



## PATIENT

Stormy Brick City Kitty

## SPECIES

Feline

## BREED

DLH

## SEX

Spayed Female

## AGE

12

## WEIGHT

5.7

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Brooks

## INVOICE

74024

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

Not eating/drinking and weight loss over last 3 weeks appetite has been very hit or miss has dental dz but not significant to account for clinical signs

Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia HCT 24.4% RBC 6.29 Hgb 8 EOS 0.06 TP 11.2 Glob 8.5 normal T4 normal pancreatic lipase FELV/FIV neg

## 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 (3.38 cm). The cortex is increased in echogenicity, 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 (3.46 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 is visualized.

### *Spleen*

The spleen is subjectively normal in size (0.61 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 a moderate to large amount of fluid. 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. There is a significant amount of fluid visualized within the lumen, which interferes with full evaluation in some areas of the stomach.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to mild 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. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. No focal lesions were visualized. Some areas exhibit segmental thickening and a prominence of the muscularis layer with mild fluid distention.

Sections of colon are visualized with formed fecal material and gas shadowing distally. In some views the colon wall appears prominent/mildly thickened, measuring at 0.31 cm with reduced detail but intact wall 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.

## Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes visualized. Examples in the cranial abdomen measure 0.67 cm x 0.80 cm. One in the mid abdomen measures 0.36 cm x 1.36 cm. The omentum is diffusely hyperechoic.

## Other

Ringdown artifact is visualized at the level of the diaphragm.

## ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with hyperechoic cortices – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Pancreatic changes most consistent with mild to moderate pancreatitis.
- Large, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate/large fluid distention of the stomach – Correlate with feeding/drinking history. If the patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction (none clearly visualized).
- Segmental areas of small intestine with mildly 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.



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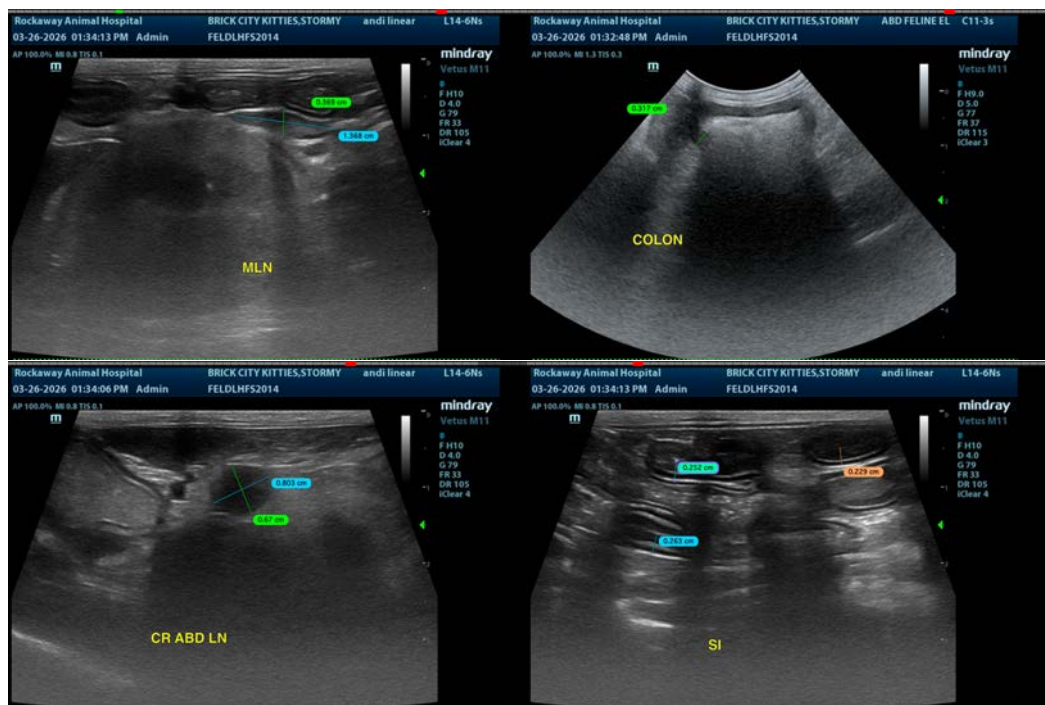
- Thickened, prominent colon wall – Findings could indicate severe colitis or early neoplastic change.
- Diffuse mild lymphadenopathy with diffusely reactive mesentery – Findings are most consistent with reactive lymph nodes. Early metastatic lymph nodes cannot be ruled out.
- Ringdown artifact visualized at the level of the diaphragm – This can be seen with pulmonary parenchymal disease. Recommend 3-view thoracic radiographs.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the generalized impression of diffuse inflammation with hyperechoic mesentery and occasional prominent mesenteric lymph nodes. Both limbs of the pancreas are prominent and hypoechoic with prominent pancreatic duct, suggestive of pancreatitis. Correlate with a PLI level and consider empirical therapy for pancreatitis.

