



PATIENT

PRESENTING CLINICAL SIGNS

History: Hiding, seems painful to the touch, did get outside for a whole night.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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 2.0 cm) 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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.45 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

1

The right kidney has a normal shape and size (3.44 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

10.4

Adrenal Glands

INTERPRETED BY

Kathleen A. Sennello
DVM, MS, DACVIM
(SAIM)

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.

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.

IMAGING PERFORMED BY

Jenn

Spleen

The spleen is borderline plump and slightly irregular in size (1.29 cm in width at the level of the hilus). The blood flow through the hilus and splenic parenchyma appears normal. There is an irregular "S curve" visualized associated with the spleen with no focal lesions observed.

HOSPITAL NAME

Rockaway AH

Liver

REFERRING VET

Dr. Maniar

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

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37226

Gastrointestinal

DATE

5/27/26

The stomach contains moderate gas and small shadowing material. It measures at a normal thickness of <0.7 cm 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. Shadowing ingesta interferes with full evaluation of the stomach in some views.



PATIENT

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

SPECIES

Feline

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.

BREED

Pancreas

DSH

The pancreas is visible/mildly mottled in the left limb compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

SEX

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Free Abdomen

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- 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.
- Borderline plump spleen with an irregular shape- The irregular shape likely represents an anatomic variant. Size could be normal for this large cat. Other differentials could include congestion, splenitis, lymphoid hyperplasia, or less likely neoplastic infiltration.
- Pancreatic changes could be consistent with resolving pancreatitis or mild chronic pancreatitis.
- Shadowing ingesta/gas visualized within the gastric lumen. Correlate with the feeding/drinking history and radiographs. An obstruction is not strongly suspected.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive source of the pain reported is not clearly identified. The pancreas is visible in the left limb. Correlate with a quantitative PLI level. If this is significantly elevated, mild pancreatitis could be present. Additionally, there is some gas and shadowing ingesta visualized within the stomach. Correlate with abdominal radiographs. This could represent aerophagia/vocalization, or potentially ingested foreign material. An obstruction is not likely at this time.

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There's mild echogenic debris in the urinary bladder. Correlate with urinalysis.

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The spleen is subjectively large and slightly irregular in shape. This could represent an anatomic variant. If symptoms are persistent, re-evaluation could be considered and a fine needle aspirate of the spleen could be considered.



