



PATIENT

Trixie Zwier

PRESENTING CLINICAL SIGNS

Chronic kidney dz +/-pancreatitis.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: elev. lipase, amylase, alt ua-prot-1+ usg 1.015

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Siamese

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.06 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.

AGE

20 Years

The right kidney is small (2.48 cm) with occasional cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9 lbs

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.56 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 0.42 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.

IMAGING PERFORMED BY

Kerri Becker

Spleen

HOSPITAL NAME

Vetco Total Care
(Kinnelon)

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

REFERRING VET

Dr. Griffin

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. There are two very subtle hypoechoic nodules in the parenchyma. One measures 1.12 cm in diameter, the other measures 0.66 cm in diameter.

INVOICE

74043

The gall bladder lumen is moderately distended. In the apical region there is the suggestion of mixed echogenicity material most consistent with sludge, but a soft tissue structure cannot be ruled out. This measures 1.51 cm x 0.96 cm. The cystic and common bile duct are dilated and tortuous with occasional questionable hyperechoic intraluminal material/mineralized material visualized. At its widest the bile duct measures approximately 0.50 cm and is lost to visualization distally. A definitive obstruction is not visualized.

DATE

3/26/26



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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 uniform diameter with minimal 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. Jejunum wall measures 0.26 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Prominent pancreatic duct noted.

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 increased in echogenicity in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, heterogeneous liver with occasional irregular ill-defined hypoechoic nodules – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. The nature of the hypoechoic nodules is uncertain. This could represent a benign or neoplastic lesion.
- Gallbladder with intraluminal material (debris versus soft tissue/mass effect) and a dilated/tortuous bile duct – 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).
- Mildly ropey appearing small intestine – Findings could be consistent with mild inflammatory type pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have changes consistent with chronic renal disease. If not already done, recommend a urinalysis, culture, blood pressure, +/- urine protein to creatinine ratio as a baseline.



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Both limbs of the pancreas are prominent and mottled. These changes are most consistent with chronic pancreatic remodeling, but active chronic pancreatitis is also possible. Correlate with a PLI level. If this is significantly elevated, consider empirical treatment for chronic pancreatitis.

SPECIES

Feline

The gallbladder is distended with some atypical luminal debris. This could represent typical gallbladder debris or even soft tissue mass effect (although it is poorly vascular). The bile duct is dilated and tortuous. No focal area of obstruction is visualized. Correlate with current lab work and consider empirical treatment for cholangiohepatitis with a course of Ursodiol, Denamarin, and antibiotics. Additionally, you could consider a fine needle aspirate of the liver, looking for a concurrent primary hepatopathy (neoplastic infiltration, cholangiohepatitis, etc.).

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SEX

Spayed Female

Depending on the current symptoms and lab work, if the patient is not responding to therapy, then a contrast CT scan may be necessary to further evaluate and to assess for possible surgical options provided cytology and other diagnostic testing is not helpful.

