



PATIENT

Muffin Murphy

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

16 Years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

All Animal Veterinary
Services

REFERRING VET

Dr. Acworth

INVOICE

73382

DATE

3/4/26

PRESENTING CLINICAL SIGNS

Constipation, not eating, vomiting frequently.

Current meds: Cerenia, Dex, Buprenex, Gabapentin, Mirtazapine

Abnormal PE/Chem/CBC/UA Results: BUN 37.9, Ca 14.4, TP 5.7, AST 54, Amylase 1539, Potassium 3.3
WBC 17.4K, Neuts 15K, HCT 29.2, HGB 9.2, RBC 6.61, MCHC 31.4

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 (4.1 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is severe pyelectasia visualized measuring 1.08 cm, and proximal hydroureter measuring at 0.59 cm. There is scant free fluid around the kidney and reactive mesentery. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

The right kidney has a normal shape and size (3.78 cm) with mild pyelectasia at 0.39 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of significant fluid around the kidney, but there is mild generalized inflammation. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 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 0.40 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 large (1.21 cm). The 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. There is a moderate amount of non-organized echogenic debris. The bile duct appears mildly dilated and tortuous, measuring at 0.31 cm.

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Gastrointestinal

The stomach contains mild 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. No masses or focal lesions were observed.

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Domestic Shorthair

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Small intestinal wall is diffusely thickened. 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 0.30 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed/liquid 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 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. A prominent pancreatic duct is noted measuring 0.33 cm.

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Free Abdomen

There is scant free fluid noted. No significant lymphadenopathy. The omentum is hyperechoic around the kidneys.

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PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with severe pyelectasia and proximal hydroureter of the left kidney and mild pyelectasia of the right kidney. No evidence of an obstructive process visualized.
- Prominent, mottled pancreas with a prominent pancreatic duct – Findings are most consistent with pancreatic remodeling +/- chronic pancreatitis.
- Moderate gallbladder debris with a mildly dilated bile duct – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Diffusely thickened small intestine with a 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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SECONDARY FINDINGS

- Borderline large spleen – Findings could be normal for a large cat or consistent with mild congestion, lymphoid hyperplasia, less likely early neoplastic change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have significant pyelectasia (the left kidney is significantly more severe with associated proximal hydroureter). No visible stones or obvious obstruction is visualized, although a mucoid plug, stricture, etc. cannot be ruled out. Recommend urinalysis and culture, looking for pyelonephritis, and close continued monitoring of the kidneys. If an obstructive process is suspected, consider a contrast CT scan or excretory urogram to further evaluate. An unseen small stone or similar cannot be ruled out.

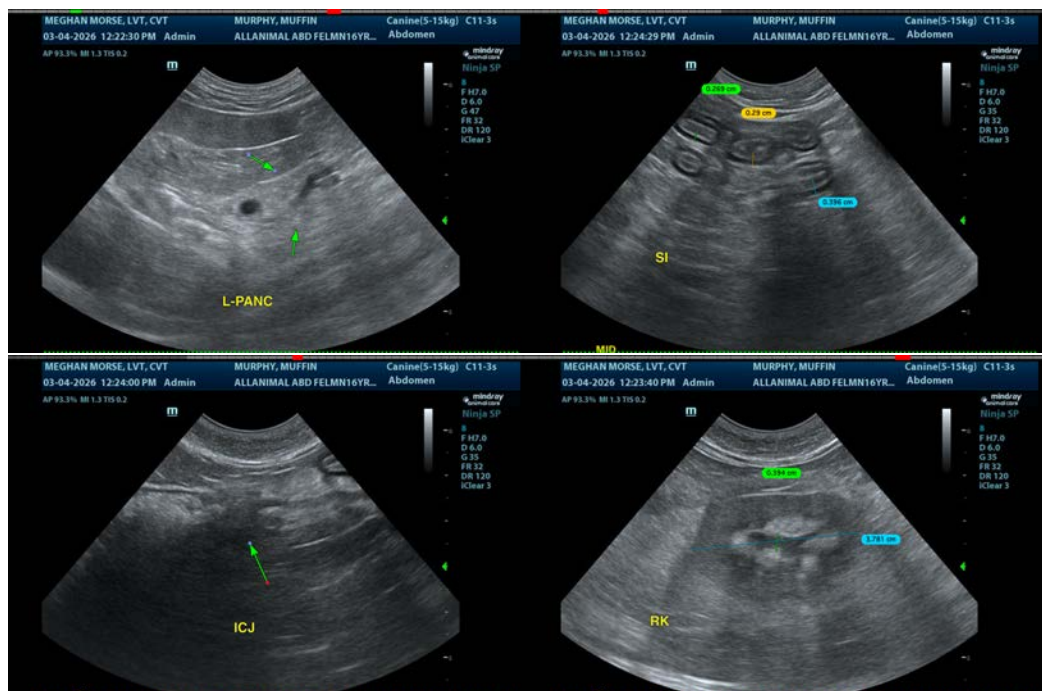
The pancreas is prominent and mottled with a prominent pancreatic duct. Correlate with PLI level. If there is significant elevation, consider empirical treatment for chronic pancreatitis.

The small intestine appears diffusely thickened with a prominent muscularis layer. These changes are most consistent with inflammatory type change/IBD, although early neoplastic change cannot be ruled out. Consider further workup/therapy for a primary enteropathy, including the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If GI symptoms are persistent, eventually biopsies of the GI tract may be necessary to further evaluate.

Further evaluation of the elevation in calcium should be considered, including an ionized calcium, PTH, PTHrP level, and thoracic radiographs.





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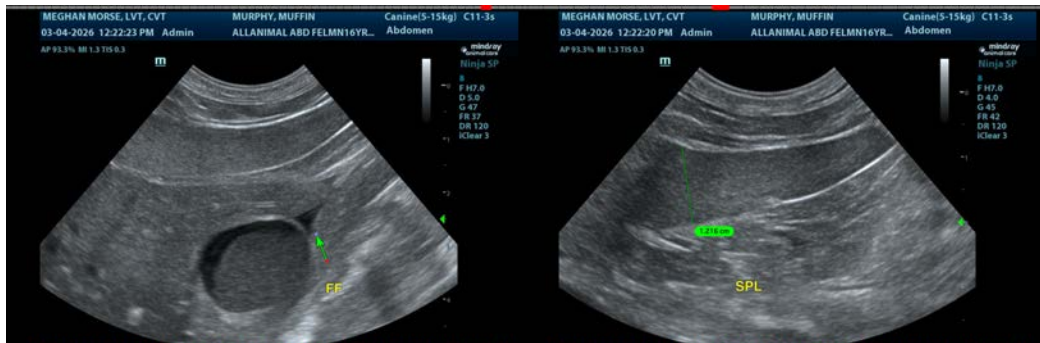
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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