



## PATIENT

Elliot Rabenold

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

5.5 years

## WEIGHT

4.12 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Abby Gerenser

## HOSPITAL NAME

Abby Road Veterinary  
Hospital

## REFERRING VET

Dr. Abby Gerenser

## INVOICE

11726

## DATE

4/15/2026

## PRESENTING CLINICAL SIGNS

Presented last week for increased vocalization and acting painful when pet. Decreased appetite with gagging and hoarse meow. Aggressive so difficult to examine. Improved with maropitant therapy given daily until u/s could be performed.

Abnormal PE/Chem/CBC/UA Results: Painful on palpation of cranial abdomen specifically. Did not vocalize when palpating spine or rest of body. Labwork unremarkable, U/A pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. In the dependent portion of the urinary bladder there is a hyperechoic non-shadowing focus most consistent with hyperechoic debris or small mineralization measuring 0.13 cm. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. 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 (4.16 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 (3.84 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 0.41 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 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.

### Spleen

The spleen is subjectively normal in size (0.76 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.



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The gall bladder lumen is moderately distended. The wall of the gall bladder appears slightly hyperechoic and prominent, measuring at 0.13 cm. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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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. There's some poorly defined shadowing ingesta visualized in the dependent portion of the stomach measuring 1.13 cm, possibly consistent with ingesta or ingested foreign material.

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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 (0.2 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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### **Pancreas**

The pancreas is prominent and mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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### **Free Abdomen**

Evaluation of the peritoneal cavity revealed scant free fluid. There is no significant lymphadenopathy. A prominent mesenteric lymph node is visualized measuring 0.49 cm. The omentum is of normal uniform echogenicity.

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### **ULTRASONOGRAPHIC FINDINGS**

- Mild suspended echogenic debris in the urinary bladder and a small hyperechoic dependent focus. Correlate with a urinalysis +/- culture results.
- Pancreatic changes most consistent with chronic pancreatic remodeling. Correlate with a PLI level looking for evidence of mild pancreatitis.
- Moderate gallbladder debris with a prominent gallbladder wall. Findings are concerning for possible mild cholecystitis.
- Mild fluid distended stomach with intraluminal shadowing material. Correlate with a feeding/medication history. If the patient was adequately fasted this could represent delayed gastric emptying, ingested foreign material, etc.
- Scant free abdominal fluid and occasional prominent mesenteric lymph nodes. Findings could be consistent with mild inflammatory type change.

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### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The stomach has mild fluid and there is some focal shadowing material. Given the discomfort



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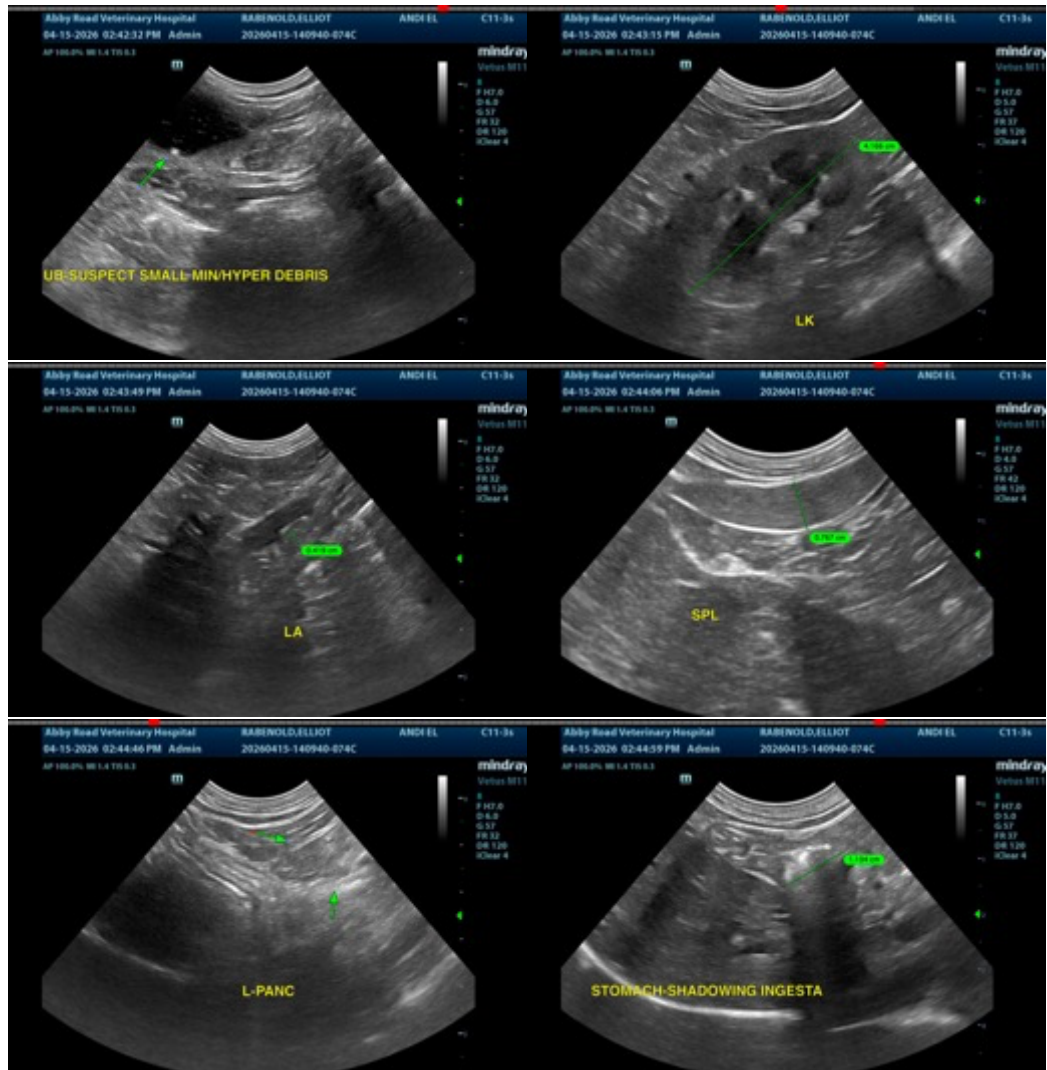
4/15/2026

