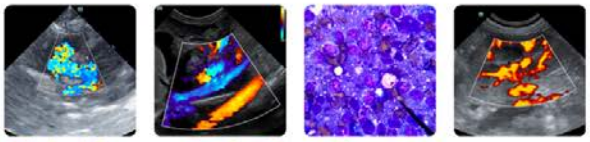




**PATIENT**

Mr. Babs Gertz

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

12 Years 10 Months

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jillian Firsich, RDMS, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Larua Besecke, DVM

**INVOICE**

75174

**DATE**

5/14/26

## PRESENTING CLINICAL SIGNS

Not acting right. Seems to still be social and eating ok but has been just lying over his water bowl. Seems to have normal BMs.

Abnormal PE/Chem/CBC/UA Results: Mucous membrane icteric and orbit very slightly sunken. H - grade III SM. Abdom palp - firm mass palpated in ventrocranial abdomen Lateral/VD cat = loss of serosal detail cranial abdomen with all contents of abdomen being pushed caudally PHS - TTO (12:49pm) - HCT 26.6%, non-regenerative. Total bilirubin (as well as conjugated and unconjugated) increased by 4x. SDMA 32, Creat 2.1, BUN 55 - r/o pre-renal vs renal azotemia.

## 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 (3.94 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 (4.13 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 0.29 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.

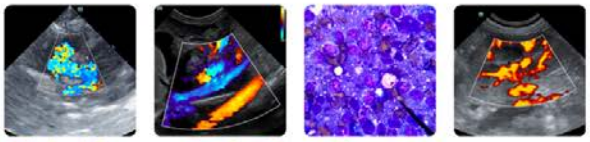
The right adrenal gland is normal in size measuring 0.30 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *Spleen*

The spleen is large, hypoechoic and rounded, measuring 1.22 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

### *Liver*

The liver is large, hyperechoic and rounded with swollen contours. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. When visualized with the high frequency probe the parenchyma appears to almost have a reticulated type pattern. A poorly defined hypoechoic nodule is visualized in the mid right region of the liver measuring 1.57 cm x 0.58 cm.



**PATIENT**

Mr. Babs Gertz

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

12 Years 10 Months

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jillian Firsich, RDMS, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Larua Besecke, DVM

**INVOICE**

75174

**DATE**

5/14/26

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*

The stomach contains minimal luminal contents. 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.

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. Duodenum wall measures 0.28 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. There is no observed focal or generalized colon wall thickening or loss of layering.

### *Pancreas*

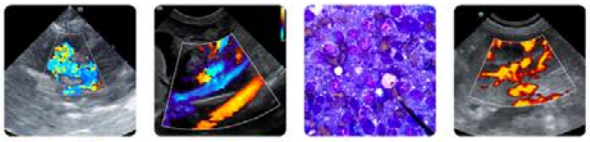
The pancreas is hypoechoic, prominent and mottled in both limbs. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### *Free Abdomen*

There is a small to moderate amount of anechoic free fluid. There are occasional prominent mesenteric lymph nodes. Lymph nodes at the ileocecal junction measure 0.29 cm and 0.32 cm in diameter. A sublumbar lymph node measures 0.26 cm. The omentum is mildly diffusely hyperechoic.

### PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Large, hypoechoic, rounded spleen – Possible differentials could include congestion, lymphoid hyperplasia, splenitis, infiltrative neoplasia, etc.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, heterogeneous, hyperechoic, rounded liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Occasional ill-defined hypoechoic nodules visualized associated with the liver – These are poorly defined. The nature of these nodules is uncertain and could represent a benign or neoplastic process (regenerative nodules, focal inflammation, adenoma, carcinoma, etc.).





**PATIENT**

Mr. Babs Gertz

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

12 Years 10 Months

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jillian Firsich, RDMS, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Larua Besecke, DVM

**INVOICE**

75174

**DATE**

5/14/26

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

- Mildly diffusely thickened small intestine with 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.

- Free abdominal fluid and occasional prominent mesenteric lymph nodes – The lymph nodes have an appearance most consistent with highly reactive lymph nodes, although an underlying neoplastic process cannot be ruled out. Recommend fluid analysis and cytology on the free fluid observed.

## SECONDARY 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.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is significantly enlarged and rounded with a hyperechoic, heterogeneous parenchyma that almost appears somewhat reticulated when viewed with the high frequency probe. A primary hepatopathy is strongly suspected. Recommend a fine needle aspirate of the liver (provided coagulation parameters are normal) to look for evidence of lipidosis, round cell neoplasia, etc. Recommend empirical therapy for hepatic lipidosis (supportive care, feeding support, etc.) while awaiting cytology results. If cytology of the liver and other locations is not diagnostic, ultimately biopsies of the liver may be warranted with samples for histopathology and cultures.

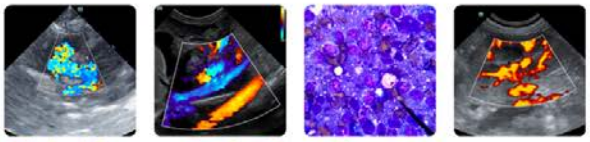
The spleen is large, hypoechoic and rounded. Recommend a fine needle aspirate to further assess.

