



PATIENT

Jazzy Zimmer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Hovenden

INVOICE

16151

DATE

05/13/26

PRESENTING CLINICAL SIGNS

The owner reports that Jazzy is still refusing to eat or drink anything. She has not had any more vomiting. She still seems lethargic. She was initially seen here on 5/10 for vomiting, diarrhea and inappetence of 2 days duration. Bloodwork (CBC, Chem10, EPOC) and abdominal radiographs did not reveal an underlying cause for her symptoms. The owner elected outpatient treatment (SQ fluids, Cerenia injection, Rx Cerenia, Rx Elura, probiotic). The owner brought her back yesterday because she was refusing to eat or drink and she still seemed lethargic. An fPL performed at that visit was elevated and consistent with pancreatitis. The owner again elected outpatient treatment. Since then, the owner has tried offering a variety of food options (cooked chicken, chicken baby food, canned food) but is still refusing to eat or drink anything. She is continuing to have diarrhea. She has not had any additional vomiting since her initial visit. Her last dose of buprenorphine was given at 7:30am today. Her last dose of Elura was given yesterday morning.

Abnormal PE/Chem/CBC/UA Results: 5/11 EPOC: K+ 3.2(L), iCa+ 1.19(L), BUN 13(L), Na+ 149(N), Lact 2.24(N) PCV/TS: 40%/7.0g/dL fPL: 10.9(H) --> Consistent with pancreatitis 5/12: EPOC: Na+ 147(L), K+ 3.5(L), Glu 170(H) PCV/TS: 40%/6.0g/dL Tbil: 0.5(N) 5/13: 11am: EPOC: iCa+ 1.2(L), BUN 12(L), Cre 2.21(H), Glu 146(H), HCT 23% PCV/TS: 37%/6.2g/dL TBIL: 0.2(N) CONCLUSIONS 1. No radiographic signs of pyloric outflow obstruction or gastric foreign body. 2. No radiographic signs of mechanical ileus or intestinal plication. 3. Soft tissue opaque content in the colon, compatible most likely with colitis, large bowel disease (e.g. IBD), intramural lesion (e.g. lymphoma), soft stool and/or diarrhea. The heterogeneous colonic content may represent soft stool or less likely foreign material.

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.66 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 nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. Mild pyelectasia is present measuring 0.18 cm.

The right kidney has a normal shape and size (3.98 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. Mild pyelectasia is present measuring 0.28 cm and dilation of the proximal ureter measuring 0.26 cm.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.32 cm width. 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. 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, 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. The spleen measures 0.71 cm width.

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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. 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

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 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 (0.25 cm in wall thickness) and the jejunum measured as normal (0.21 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 non-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 hypoechoic in the left limb as 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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any significant lymphadenopathy. There is scant free fluid. A prominent mesenteric lymph node is visualized measuring 0.57 cm. The omentum is diffusely mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

- Mild bilateral pyelectasia with a dilated proximal right ureter- Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic pancreatitis, particularly in the left limb.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the small intestine to explain the symptoms reported.



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Unfortunately, there are many causes for vomiting and diarrhea which cannot be definitively diagnosed by ultrasound alone. These include infectious, inflammatory, metabolic causes, etc. Consider the following:

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- If not already done, recommend empirical deworming and parasite screening.
- Recommend a panel screening for infectious causes of diarrhea.
- Recommend a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate looking for evidence of exocrine pancreatic insufficiency, small intestinal disease/cobalamin deficiency, dysbiosis, etc.
- Recommend a combination ultra-low fat/hydrolyzed protein prescription diet (Royal Canin has this). Ultimately, what's most important is that this patient gets some caloric energy. Your plan for a nasogastric tube is very good. Potentially, this could bridge to an esophagostomy tube for more chronic feeding if clinically appropriate.
- Recommend probiotic therapy.

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Based on the severity of these symptoms, additional support for this individual is very important, including hydration. Consider a urine culture due to the bilateral pyelectasia noted in addition to nutritional support. Recommend continued monitoring for progressive dilation of the right ureter.

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The left limb of the pancreas in particular is prominent, but both are visible. Findings are suggestive of pancreatic remodeling and pancreatitis. Recommend concurrent treatment for pancreatitis.

If there is no response to any of these treatments, ultimately biopsies of the GI tract may be warranted. A feeding tube may need to be placed at the time of surgery.