Additionally, the liver is large and heterogeneous, and the stomach is significantly fluid distended. Some sections of small intestine appear mildly “ropey” with a prominent muscularis layer. Further evaluation of these areas could involve a fine needle aspirate of the liver and possibly a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to try to determine if further workup for underlying gastrointestinal disease is warranted.

If there is no improvement with symptomatic therapy and treatment for pancreatitis/additional diagnostics, then consider repeat imaging, looking for the progression of today’s lesions. Ultimately, biopsies of the GI tract, liver, lymph nodes, etc. may be warranted if the patient is not improving.





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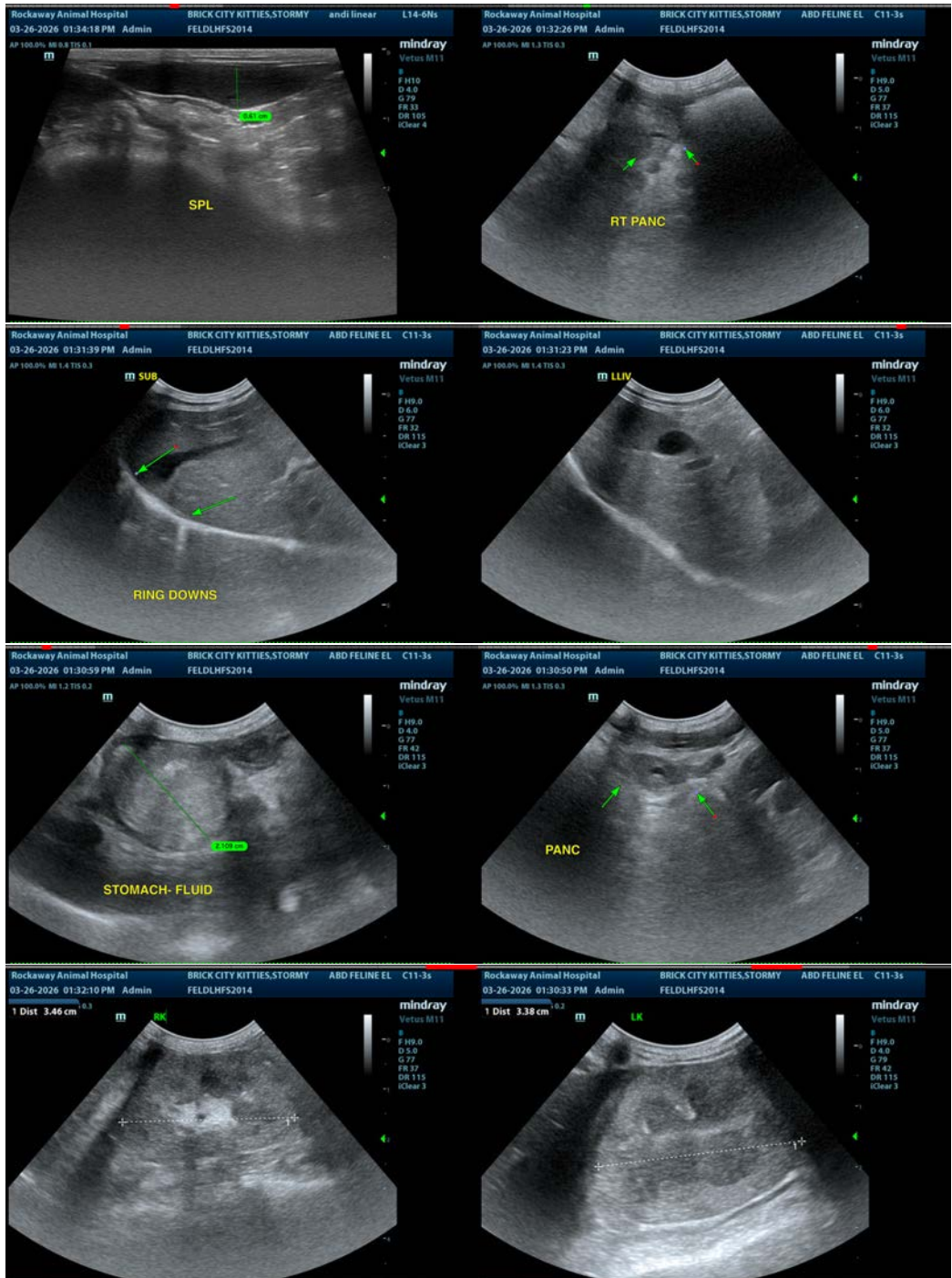
Dr. Brooks

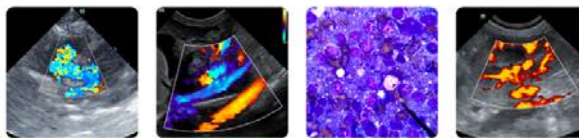
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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