Both kidneys have changes consistent with chronic age related renal change. Correlate with urinalysis, culture and blood pressure evaluation.

The pancreas is prominent and mottled. Correlate with a PLI level, looking for evidence of chronic pancreatitis. Additionally, the small intestine appears somewhat thickened, most consistent with inflammatory type change, although early neoplastic change cannot be ruled out. The combination of liver, pancreatic and GI changes could be indicative of early Triaditis, but multicentric round cell neoplasia can have a very similar presentation. If gastrointestinal symptoms are more pronounced over time, ultimately biopsies of the GI tract may be warranted.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

**PATIENT**

Mr. Babs Gertz

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

12 Years 10 Months

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jillian Firsich, RDMS, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

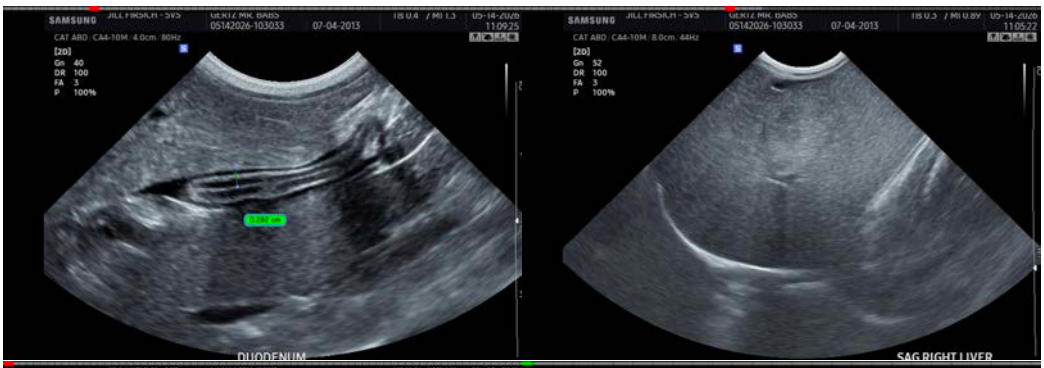
Larua Besecke, DVM

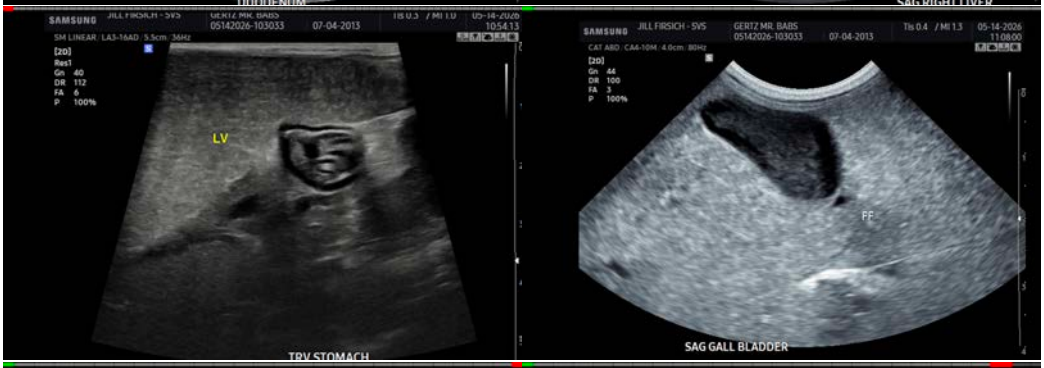
**INVOICE**

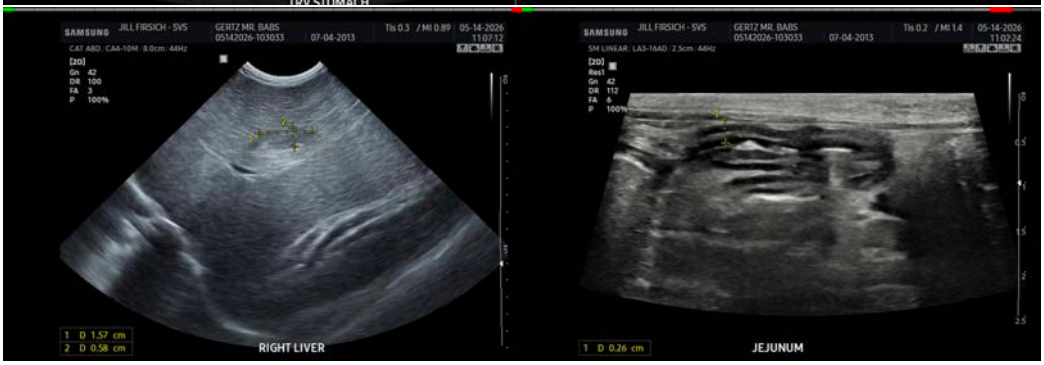
75174

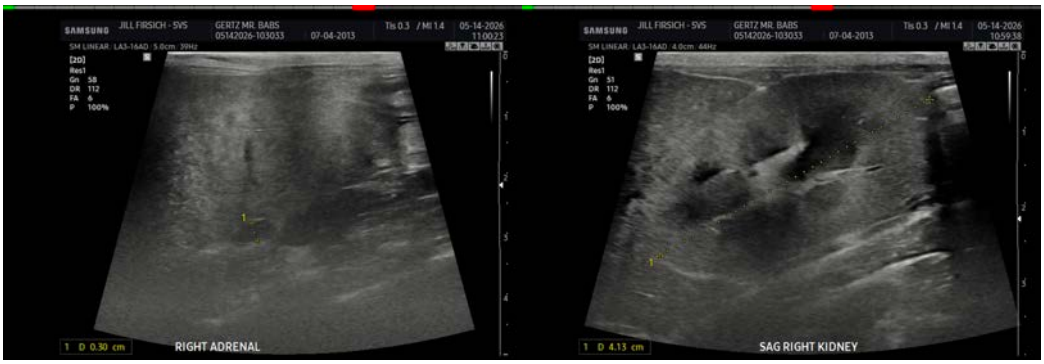
**DATE**

5/14/26



**PATIENT**

Mr. Babs Gertz

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

12 Years 10 Months

**WEIGHT**

10 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jillian Firsich, RDMS, LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

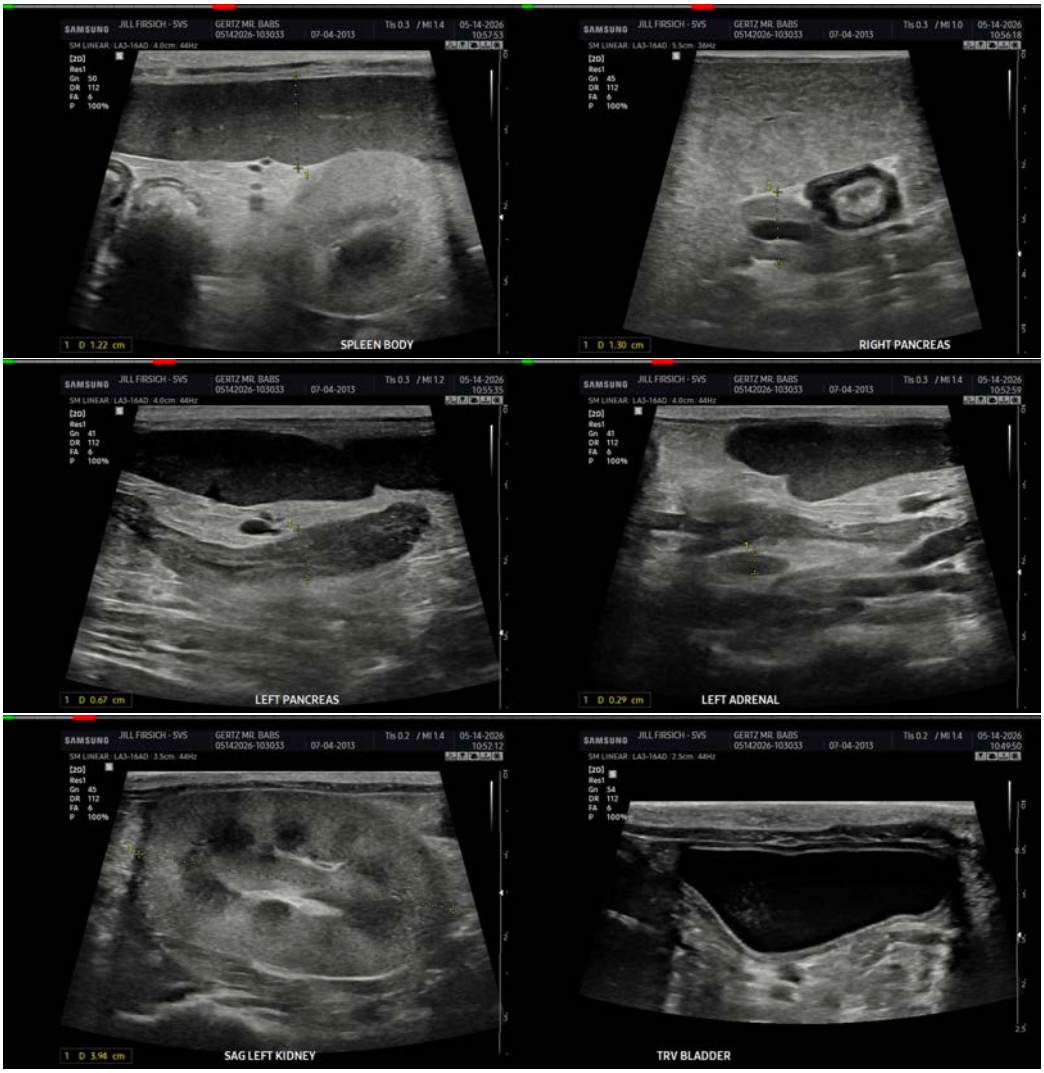
Larua Besecke, DVM

**INVOICE**

75174

**DATE**

5/14/26




**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