



PATIENT

Pip White

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

20 Months

WEIGHT

9.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Hartman,
DVM

HOSPITAL NAME

White Hall Animal
Clinic

REFERRING VET

Amanda Hartman,
DVM

INVOICE

75281

DATE

5/20/26

PRESENTING CLINICAL SIGNS

Problem List: Intermittent vomiting - r/o inflammatory bowel disease, food hypersensitivity, pancreatitis, intestinal lymphoma, gastric foreign body. Anorexia - r/o secondary to GI disease, pancreatitis, systemic illness. Behavioral changes (hiding, anxiety) - r/o pain, nausea, systemic illness. Ileus (ultrasound finding) - r/o inflammatory bowel disease, pancreatitis, intestinal obstruction, neoplasia. Thickened stomach and intestinal walls (ultrasound finding) - r/o inflammatory bowel disease, alimentary lymphoma, chronic gastroenteritis. Enlarged mesenteric lymph nodes (ultrasound finding) - r/o inflammatory bowel disease, lymphoma, infectious disease.

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 (3.04 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 (4.16 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 0.37 cm at the cranial pole and 0.30 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.91 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, the portal vein is prominent but the PV:VC ratio appears normal. No focal nodules or cystic lesions are observed.



PATIENT

Pip White

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.

SPECIES

Feline

Gastrointestinal

The stomach contains mild 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.

BREED

DSH

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.20 cm.

SEX

Neutered Male

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

20 Months

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.

WEIGHT

9.7 lbs

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

INTERPRETED BY

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

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent isoechoic mesenteric lymph nodes. An example measures 0.32 cm. Lymph nodes at the ileocecal junction measure 0.26 cm and 0.32 cm. A large prominent lymph node in the cranial abdomen measures 0.56 cm x 0.80 cm. The omentum is of normal echogenicity/slightly reactive in the cranial abdomen.

IMAGING PERFORMED BY

Amanda Hartman,
DVM

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes consistent with pancreatic remodeling/mild pancreatitis in both limbs.
- Mild fluid distention of the stomach. No focal lesions were visualized. Mild ileus is suspected.
- Mildly "ropey"/prominent small intestine – findings could be consistent with mild inflammation/enteritis.
- Mild reactive lymphadenopathy.

HOSPITAL NAME

White Hall Animal
Clinic

REFERRING VET

Amanda Hartman,
DVM

INVOICE

75281

DATE

5/20/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears prominent and mottled in both limbs with some mild reactive mesentery in the region most consistent with mild pancreatitis. No focal lesions were visualized associated with the GI tract. In some areas the small intestine appears slightly "ropey", possibly consistent with mild inflammatory enteritis type change, and there are occasional prominent/typically isoechoic lymph nodes possibly consistent with a reactive lymphadenopathy. Recommend empirical treatment for gastroenteritis/pancreatitis. If this has been a more chronic process, then consider the following:



