



**PATIENT**

Oliver McKinlay

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

5 Years 7 Months

**WEIGHT**

12 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Clinic Madison  
Mayodan

**REFERRING VET**

Dr. McKinlay

**INVOICE**

75427

**DATE**

5/26/26

**PRESENTING CLINICAL SIGNS**

P presented for vomiting, not eating, and lethargy. Owner was at the beach and noticed on cat camera that pet was not eating and not using the bathroom. Treated with SQF and Cerenia.

**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 (3.87 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 (4.0 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 0.35 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 0.43 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**

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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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***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.

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. Duodenum wall measures 0.20 cm. Jejunum wall measures 0.18 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 (particularly the right limb) 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 moderate pancreatitis.

***Free Abdomen***

There is scant free fluid in the cranial abdomen. No evidence of a diffuse lymphadenopathy. A prominent sublumbar lymph node is visualized measuring 0.53 cm x 1.13 cm. The omentum is hyperechoic and reactive in the cranial abdomen in the region of the right limb of the pancreas and stomach.

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatic changes consistent with moderate pancreatitis with significant cranial abdominal inflammation and scant free fluid.
- Prominent sublumbar lymph node – Findings are most consistent with reactive lymph node. Recommend continued monitoring.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is significant inflammation in the cranial abdomen. This is particularly predominant in the right cranial abdomen where the pancreas is large and hypoechoic, most consistent with moderate pancreatitis. Recommend aggressive treatment for pancreatitis and close continued monitoring. If the patient is not responding as would be expected, recommend repeat imaging, looking for progression of today's changes or potentially the development of new lesions, as a small focal gastrointestinal lesion cannot be definitively ruled out.