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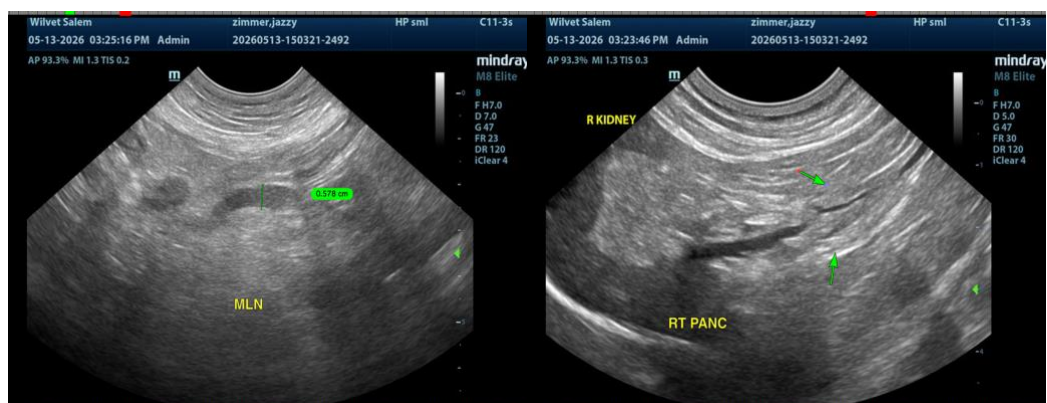
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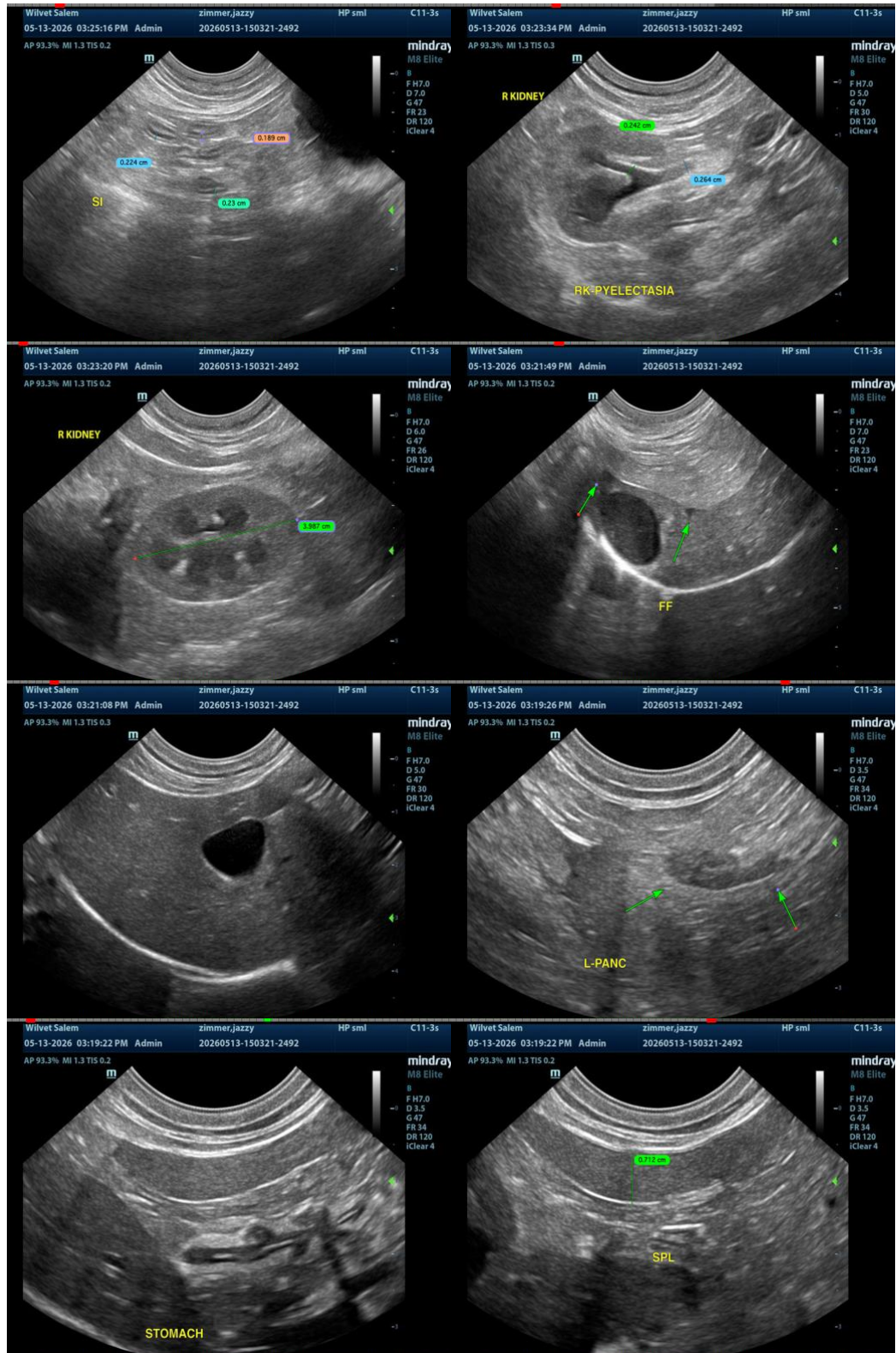
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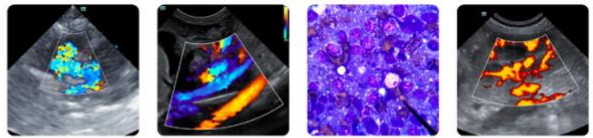
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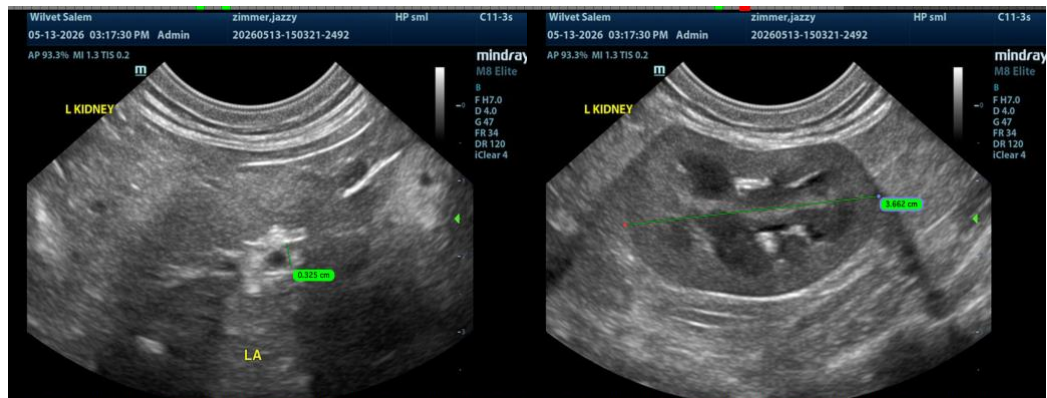
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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