

PATIENT

Smokey Moore

SPECIES

Feline

BREED

American Shorthair

SEX

FS

AGE

1 year

WEIGHT

2.78 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

Dr. Ivan
Grechanichenko

INVOICE

11954

DATE

5/13/2026

PRESENTING CLINICAL SIGNS

Diarrhea started approximately 1 week ago, initially soft stool progressing to mucus production. Steep decline began Sunday with complete anorexia, lethargy, and minimal movement. Vomiting initially, but client reports she vomits frequently due to hairballs. Producing clear to yellow-green mucus 5-6 times daily, straining to defecate. No blood noted in stool. Stopped eating and drinking Sunday, minimal food intake since. Emergency visit Sunday: received anti-nausea injection and subcutaneous fluids. Currently being syringe-fed small amounts of tuna and rice with starchy water. Previous positive *Tritrichomonas*, treated with ronidazole. Previous positive *Clostridium* antigens and toxins on fecal testing. Previous positive coronavirus on PCR panel. Acute gastroenteritis with fever

Abnormal PE/Chem/CBC/UA Results: RETIC 0.6 3.0 - 50.0 K/ μ L LOW WBC 18.25 2.87 - 17.02 K/ μ L HIGH NEU 16.56 2.30 - 10.29 K/ μ L HIGH EOS 0.09 0.17 - 1.57 K/ μ L LOW MPV 10.3 11.4 - 21.6 fL LOW GLU 167 74 - 159 mg/dL HIGH GLOB 5.2 2.8 - 5.1 g/dL HIGH ALKP < 10 14 - 111 U/L LOW LABS attached.

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 (3.67 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 (3.52 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

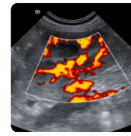
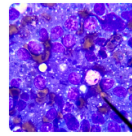
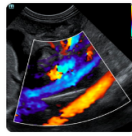
The left adrenal gland is normal in size measuring 0.39 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.27 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 (0.69 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



PATIENT

Smokey Moore

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

American Shorthair

Gastrointestinal

The stomach contains 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.

SEX

FS

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 (0.27 cm in wall thickness) and the jejunum measured as normal (0.17 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

1 year

WEIGHT

2.78 kg

The descending colon wall progressively thickens at the level of the urinary bladder. There is severe thickening with the wall measuring at 0.67 cm, and the colon measuring 1.29 cm in diameter. Wall layering is intact but diminished. Sections of colon are visualized with non-formed fecal material and gas shadowing distally.

INTERPRETED BY

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

Pancreas

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

IMAGING

PERFORMED BY

Loetitia Saint-Jacques,
LVT

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild to moderate diffuse lymphadenopathy present. Left iliac lymph node measures 0.71 cm x 1.73 cm. Mesenteric lymph nodes measure 0.29 cm, and 0.36 cm. A more significantly enlarged mesenteric lymph node is visualized measuring 0.72 cm x 1.09 cm. The omentum is diffusely hyperechoic.

HOSPITAL NAME

Incline Veterinary
Hospital

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Ivan
Grechanichenko

- Prominent hypoechoic right limb of the pancreas. Findings could be consistent with mild pancreatitis or resolving pancreatitis.
- Fluid distended stomach. No evidence of an outflow tract obstruction is visualized. Consider possible non-fasted patient or gastric ileus.
- Severely thickened distal descending colon. Findings could be consistent with severe colitis (infectious, inflammatory, etc.) Infiltrative neoplasia or FIP could be alternate differentials.
- Mesenteric lymphadenopathy. Findings are most consistent with highly reactive or early neoplastic lymph nodes.