described, consider careful examination under the tongue for a linear foreign body, although there is no evidence of an obstructive pattern in the small intestine. Close continued monitoring for the development of this could be warranted.

The pancreas is visible but not overtly inflamed. Unfortunately, the appearance does not always correlate with the degree of inflammation. Correlate with a PLI level and consider empirical treatment for pancreatitis.

The gallbladder has a moderate to large amount of debris. The wall appears somewhat prominent, possibly consistent with cholecystitis. The significance of these changes in the absence of liver enzyme elevations is uncertain. You could consider empirical treatment for cholecystitis with a course of ursodiol and antibiotics if ingested foreign material is ruled out.

If symptoms are persistent, you could consider repeat imaging in the future looking for the development of new lesions or the progression of today's lesions. Correlate with abdominal radiographs.





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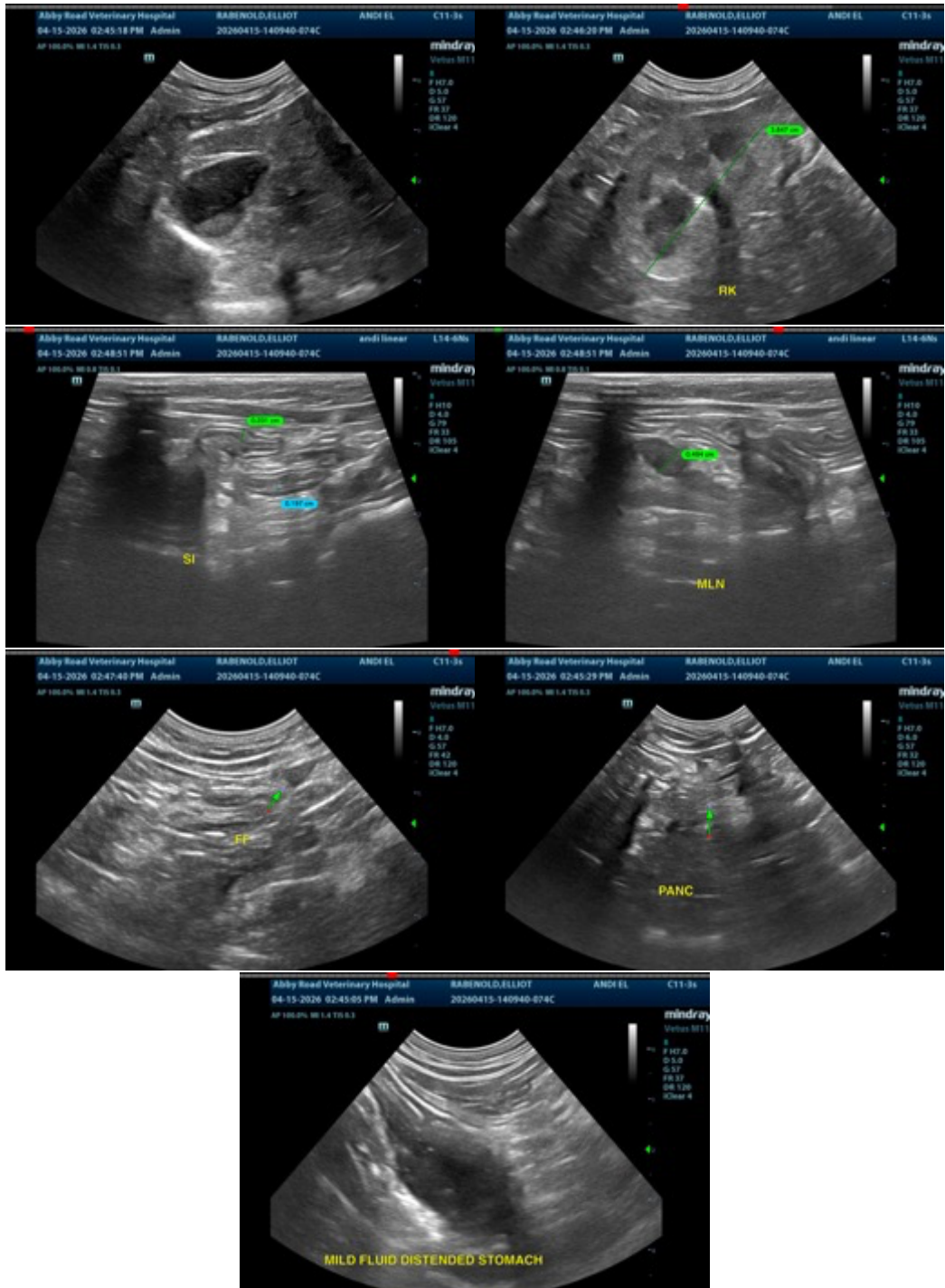
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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