



PATIENT

Waffles Birac

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

9 Pounds

INTERPRETED BY

Kathleen Sennello
DVM, MS, Diplomate
ACVIM

IMAGING PERFORMED BY

Jill Firsich

HOSPITAL NAME

SVS Imaging MI 2

REFERRING VET

Dr. Hartrick

INVOICE

36469

DATE

4/3/26

PRESENTING CLINICAL SIGNS

Waffles is a 2-year-old, female spayed, domestic shorthair with a history of gastrointestinal upset. She initially presented on February 26 for hyporexia, lethargy, and vomiting. Bloodwork at that time revealed a mild hemoconcentration and hypoproteinemia. Symptomatic therapy was initiated. She was re-evaluated on February 28 for persistent lethargy and decreased appetite and repeat lab work showed an improvement in her protein levels. Her clinical signs resolved with continued symptomatic care. Waffles presented again on March 12 for vomiting. A blood panel showed normal protein values but a mildly elevated SDMA. An abdominal ultrasound was recommended if clinical signs were to persist.

**** PLEASE SEE LINK FOR MORE HX AND IMAGES:

Abnormal PE/Chem/CBC/UA Results: Lab work performed February 26 noted a hemoconcentration with hematocrit at 51.2 and a hypoproteinemia with total protein value is at 4.1, albumin was at 1.8, globulin was at 2.3. Recheck lab work two days later on February 28 noted hemoconcentration had resolved the total protein value had improved at 5.1, albumin at 2, and globulin at 3.1. Remaining lab work was normal. Patient represented on March 13, which noted normal protein values (TP 6.1, Alb. 2.8, and Glb. 3.3) and a newly noted mild increase in SDMA, with remaining lab work within normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with a small amount of suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. 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 (3.42 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (3.33 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.39 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



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The spleen is subjectively normal in size (0.65 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.

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Liver

Feline

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. 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. The duodenum measured 0.31 cm. The jejunum. Measured 0.29 cm. Bowel loops follow a typical curvilinear path. Visualized peristalsis appears appropriate. The muscularis layer appears diffusely thickened throughout the small intestine.

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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 gas and non-formed fecal material 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 some focal mesenteric inflammation in the right cranial abdomen near the right limb of the pancreas.

IMAGING PERFORMED BY

Jill Firsich

Free Abdomen

There is no free fluid. There is a mild/moderate mesenteric lymphadenopathy present with clusters of jejunal lymph nodes visualized; examples measure 0.7 cm x 1.54 cm and 0.77 cm x 2.4 cm. Additionally, there is a prominent pancreaticoduodenal lymph node and a sublumbar lymph node, measuring 0.32 cm. The omentum is hyperechoic around the clusters of prominent lymph nodes and in the right cranial abdomen.

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ULTRASONOGRAPHIC FINDINGS

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- Pancreatic changes most consistent with chronic pancreatic remodeling +/- focal chronic active pancreatitis.

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- Diffusely thickened small intestine with a prominent muscularis- 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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- Clusters of prominent mesenteric lymph nodes- Findings are most consistent with highly reactive lymph nodes, although early neoplastic change cannot be ruled out.

Secondary Findings

- Mild suspended echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with prominent muscularis layer. These changes are most consistent with inflammatory-type change, although early neoplastic change can have a similar appearance. Additionally, there are clusters of prominent, reactive appearing mesenteric lymph nodes.

If these are large enough for sampling and there's a safe window, you could consider a fine needle aspirate for cytologic evaluation.

Both limbs of the pancreas are visible and appear prominent for such a young individual. These changes could be consistent with previous episodes of pancreatitis/resolving pancreatitis and/or chronic active pancreatitis. Correlate with PLI level and consider concurrent treatment for pancreatitis.

If not already done, consider 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.
- Consider probiotic therapy.

If symptoms are persistent despite symptomatic treatment for enteritis. Hypoallergenic diet, and treatment for pancreatitis, then biopsies of the GI tract and lymph nodes should be considered to further evaluate. Additionally, you could consider repeat imaging in the future, looking for the progression of today's lesions.



