



PATIENT

Winnie Kirchgessner

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5 years

WEIGHT

10.04 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Bette Arnold

INVOICE

11948

DATE

5/13/2026

PRESENTING CLINICAL SIGNS

Weight loss, not eating, jaundiced. Winnie has had a lack of appetite for about a month, becoming almost complete on Saturday. She is typically an avid eater. Anxiety began in November after moving in with a new cat, presenting as fur pulling, growling, howling, and hissing. She was started on amitriptyline 10 mg once daily in February, but the owner noted weight loss and decreased appetite by the end of April. After being switched from amitriptyline to gabapentin, no significant difference was noted. Blood work was normal on a return visit to Caring for Cats. She was brought back to the vet on Monday after hiding Sunday night, which is abnormal. She has been syringe-fed for the past couple of days and is keeping it down. She ate a small amount on her own yesterday and is still drinking. Retching occurred once on Monday morning. She played with a wrapper last night, the first time since the weekend.

CLINICAL SIGNS: Weightloss, not eating, jaundiced.

MEDICATIONS: Mirtazapine 100mg tube, applying small amount ½ inch to inner ear once daily.

Dispensed 5/11, P still struggling to eat as of this morning 5/13. *P was given 0.1 mL of butorphanol for sedation.

Abnormal PE/Chem/CBC/UA Results: 04/27/2026 CBC WBC 3.52 10³/uL LOW RBC 10.39 10⁶/uL HIGH MCV 37.5 pg LOW MON 0.07 10³/uL LOW EOS 0.16 10³/uL LOW CHEM Chol 74 mg/dL LOW Cl 111 mmol/L LOW 05/12/2026 CBC WBC 3.47 10³/uL LOW LYM 19.70% LOW LYM 0.68 10³/uL LOW MON 0.10 10³/uL LOW EOS 0.08 10³/uL LOW CHEM Trig 185 mg/dL HIGH SGPT (ALT) 118 U/L HIGH SGOT (AST) 68 U/L HIGH TBil 4.2 mg/dL HIGH Alk Phos 268 U/L HIGH Cl 103 mmol/L LOW Na 147 mEq/L LOW GI Panel Fel pancreatic lipase 2.9 ng/mL NORMAL.

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 (3.98 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 (4.11 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 0.32 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.



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The right adrenal gland is normal in size measuring 0.39 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 large in size, and mildly hyperechoic. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 with anechoic fluid. The wall of the gall bladder appears somewhat thickened with a smooth mucosal surface measuring at 0.35 cm. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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.

of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent, hypoechoic and mottled in both limbs. 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 revealed scant free fluid. There is no significant lymphadenopathy. The omentum is hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC 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.



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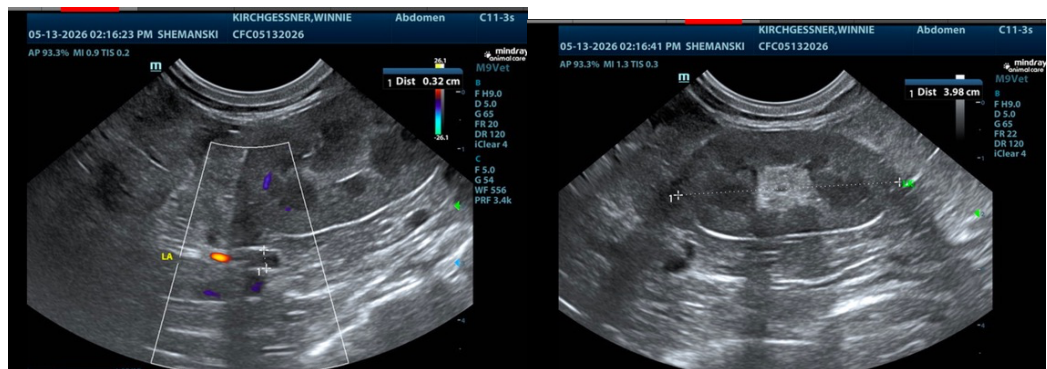
- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic active pancreatitis.
- Heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Thickened gallbladder wall. Findings could be exacerbated by lack of gallbladder distension, cholecystitis, edema, etc.
- Moderate fluid/ingesta visualized within the gastric lumen. Correlate with the most recent feeding. If the patient was adequately fasted, this could represent delayed gastric emptying or less likely an unseen outflow tract obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is borderline large and mildly heterogenous and hyperechoic as compared to the spleen. Additionally, the gallbladder wall appears somewhat thickened with minimal intraluminal debris. Significance is questionable. Consider the possibility of cholangiohepatitis or a primary hepatopathy with gallbladder edema/lack of distension. Recommend a fine needle aspirate of the liver (provided coagulation parameters are normal) to further evaluate for possibly inflammatory, neoplastic, or early lipidomic disease. Once samples are obtained, recommend empirical therapy with ursodiol, denamarin, antibiotics, supportive care, and continued force feedings (if maintenance caloric requirements cannot be met than consider an esophagostomy tube.)

