



**PATIENT PRESENTING CLINICAL SIGNS**

**Pi Brophy**  
**SPECIES**  
 Feline  
 Acute vomiting ~24h duration 2-3\* episodes with most recent vomitus containing blood. No other signs. History of ingesting string FB. No other medical history or medications. ~6% dehydration on exam. No string under the tongue. Tense with palpation in right cranial quadrant, no palpable organomegaly.

**BREED**  
 DSH  
**SEX**  
 MN  
**AGE**  
 10 years  
**WEIGHT**  
 7.3 kg  
 Abnormal PE/Chem/CBC/UA Results: Lymphocytes 0.85 0.92 - 6.88 x10<sup>9</sup>/L Eosinophils 0.04 0.17 - 1.57 x10<sup>9</sup>/L Urea (BUN) 17.9 5.7 - 12.9 mmol/L - mild increase in BUN - pre-renal vs. renal ALP <10 14 - 111 U/L - insignificant Potassium 3.3 3.5 - 5.8 mmol/L - mild hypokalemia Catalyst Pancreatic Lipase b 7.6 0.0 - 4.4 U/L Total T4 a 24 10 - 60 nmol/L - normal Otherwise WNL Method: Cystocentesis Specific Gravity >1.050 Urine Protein 30 mg/dL Blood / Hemoglobin 250 Ery/μL White Blood Cells 1 /HPF Red Blood Cells >50 /HPF Radiographic Findings Only abnormalities: Hip osteoarthritis and spondylosis.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 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 (4.22 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. Occasional pinpoint cortical mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.05 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 0.42 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 0.5 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 subjectively normal in size (0.95 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**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Beattie PH Stoney  
 Creek

**REFERRING VET**

Dr. Salib

**INVOICE**

11825

**DATE**

4/30/2026



**PATIENT**

Pi Brophy

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**Gastrointestinal**

**SEX**

MN

The stomach contains mild fluid and gas. It measures as slightly prominent at .4cm 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.

**AGE**

10 years

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid and gas distension. Wall thickness is normal. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (0.21 cm.) There is a population of proximal small intestine which appears normal and empty. In the caudal abdomen there are some loops of bowel which appear variably fluid and gas distended. Some have some poorly defined shadowing material. Findings are concerning for segmental ileus and possible partially obstructive foreign material.

**WEIGHT**

7.3 kg

Sections of colon are visualized with gas and fluid. There is no observed focal or generalized colon wall thickening or loss of layering.

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**Pancreas**

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

**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 of normal uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

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- 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
- Pancreatic changes consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Segmental fluid and gas distension of the bowel with some intraluminal shadowing material- findings are concerning for segmental ileus and possible intraluminal foreign material

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The stomach is mildly fluid and gas distended with no evidence of an obstruction at this time. The proximal bowel appears normal but in the caudal abdomen there are some loops of bowel which are fluid and gas distended with some intraluminal shadowing material creating concern for a partial obstruction/obstructive foreign material. Correlate with radiographs and patient assessment.



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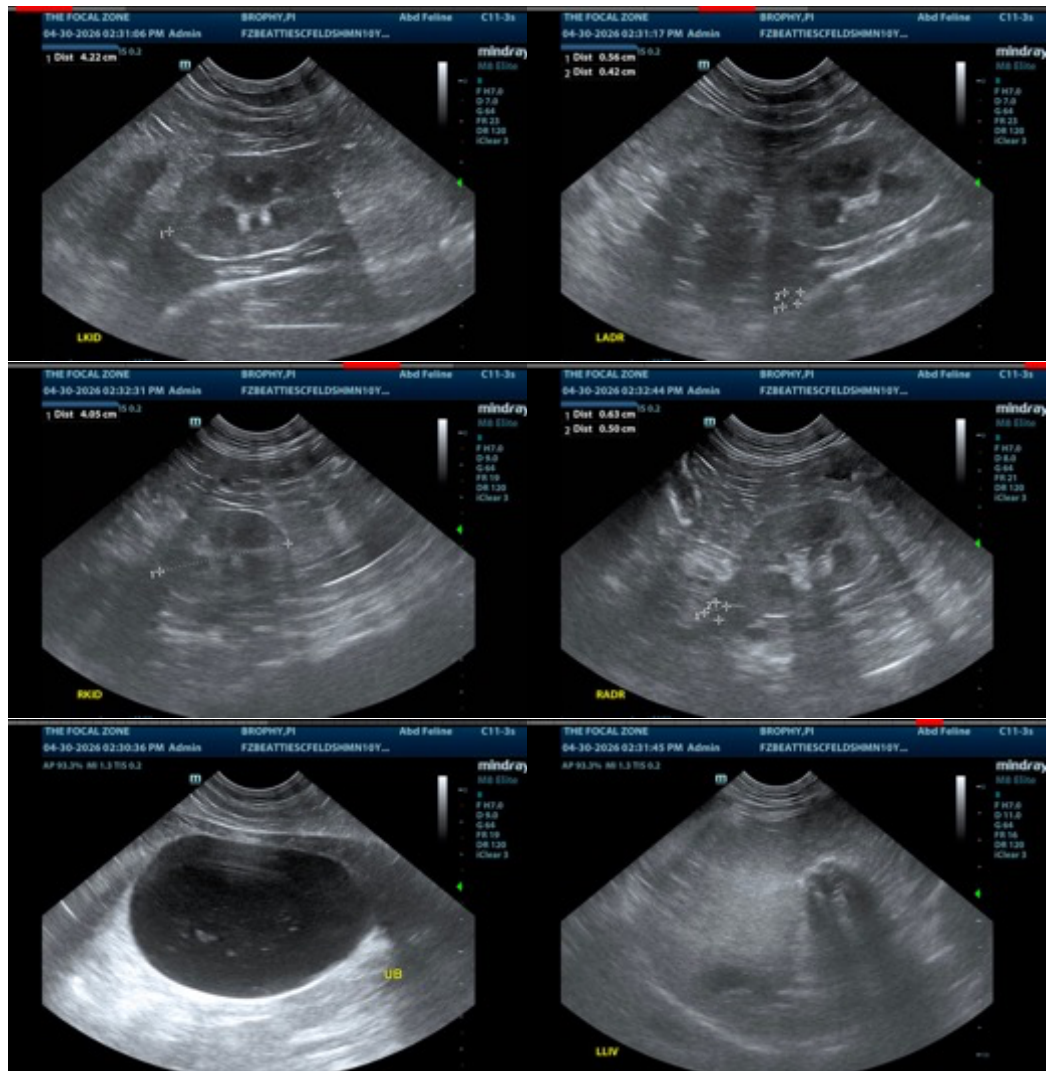
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Surgical explore should be considered, particularly if radiographs are supportive of obstructive foreign material. If a more conservative approach is desired, consider supportive care/rehydration etc.. for gastroenteritis/pancreatitis, and reassessment (ultrasound and radiographs) in 12 hours looking for improvement in the patient's symptoms or potentially a more definitive obstructive pattern. There is no evidence of significant bowel plication at this time.