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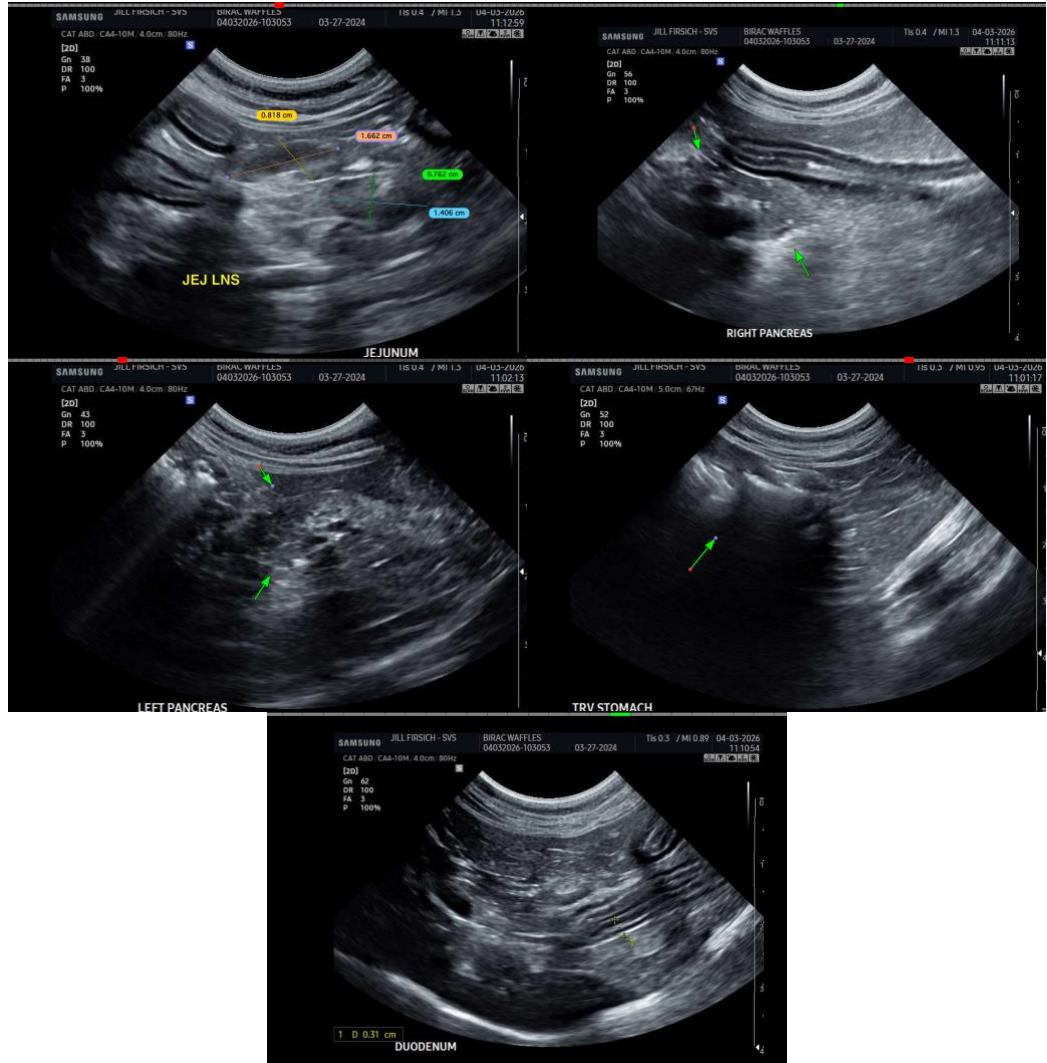
Dr. Hartrick