INVOICE

11954

DATE

5/13/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Smokey Moore

SPECIES

Feline

BREED

American Shorthair

SEX

FS

AGE

1 year

WEIGHT

2.78 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

Dr. Ivan
Grechanichenko

INVOICE

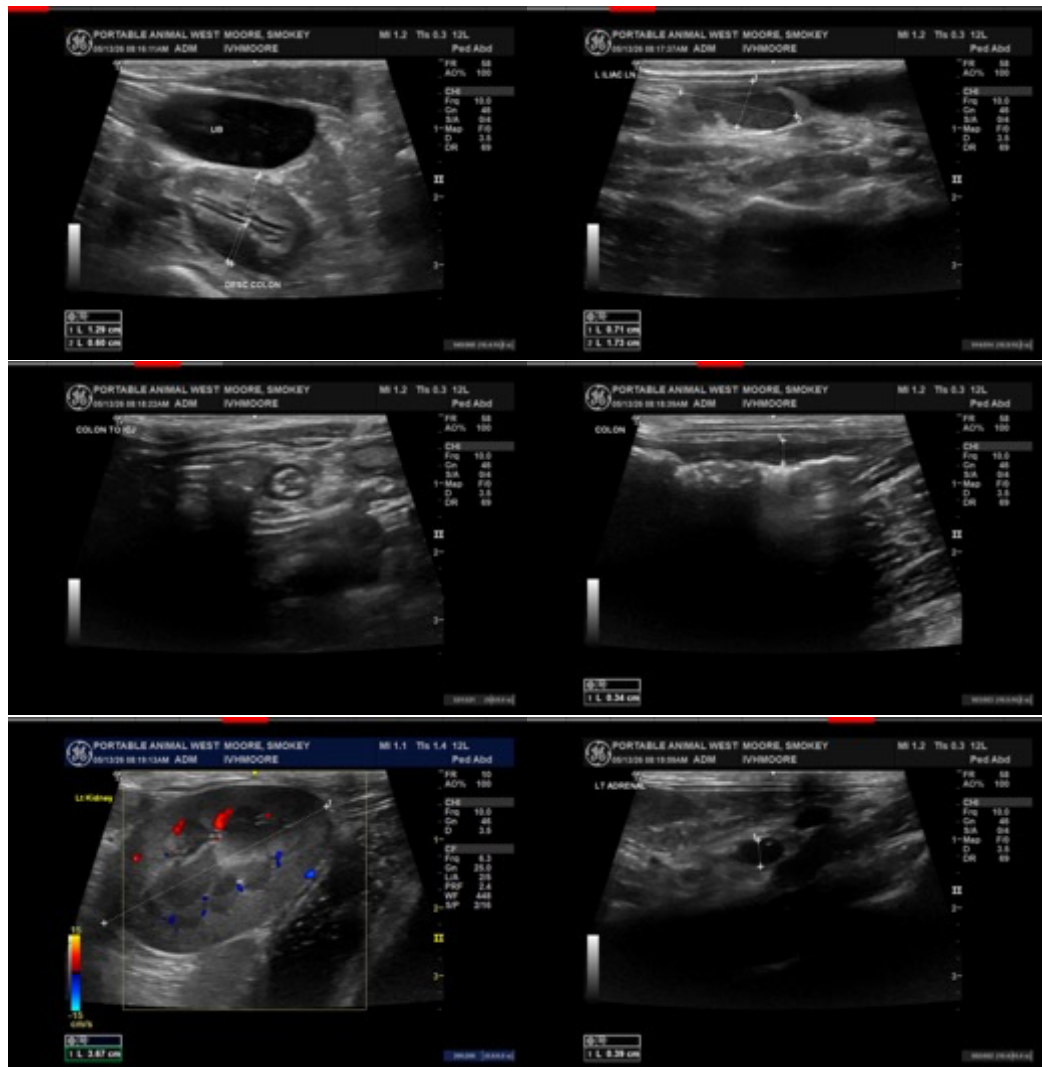
11954

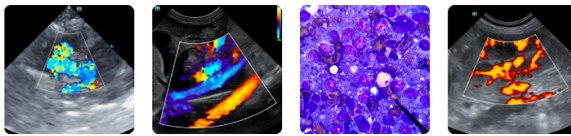
DATE

5/13/2026

The distal descending colon is severely thickened with intact but slightly diminished detailed wall layering. Findings are suggestive of severe colitis. Although early infiltrative disease cannot be ruled out.

Consider repeat screening for infectious causes of colitis. A fine needle aspirate of the colon wall may be possible with heavy sedation. Additionally, you could consider empirical treatment for dysbiosis. Consider a GI panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate to look for evidence of concurrent pancreatitis, exocrine pancreatic insufficiency, etc. Additionally, it sounds as if this patient needs significant systemic supportive care. Ultimately, if symptoms persist, biopsies of the colon (endoscopic versus surgical ?) may need to be considered. Additionally, you could consider reevaluation of the descending colon with ultrasound looking for progressive thickening/loss of layering or improvement with therapy.





