

PATIENT

Max Pasetta

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

14 years

WEIGHT

7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Best Friends Animal
Clinic

REFERRING VET

Dr. Phobebe Weaver

INVOICE

12023

DATE

5/28/2026

PRESENTING CLINICAL SIGNS

Max, a 14 yo MN DLH, presented one week ago for constipation and ADR. Labs performed showed mild neutropenia (1700), elevated cystatin B (152), and elevated AST (80) and ALP (86). T4 9.1. He is on thyroid meds but uncontrolled right now.

Enema performed to relieve constipation, after this Max improved about 60% per owner.

Recommended abdominal u/s due to elevated AST and ALP and overall ADR.

Max does have a heart murmur. Methimazole 2.5mg BID. Max also has a grade III heart murmur. B-lines seen on AUS/thoracic quick check- Chest RADS done-abnormal thoracic changes and sent for radiologist review.

Abnormal PE/Chem/CBC/UA Results: Mild neutropenia (1700), elevated cystatin B (152), and elevated AST (80) and ALP (86). T4 9.1.

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 (3.34 cm). The cortex is of increased echogenicity 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 (4.34 cm). The cortex is of increased echogenicity with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There are subtle infarcts noted. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 0.44 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 borderline large in size (1.14 cm in width at the level of the hilus) and slightly scalloped, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an ill-defined hyperechoic lesion visualized within the parenchyma most consistent with a benign myelolipoma measuring 1.46 cm. Continued monitoring is warranted.

Liver



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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.

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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

DLH

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.

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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. The jejunum measured 0.2 cm in diameter. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The pancreas is prominent and mottled in both limbs (right greater than left). There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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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.

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Other

Ringdown artifact is visualized at the level of the diaphragm.

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ULTRASONOGRAPHIC FINDINGS

- Hyperechoic kidneys with evidence of previous renal infarcts. Findings are most consistent with age related renal changes.
- Borderline line, slightly scalloped spleen. Possible differentials include anatomic variation, congestion, splenitis, lymphoid hyperplasia, or round cell neoplasia.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Prominent/ropey small intestine with some areas exhibiting 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.

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- Ringdown artifact visualized at the level of the diaphragm. Findings are most consistent with pulmonary parenchymal disease. Correlate with thoracic radiographs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed are relatively mild and somewhat non-specific. Both kidneys have changes most consistent with age related renal disease. Correlate with a urinalysis +/- culture and a blood pressure evaluation.

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The spleen appears borderline large and scalloped. The significance of this is uncertain. Options include continued monitoring or a fine needle aspirate.

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The small intestine appears mildly ropey with some areas exhibiting a prominent muscularis layer. In the absence of gastrointestinal symptoms, the significance of this is uncertain. Recommend continued monitoring.

