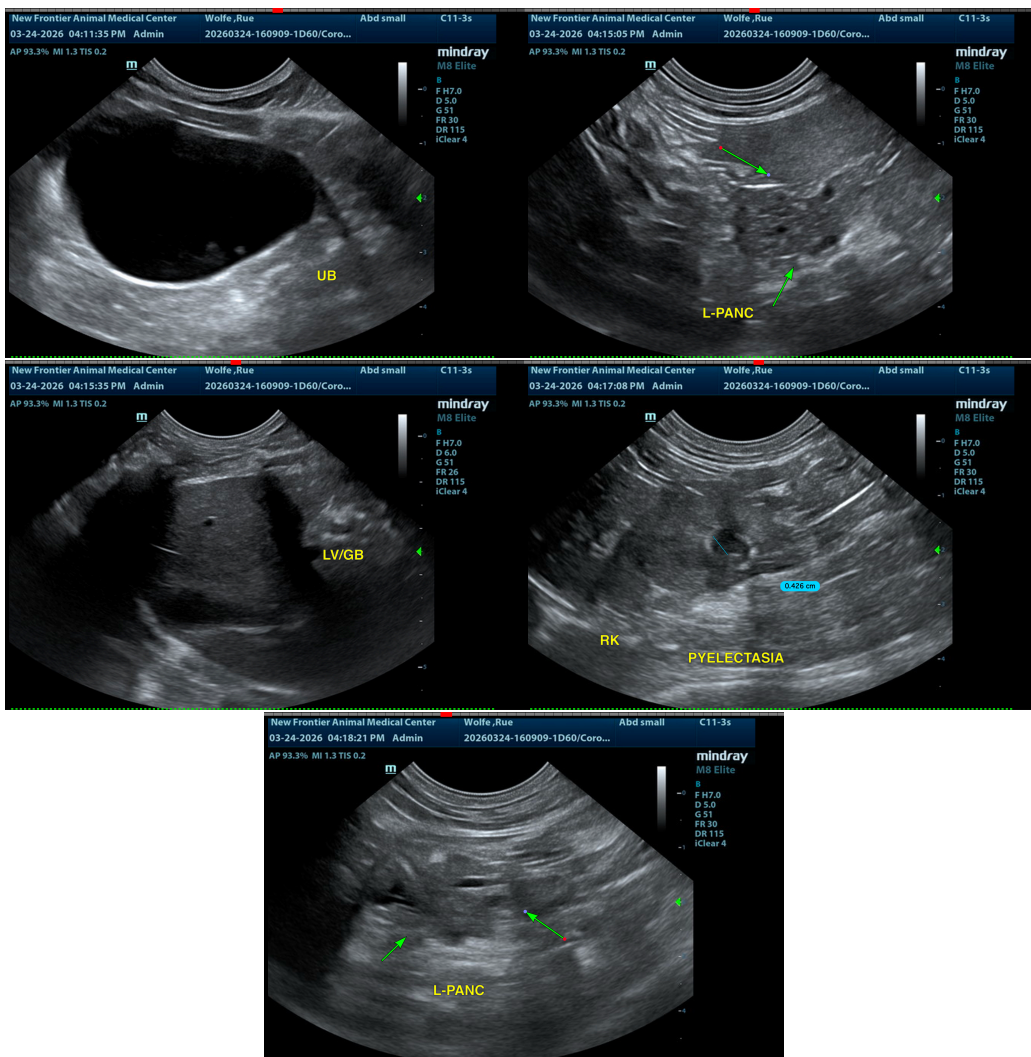
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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