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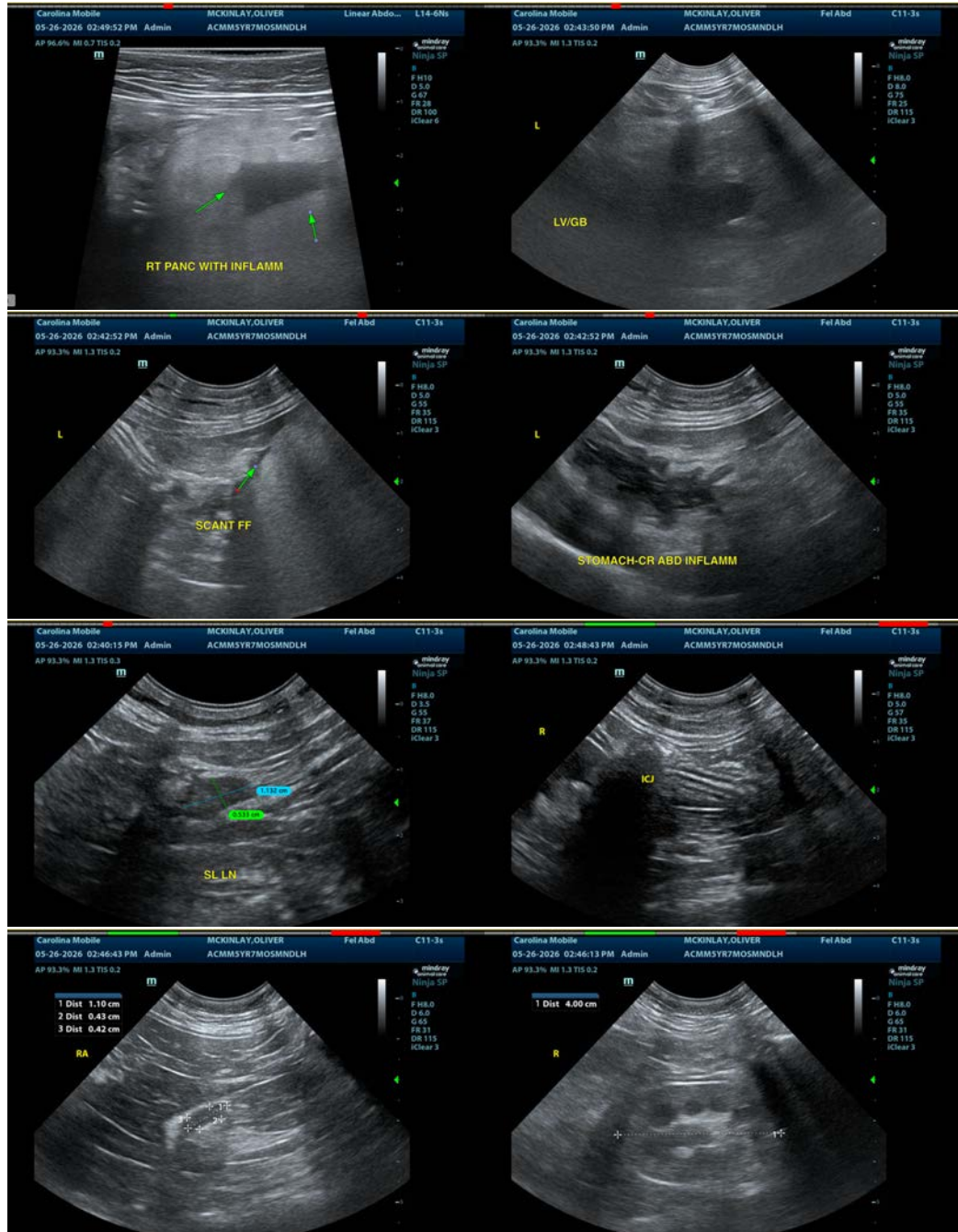
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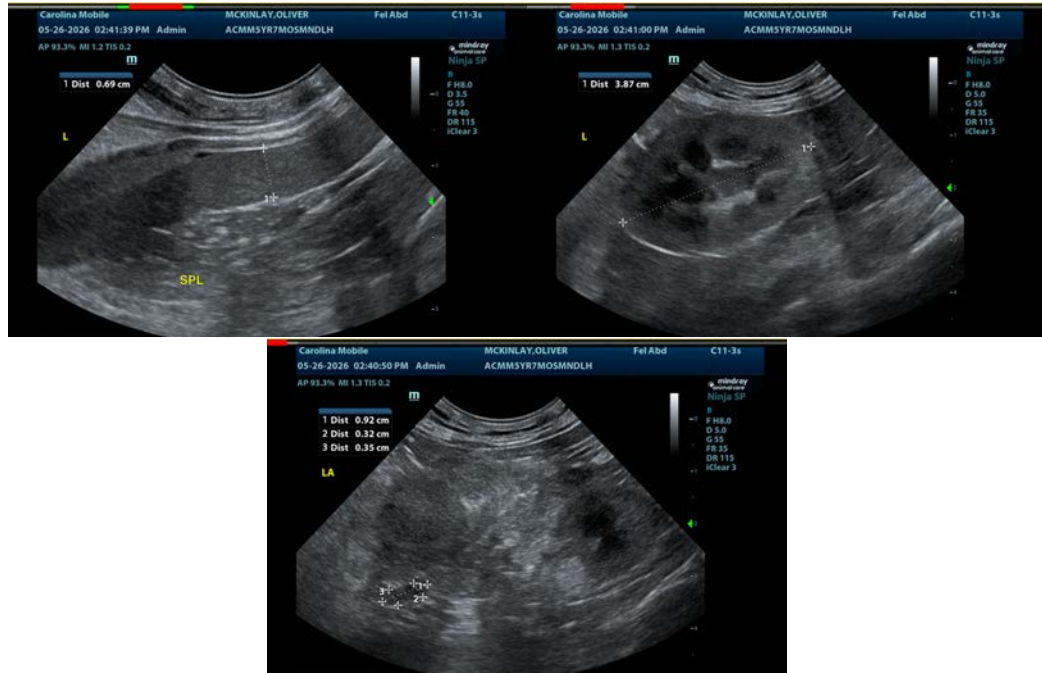
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com