The left limb of the pancreas is slightly prominent/visible. Correlate with a PLI level looking for any evidence of mild pancreatic inflammation.





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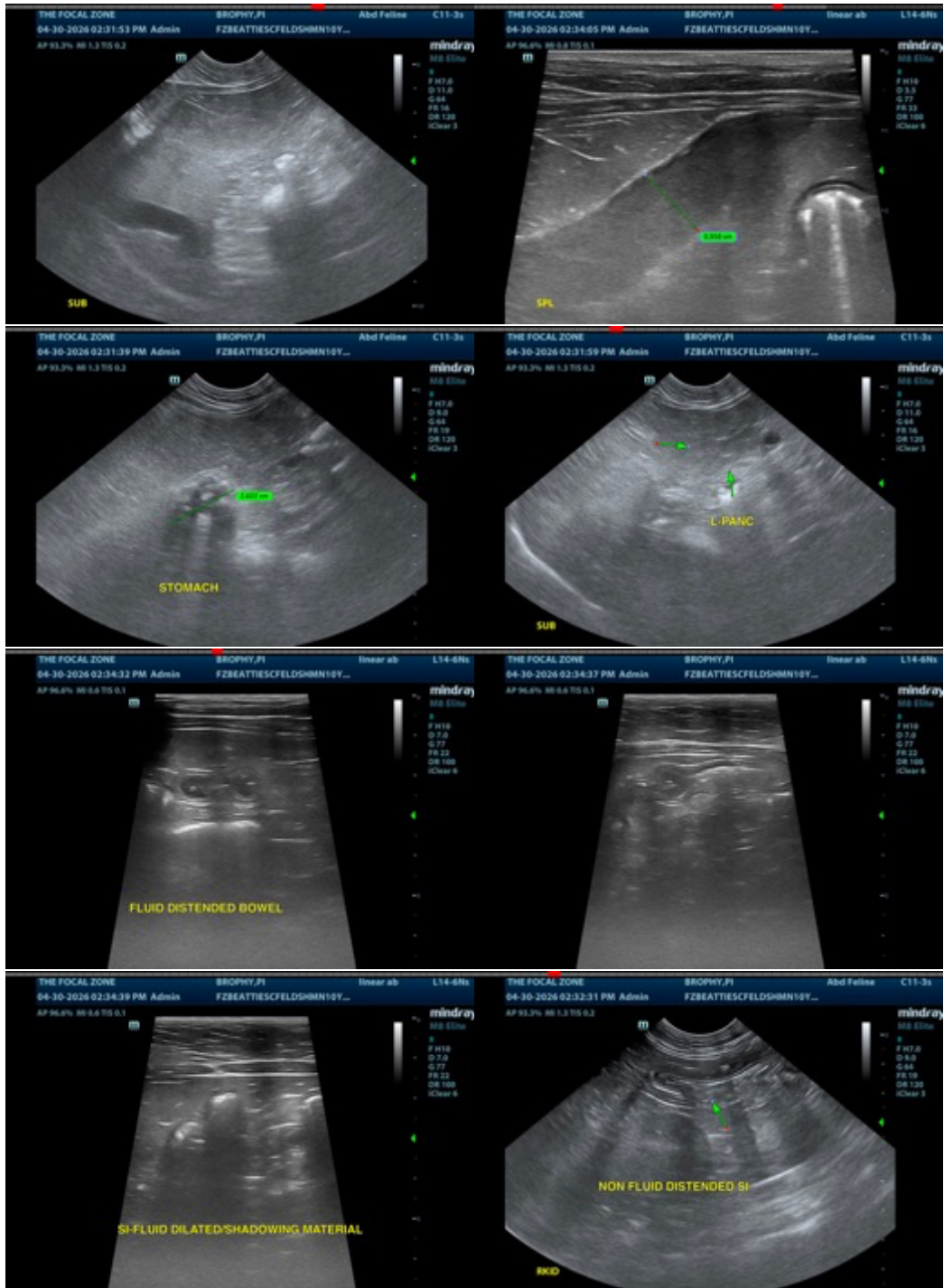
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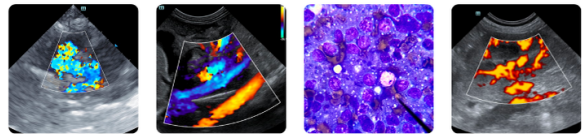
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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