PATIENT

Pip White

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

20 Months

WEIGHT

9.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Hartman,
DVM

HOSPITAL NAME

White Hall Animal
Clinic

REFERRING VET

Amanda Hartman,
DVM

INVOICE

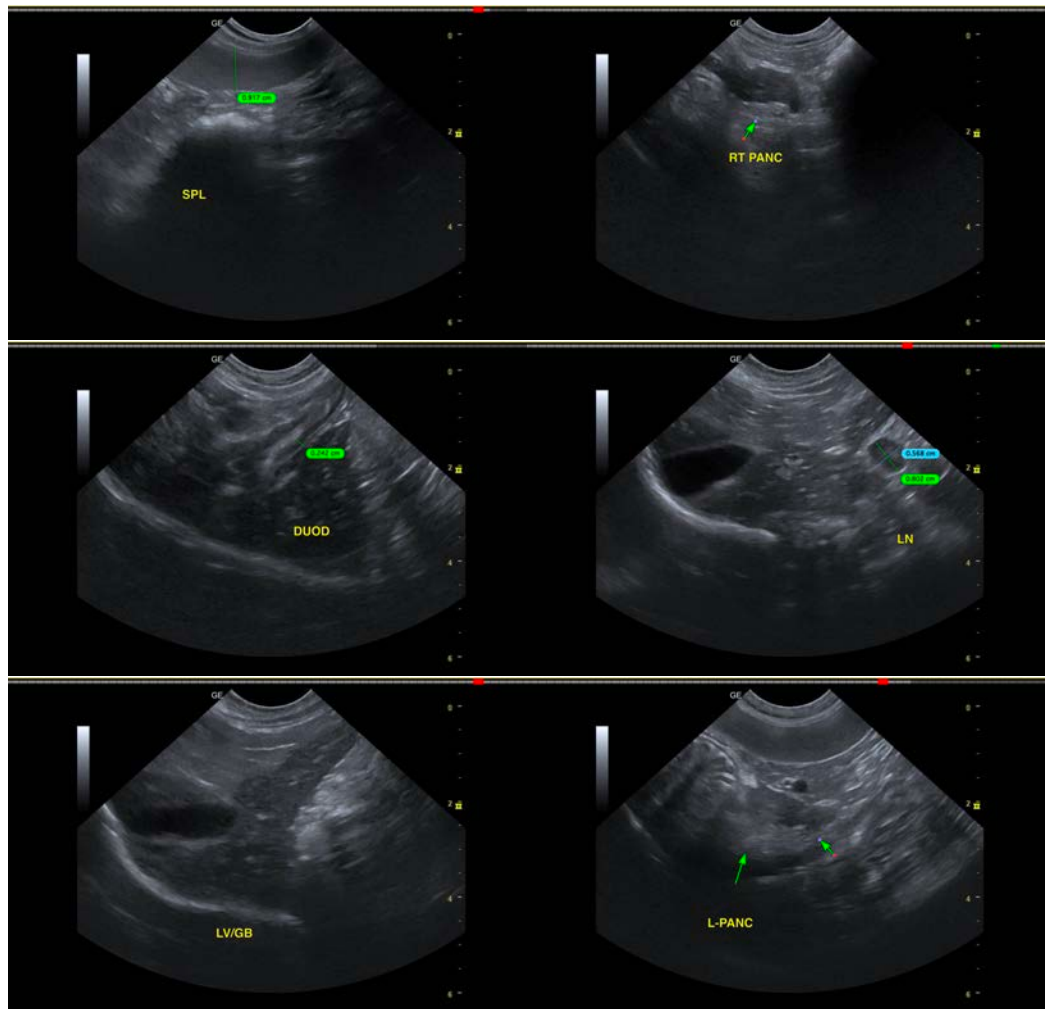
75281

DATE

5/20/26

- 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 not already done, recommend full CBC, biochemical profile, urinalysis, and potentially pre- and post-prandial bile acids if any concern for liver dysfunction exists.

If symptoms are persistent, consider repeat imaging, looking for the development of any new lesions or the progression of lesions observed on today's scan. Ultimately, surgical biopsies of the GI tract may be warranted if empirical therapy is not resulting in improvement.





PATIENT

Pip White

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

20 Months

WEIGHT

9.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Hartman,
DVM

HOSPITAL NAME

White Hall Animal
Clinic

REFERRING VET

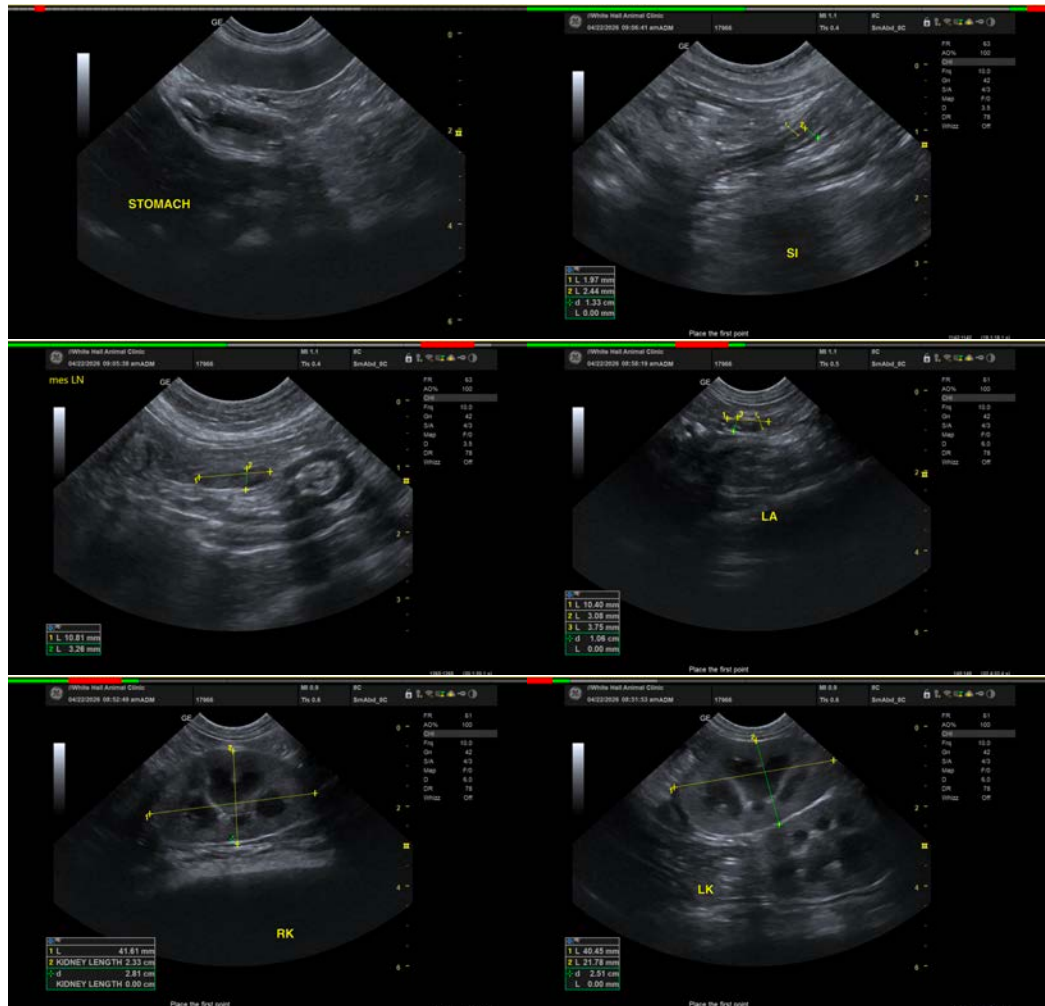
Amanda Hartman,
DVM

INVOICE

75281

DATE

5/20/26



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