



## PATIENT

Kitkat Cook

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

5

## WEIGHT

5.73

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Cory

## HOSPITAL NAME

Brighton Veterinary  
Clinic, P.C. Inc.

## REFERRING VET

Dr. Podborochynski

## INVOICE

74016

## DATE

3/25/26

## PRESENTING CLINICAL SIGNS

Hx decreased appetite and V in January. Rapid weight loss (2 kg) since January. Icteric MM, elevated liver values on chem panel (ALP 1146, ALT 433, TBIL 108). Renal values, electrolytes wnl. CBC unremarkable other than hemoconcentration. Suspect pancreatitis, sore on ultrasound of R cranial abdomen. Had pancreatitis in the past as per O.

## 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 (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 (4.03 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 0.26 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 0.32 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 (0.80 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 with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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 proximal common bile duct appears mildly prominent, measuring at 0.29 cm. Distally in the region of the duodenal papilla there is mild persistent dilation and some surrounding inflammation. The region of the duodenal papilla appears somewhat prominent, measuring at 0.52 cm x 0.60 cm.



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## *Gastrointestinal*

The stomach contains moderate fluid and 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. 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. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.25 cm. 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 visible/mildly mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

## *Free Abdomen*

There is a small amount of free fluid. No significant lymphadenopathy. Occasional prominent lymph nodes are visualized at the ileocecal junction. An example measures 0.26 cm. The omentum is generally normal in echogenicity but slightly hyperechoic around the bile duct and in the region of the ileocecal junction.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Mildly dilated/tortuous bile duct with prominent duodenal papilla – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Small amount of free fluid in the cranial abdomen and mild inflammation visualized around the bile duct and the ileocecal junction.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed are relatively mild as compared to the degree of liver enzyme elevations reported. No distinct focal lesions are visualized associated with the liver. Subjectively the parenchyma is slightly hyperechoic. This is a non-specific finding that you can see with inflammation, lipidosis, infiltrative neoplasia, etc. Additionally, the bile duct is mildly distended with some mild surrounding inflammation. Although this is abnormal, the degree of dilation is relatively mild as compared to the liver enzyme elevations reported. Unfortunately this does not definitively differentiate a primary hepatic from a post-hepatic issue. Consider the following:



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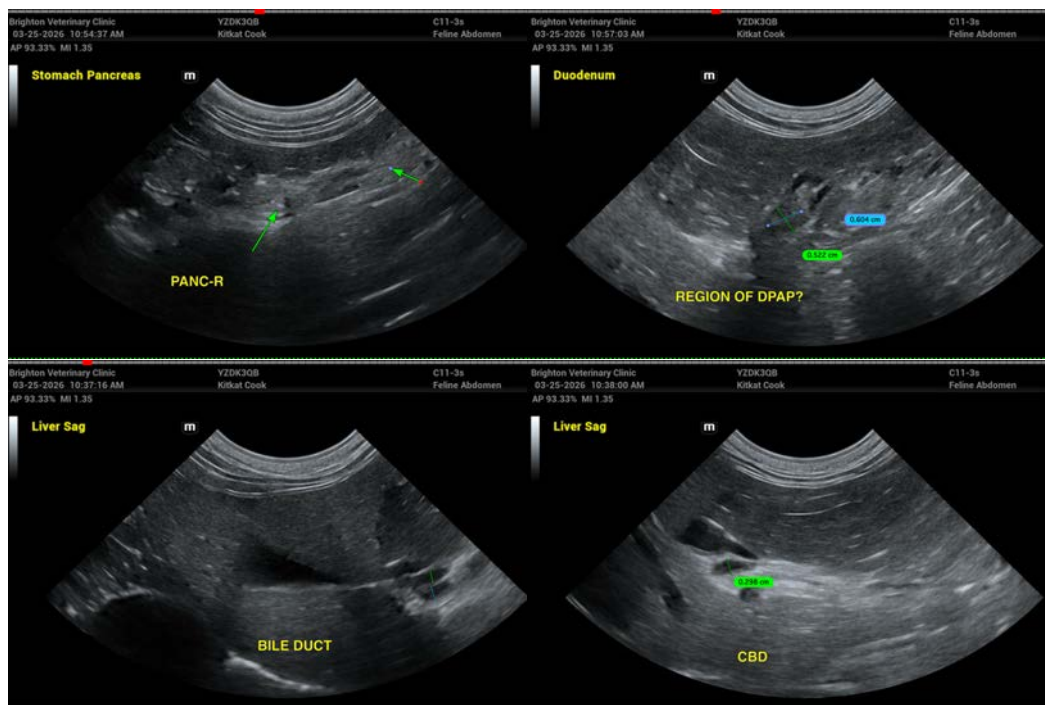
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- Consider pre- and post-prandial bile acids to rule out pre-hepatic factors, etc.
- Recommend a fine needle aspirate of the liver (provided coagulation parameters are normal) to look for evidence of early neoplastic change, lipidosis, etc.
- Recommend empirical treatment for cholangiohepatitis with Ursodiol, Denamarin, antibiotics, and supportive care.
- Recommend continued monitoring of the liver and biliary tract with ultrasound, looking for any evidence of progressive dilation.
- Consider assisted feeding for supportive care.
- If there is no significant response to this therapy, you could consider a contrast CT scan to better evaluate the bile duct. Ultimately, surgical biopsies may be warranted.