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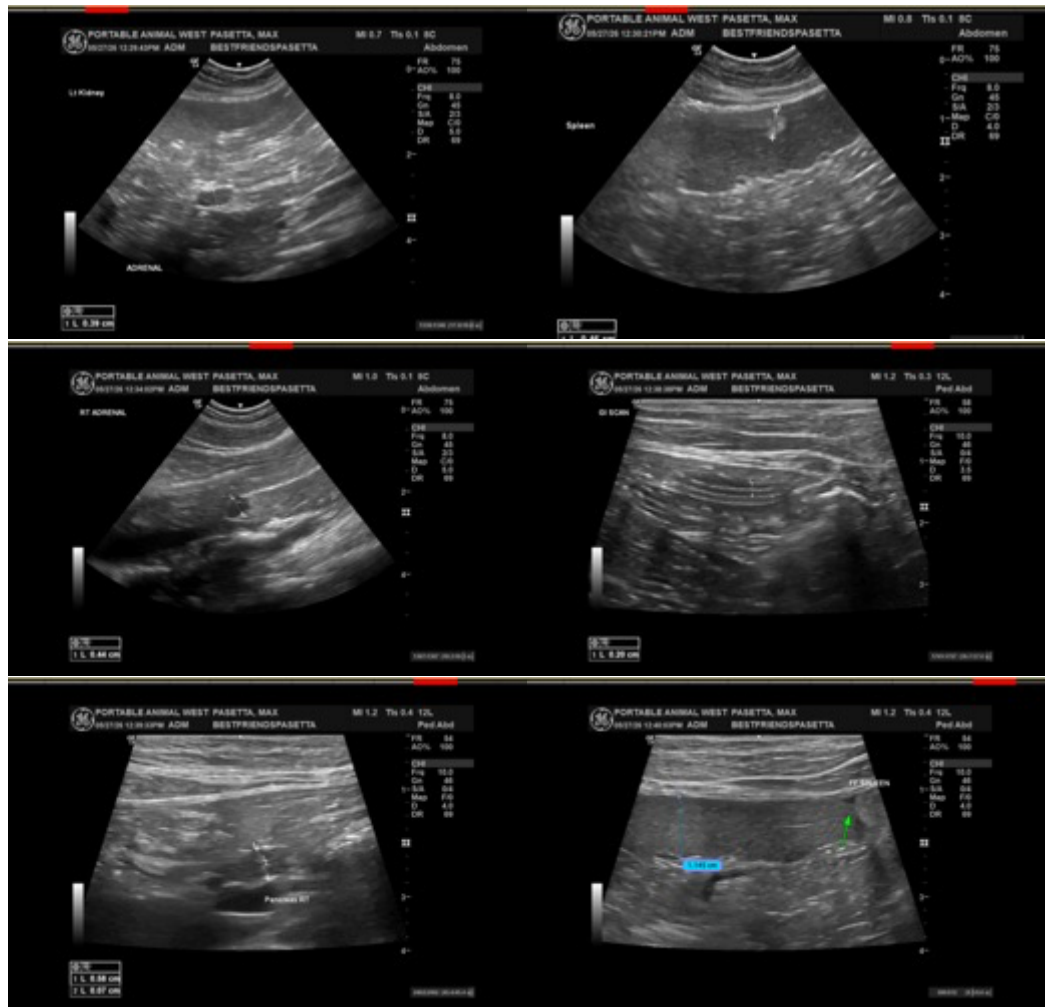
Recommend further workup for underlying pulmonary disease. Consider screening for toxoplasmosis.

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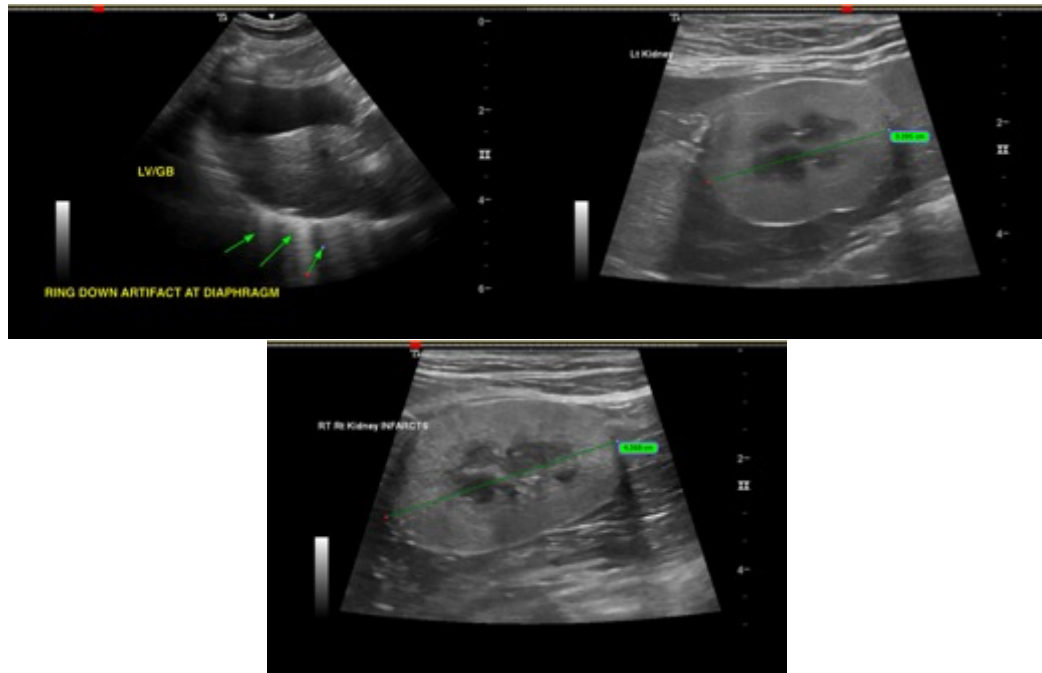
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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