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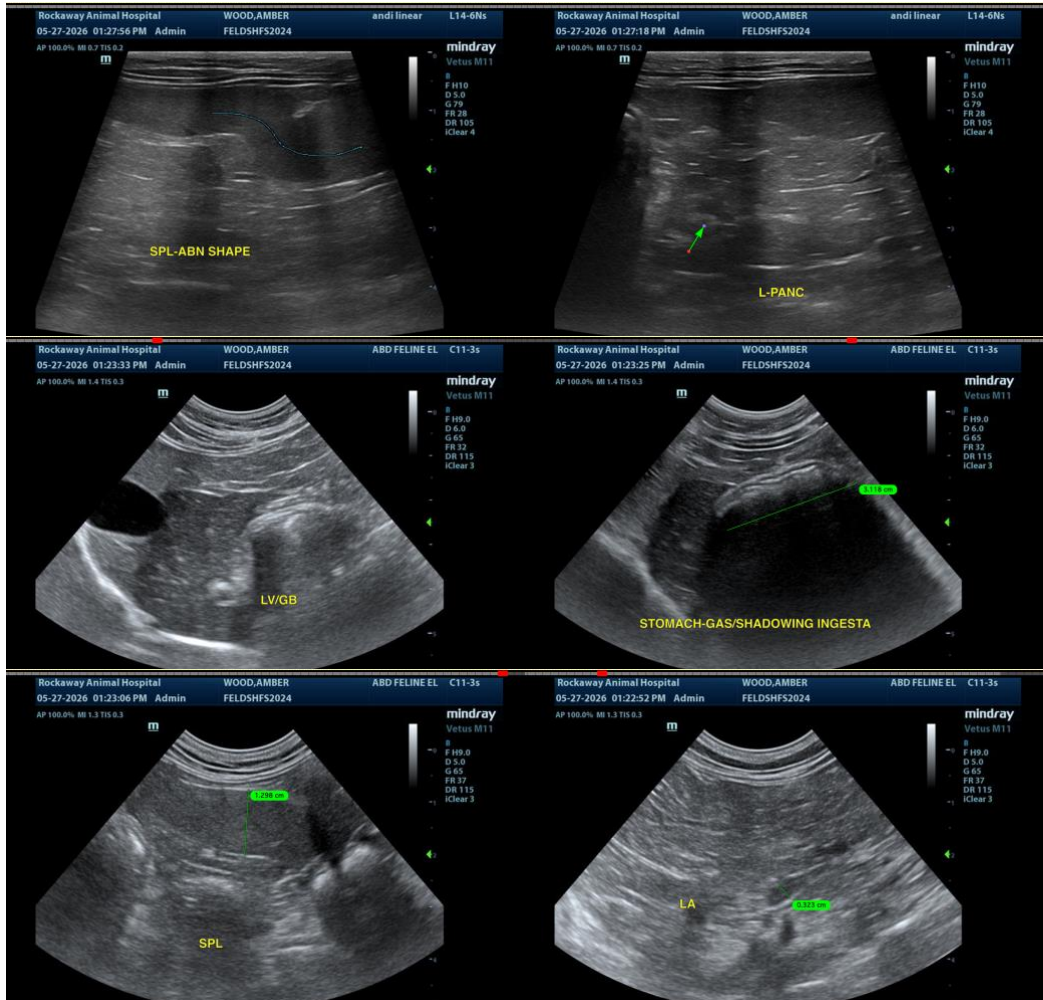
Dr. Maniar

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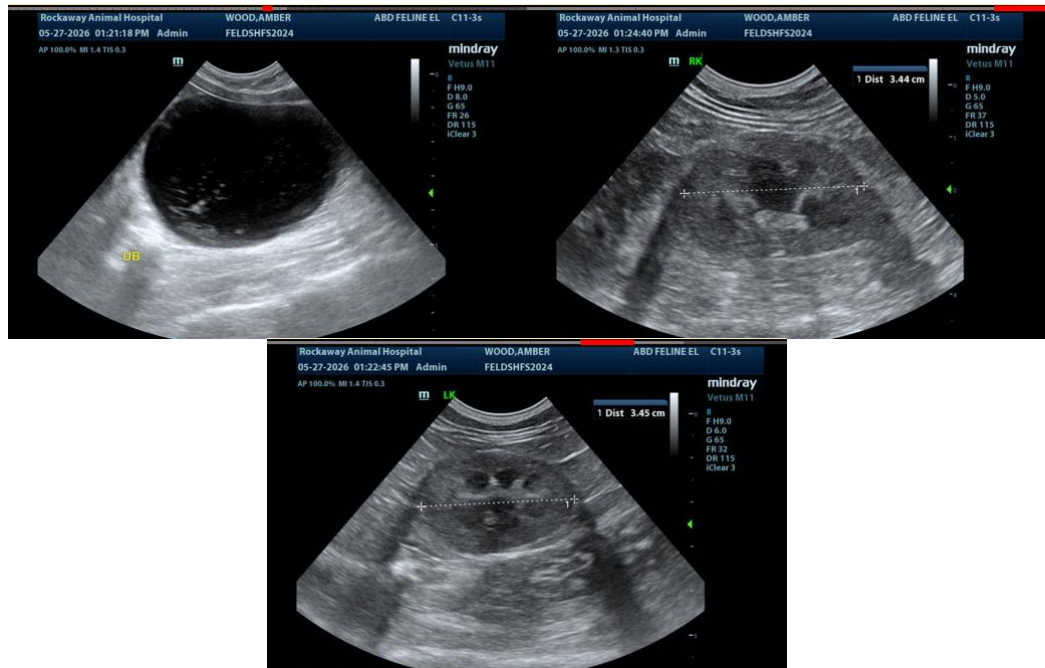
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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