



## PATIENT

Maddie Eastwick

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

15 years

## WEIGHT

3.47 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

11656

## DATE

4/8/2026

## PRESENTING CLINICAL SIGNS

Maddie presented to us for a first visit today for vomiting, decreased appetite, and diarrhea with hematochezia. She has a history of a heart murmur with an elevated proBNP and a previous ultrasound performed 3 years ago showed an enteropathy and pancreatitis. She also had uroliths in the past.

Abnormal PE/Chem/CBC/UA Results: Painful when scanning abdomen with mild sedation(difficult to examine due to temperament) Suspected bacteriuria Mildly azotemic with inappropriate USG pancreatic Lipase wnl.

## 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 (3.53 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.

The right kidney has a normal shape and size (3.17 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.

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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 0.4 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 (0.75 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 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.

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**Gastrointestinal**

The stomach contains mild/moderate 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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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. The duodenum measured 0.29 cm in diameter and the jejunum measured 0.29 cm in diameter. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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 formed fecal material and gas shadowing distally. The descending colon wall appears normal thickness with intact wall layering, measuring at 0.2 cm.

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**Pancreas**

The pancreas is prominent and hypoechoic in the region of the body. 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 did not reveal any evidence of effusion. There's no significant lymphadenopathy. A jejunal lymph node is visualized measuring 0.32 cm. The omentum is of normal uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Mild/moderate fluid distension of the stomach. Correlate with the feeding/drinking history. If the patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction (none visualized.)
- Mildly ropery small intestine with some areas exhibiting 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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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The pancreas appears prominent and hypoechoic in the body with some mildly reactive mesentery in the region. Findings are suggestive of pancreatic remodeling +/- chronic active pancreatitis. Correlate with a PLI level and consider treatment for pancreatitis if significant elevations are present.



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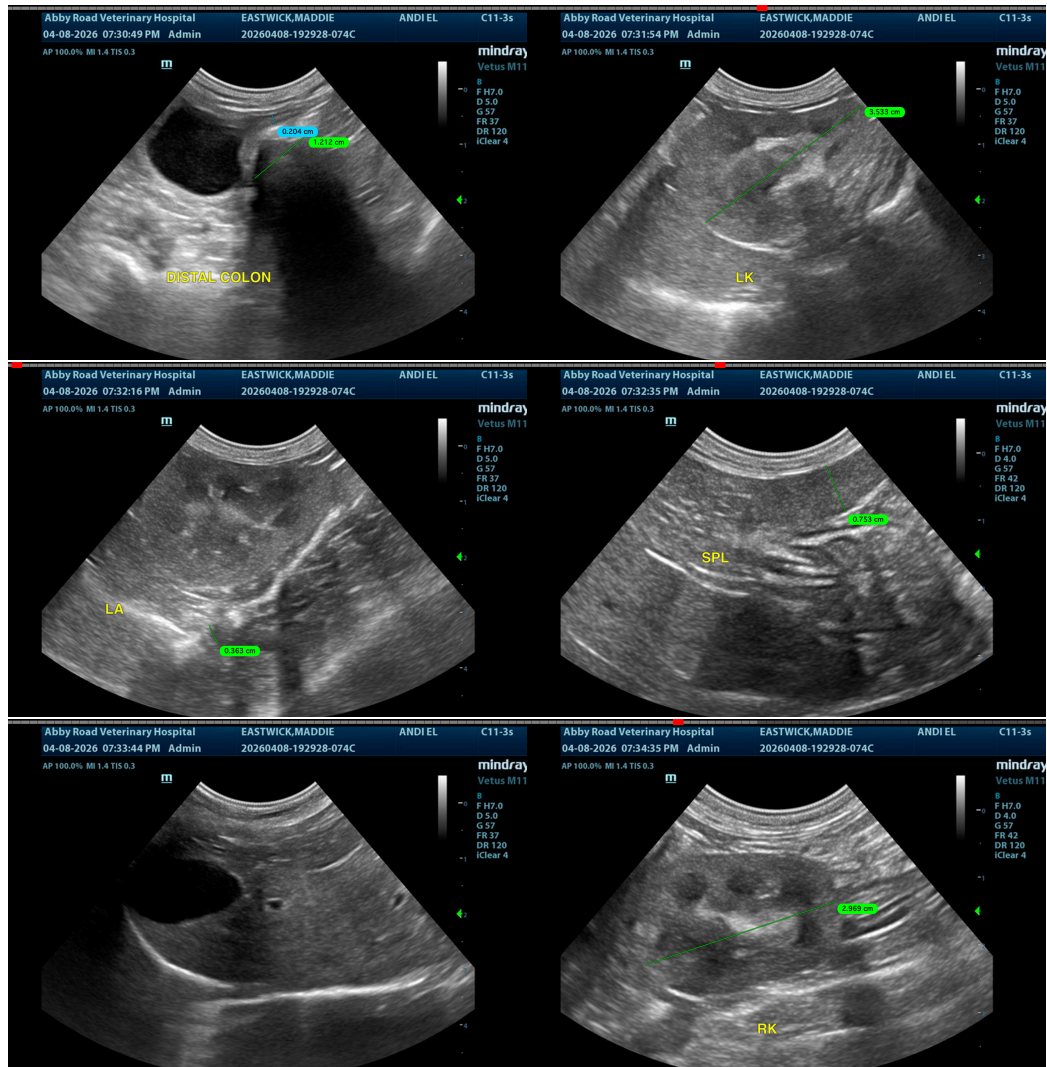
4/8/2026