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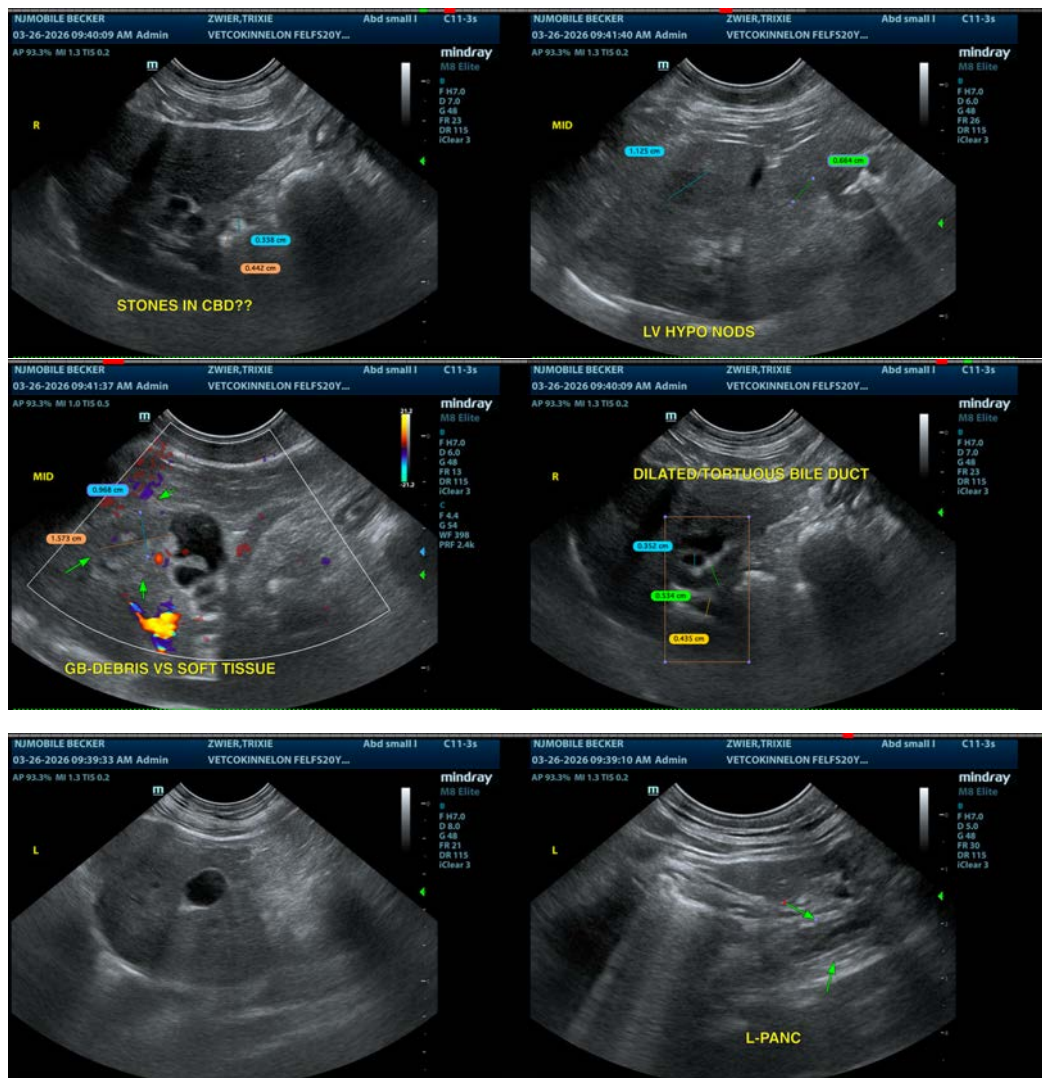
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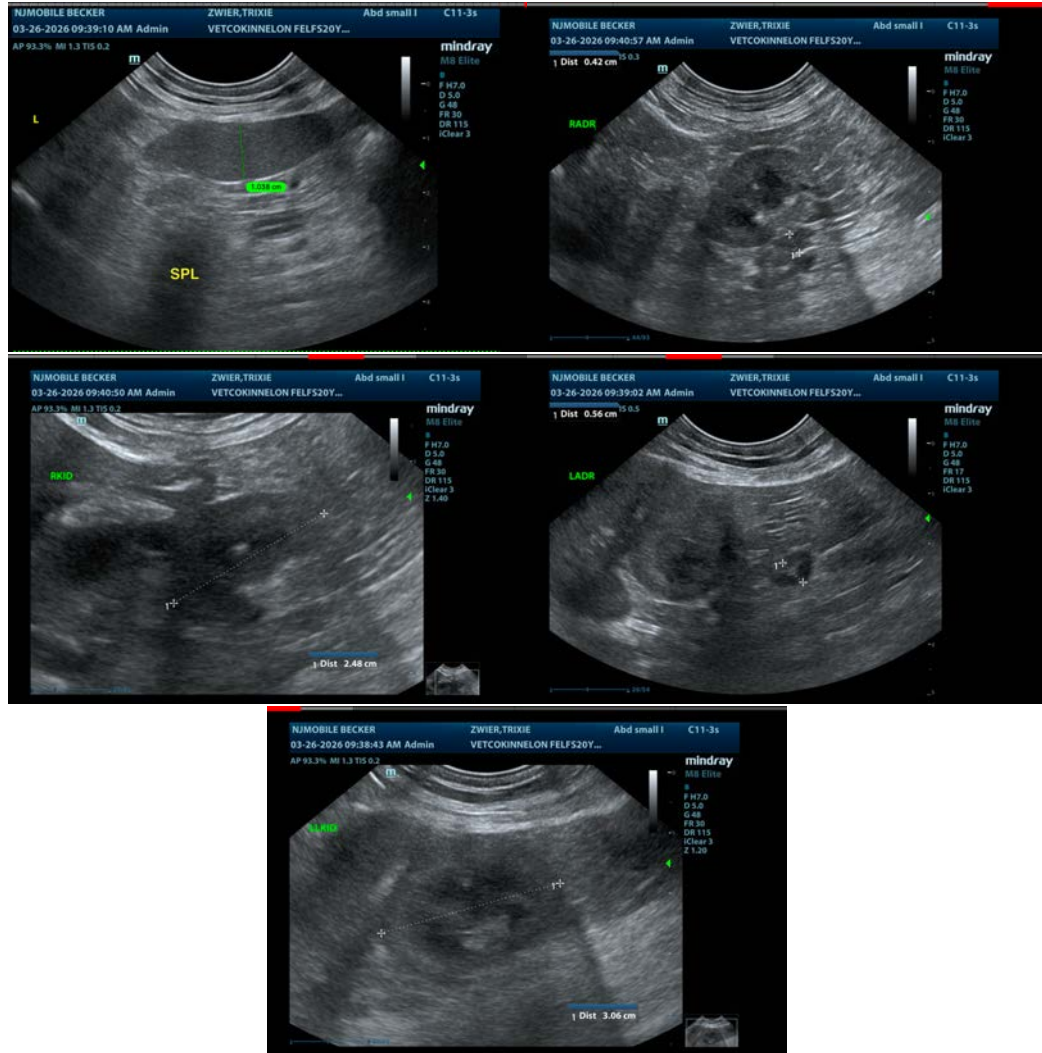
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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