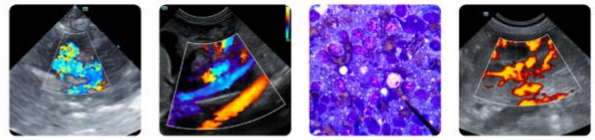
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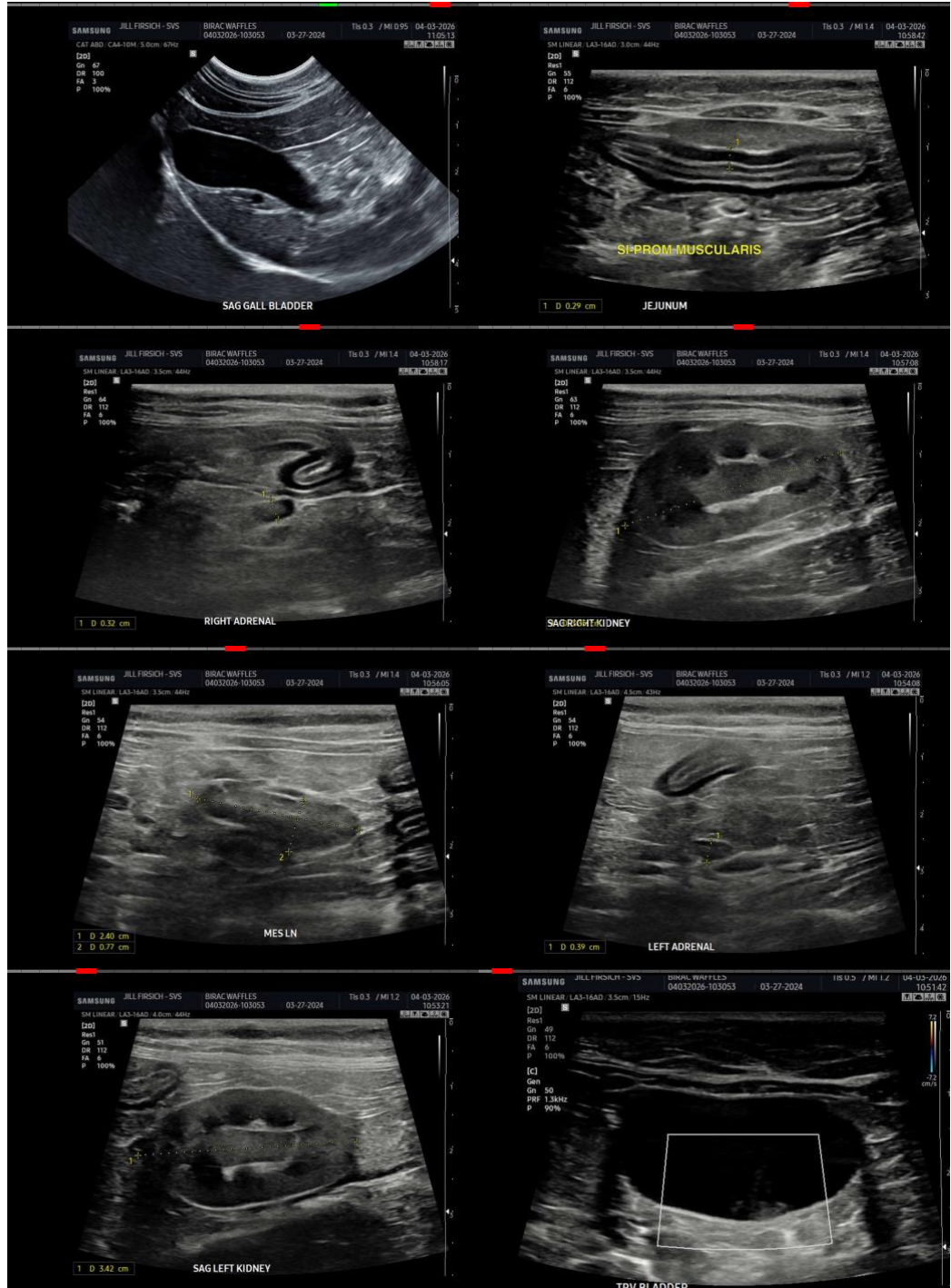
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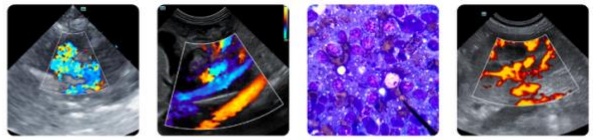
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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