PATIENT

Smokey Moore

SPECIES

Feline

BREED

American Shorthair

SEX

FS

AGE

1 year

WEIGHT

2.78 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

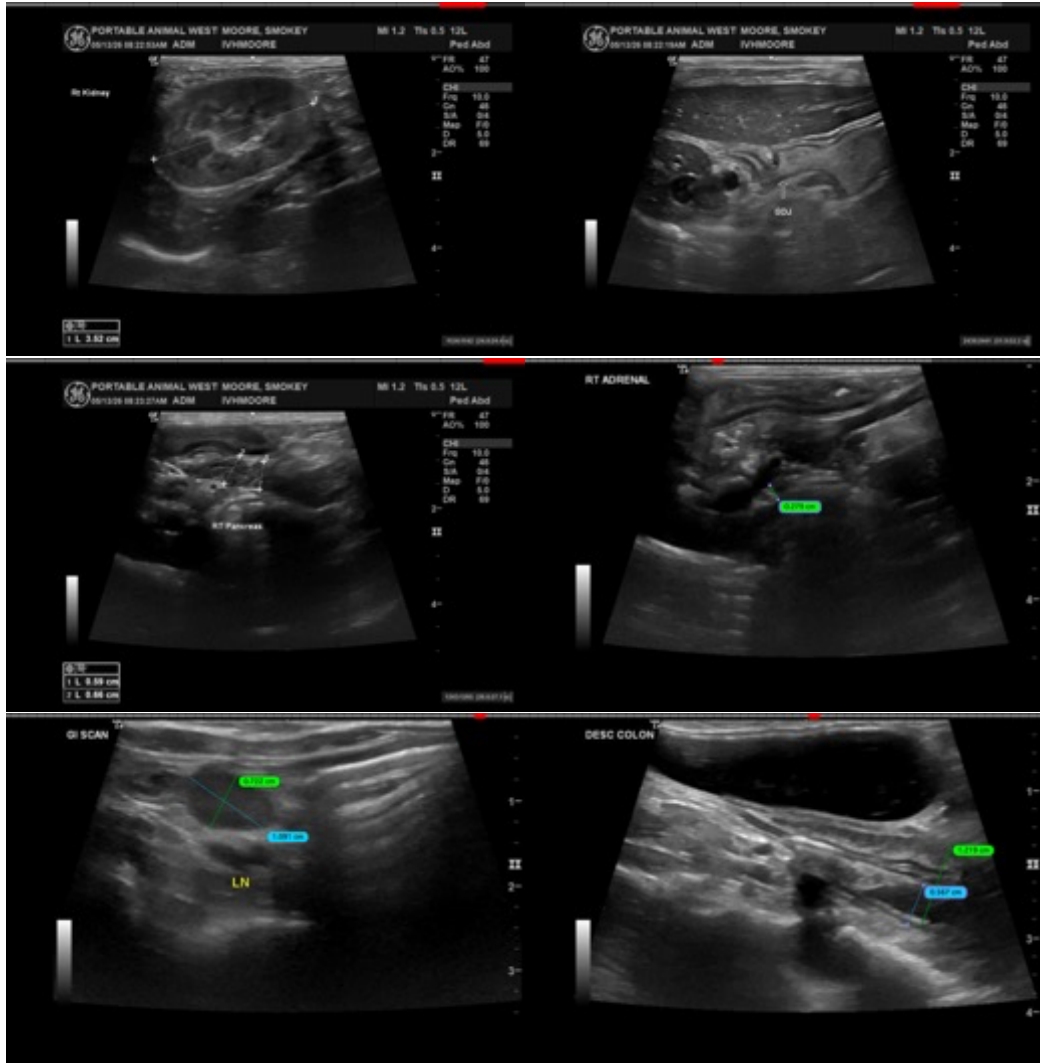
Dr. Ivan
Grechanichenko

INVOICE

11954

DATE

5/13/2026



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)

info@sonopath.com