



PATIENT

Bandit Warren

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Years 2 Months

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Forest Oaks Animal
Hospital

REFERRING VET

Dr. Kleisch

INVOICE

75509

DATE

5/28/26

PRESENTING CLINICAL SIGNS

P presented for US due to slow weight loss. P previously 15.8# in 2023 now 9.2#. No change in diet, bloodwork unremarkable except for NA 169, T4 1.9, occasional vomiting,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. There is a large amount of suspended and dependent echogenic debris visualized in the urinary bladder. The bladder wall appears of normal thickness with a smooth mucosal surface. The region of the trigone, ureteral papilla and proximal urethra appear free of any masses or calculi.

The left kidney has a normal shape and size (3.91 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 (4.09 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.

The right adrenal gland is normal in size measuring 0.35 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.

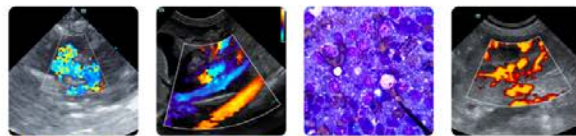
Spleen

The spleen is subjectively normal in size (0.77 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 hyperechoic and slightly prominent but not thickened, measuring at 0.11 cm. Luminal contents are mild and likely incidental at this time. The cystic duct appears somewhat prominent, measuring at 0.31 cm.



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Gastrointestinal

The stomach contains moderate shadowing ingesta and 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. Correlate with feeding history. Shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 body and left limb of the pancreas is prominent and hypoechoic as 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.

Free Abdomen

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.

ULTRASONOGRAPHIC FINDINGS

- Moderate suspended and dependent echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Prominent/dilated cystic and proximal bile duct – The significance of this finding in the absence of liver enzyme elevations is uncertain.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. A definitive cause for the weight loss reported is not identified.

There is a moderate amount of suspended echogenic debris in the urinary bladder. Correlate with a urinalysis +/- culture to further evaluate.

The pancreas is prominent in the left limb and the body. Correlate with a quantitative PLI level to further assess for active pancreatic inflammation.

No significant changes were visualized associated with the GI tract, although a small unseen focal lesion cannot be ruled out. Consider further evaluation for a possible primary enteropathy with a GI panel to



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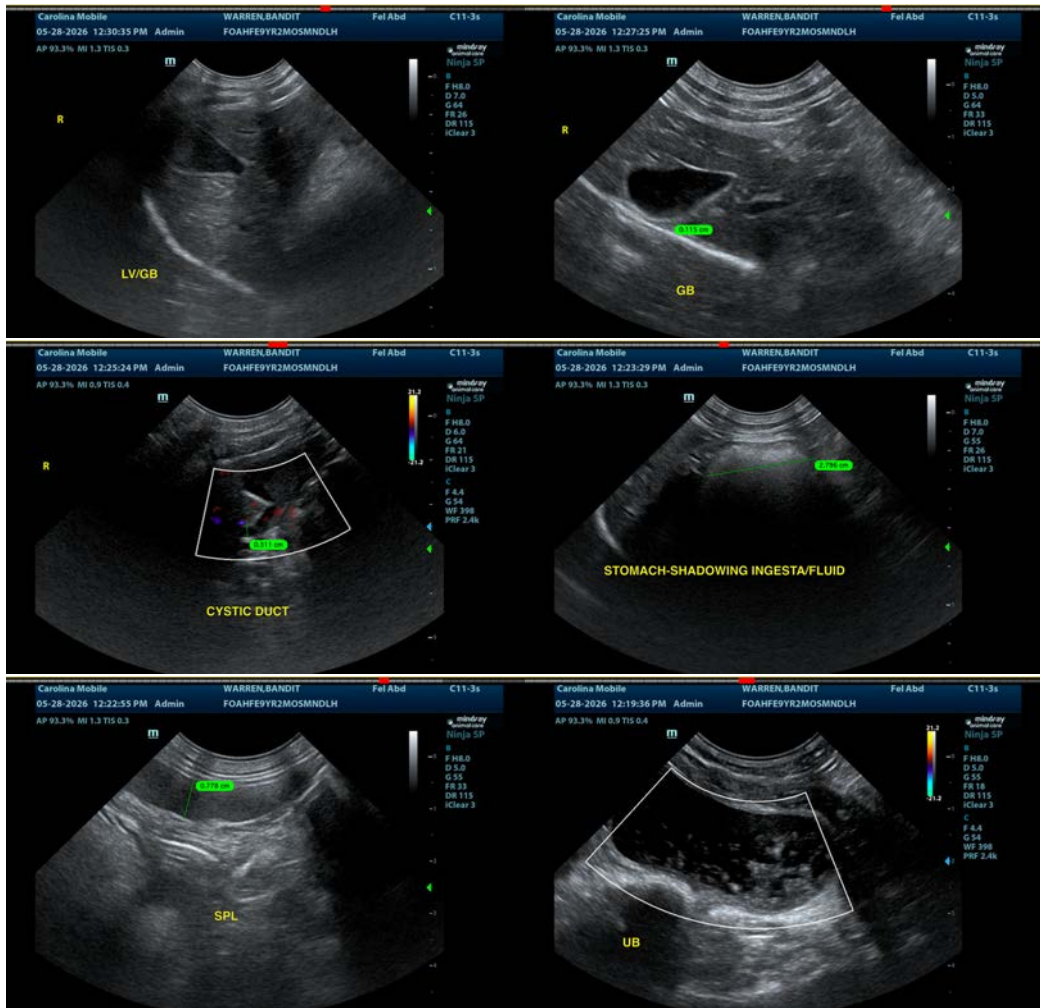
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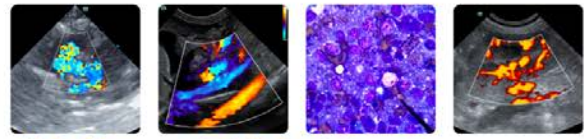
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Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. If there is additional evidence of significant small intestinal disease, further workup may be warranted.