The pancreas is somewhat mottled but does not appear overtly inflamed. Correlate with a PLI level and consider empirical treatment for pancreatitis.

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





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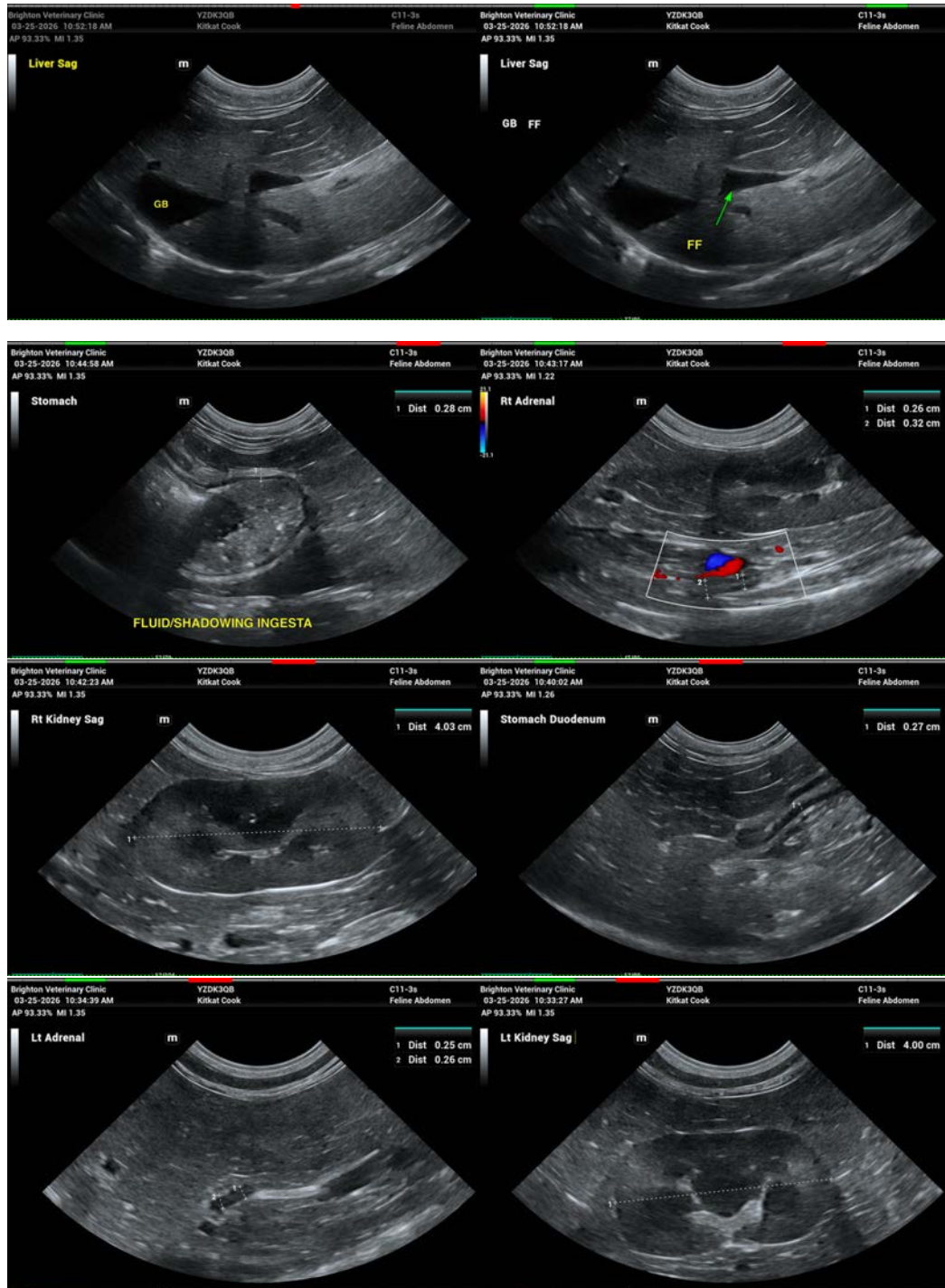
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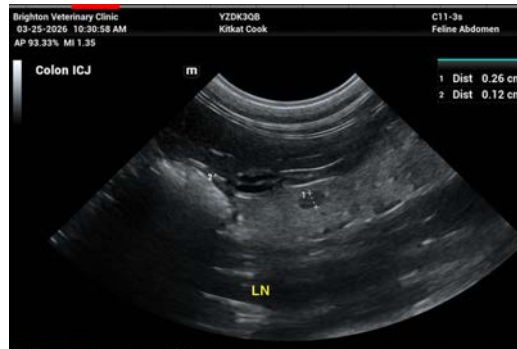
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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