Some areas of the small intestine appear “ropy” with a prominent muscularis layer. These changes are most consistent with mild inflammatory type change although early neoplastic change can have a similar appearance. 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.
- Recommend chronic probiotic therapy.

If vomiting and diarrhea are persistent, upper and lower GI endoscopy may be warranted to further evaluate.

Both kidneys have mild changes. Based on the history provided, chronic renal disease is suspected. Recommend a blood pressure, urinalysis and culture, and possibly a combination urinary/hydrolyzed protein prescription diet (I believe royal canin has one.)





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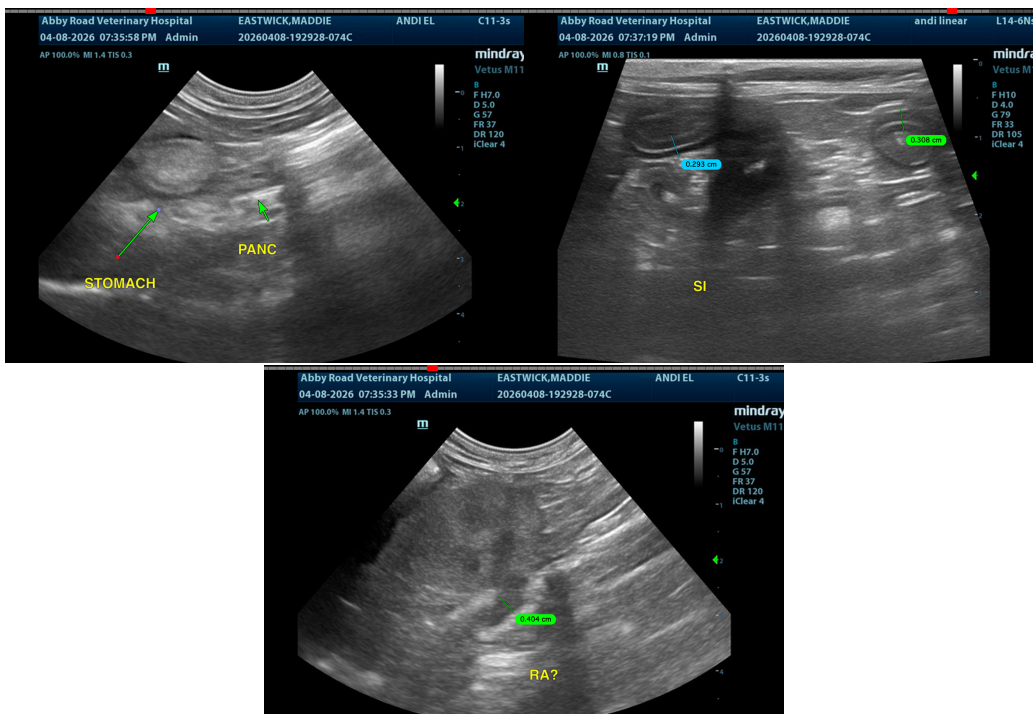
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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