The proximal bile duct/cystic duct appears somewhat prominent and dilated with no evidence of inflammation, wall thickening, etc. At this time this could be an incidental finding. Continued monitoring is warranted.

Consider sedation for subsequent imaging and a more prolonged fast to allow for further evaluation of the stomach.





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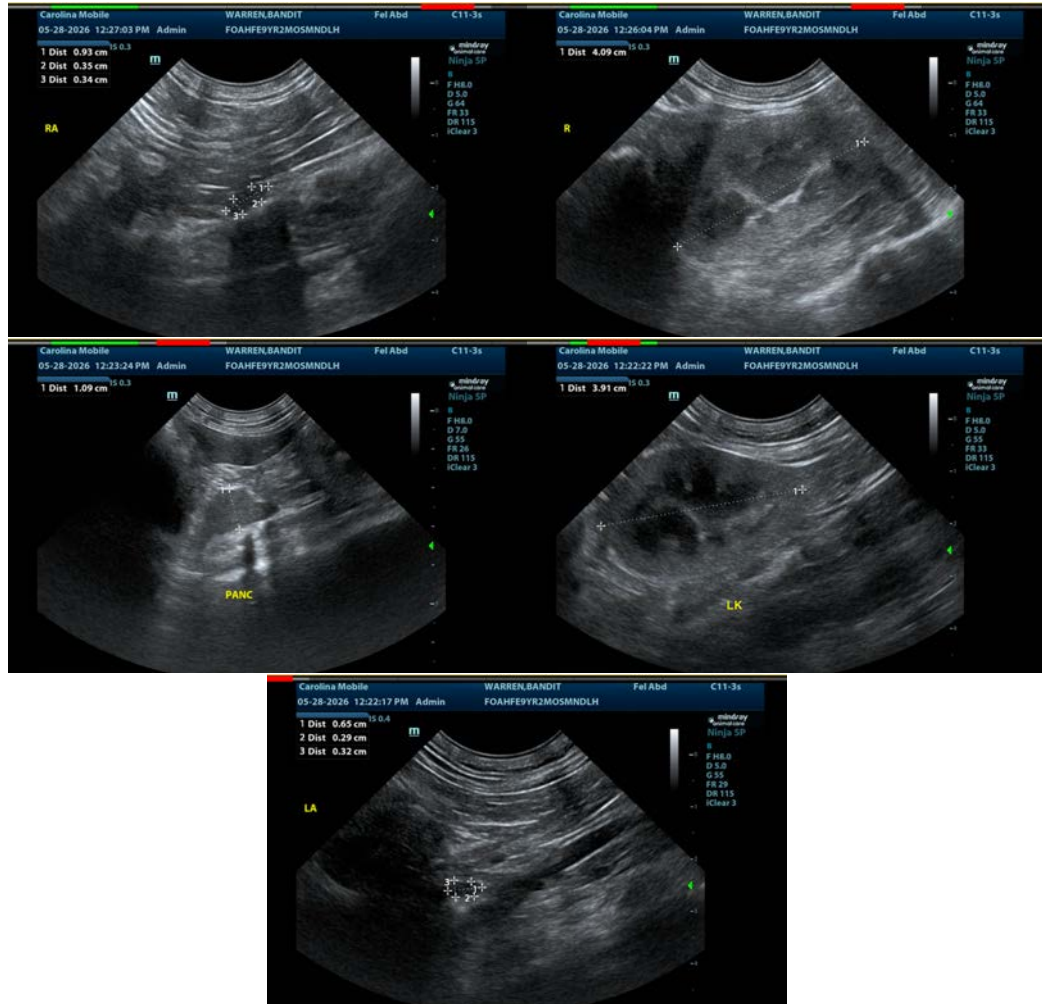
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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