The pancreas appears prominent and mottled. Correlate with a PLI level and consider concurrent treatment for pancreatitis.

If the patient is not responding to therapy. Consider repeat imaging in the future to reassess the changes observed on today's exam.





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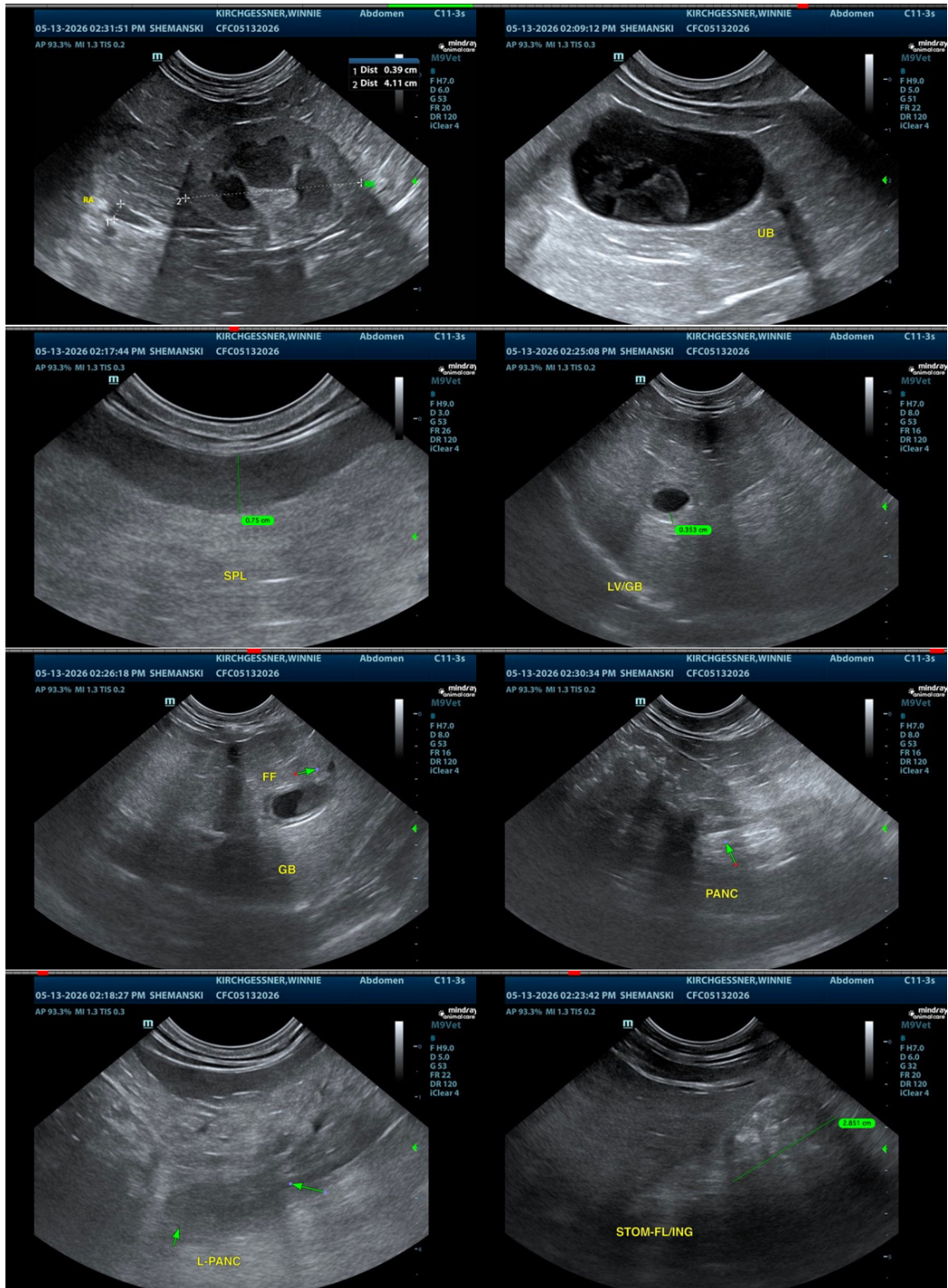
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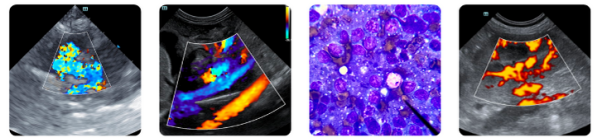
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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

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