



PATIENT

Prince Harry Frappe

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

4.0 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Johnson

INVOICE

12018

DATE

5/28/2026

PRESENTING CLINICAL SIGNS

Hospitalized with persistent lethargy, inappetance, diarrhea, possible vomiting. Retroviral negative.

Abnormal PE/Chem/CBC/UA Results: Neutropenia Mild anemia.

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 (3.88 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 (4.19 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 0.43 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 0.46 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/borderline large in size (1.05 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



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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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to mild 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 duodenum measured 0.29 cm in diameter and the jejunum measured 0.25 cm in diameter. 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 is prominent and mottled in both limbs. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

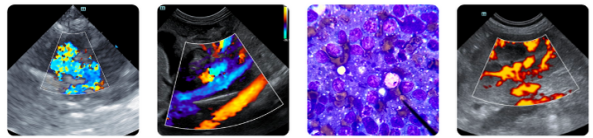
Evaluation of the peritoneal cavity revealed scant free fluid. There are occasional prominent mesenteric lymph nodes. An example measures 0.49 cm. Some prominent lymph nodes near the ileocecal junction are visualized. An example measures 0.68 cm. The omentum is slightly hyperechoic around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Plump spleen. Findings are likely a normal anatomic variant. Other potential differentials would include congestion, splenitis, lymphoid hyperplasia, or a neoplastic infiltration.
- Pancreatic changes most consistent with chronic pancreatic remodeling. Mild chronic pancreatitis is possible.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.
- Diffusely thickened small intestine with 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
- Prominent mesenteric lymph nodes. Findings have the appearance most consistent with reactive lymph nodes. Although early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with a prominent muscularis layer. These changes are most consistent with inflammatory type change. Although early neoplastic change can have a similar appearance. Additionally, the pancreas is somewhat prominent in both limbs. This could be consistent with chronic pancreatic remodeling although mild active pancreatitis is possible.



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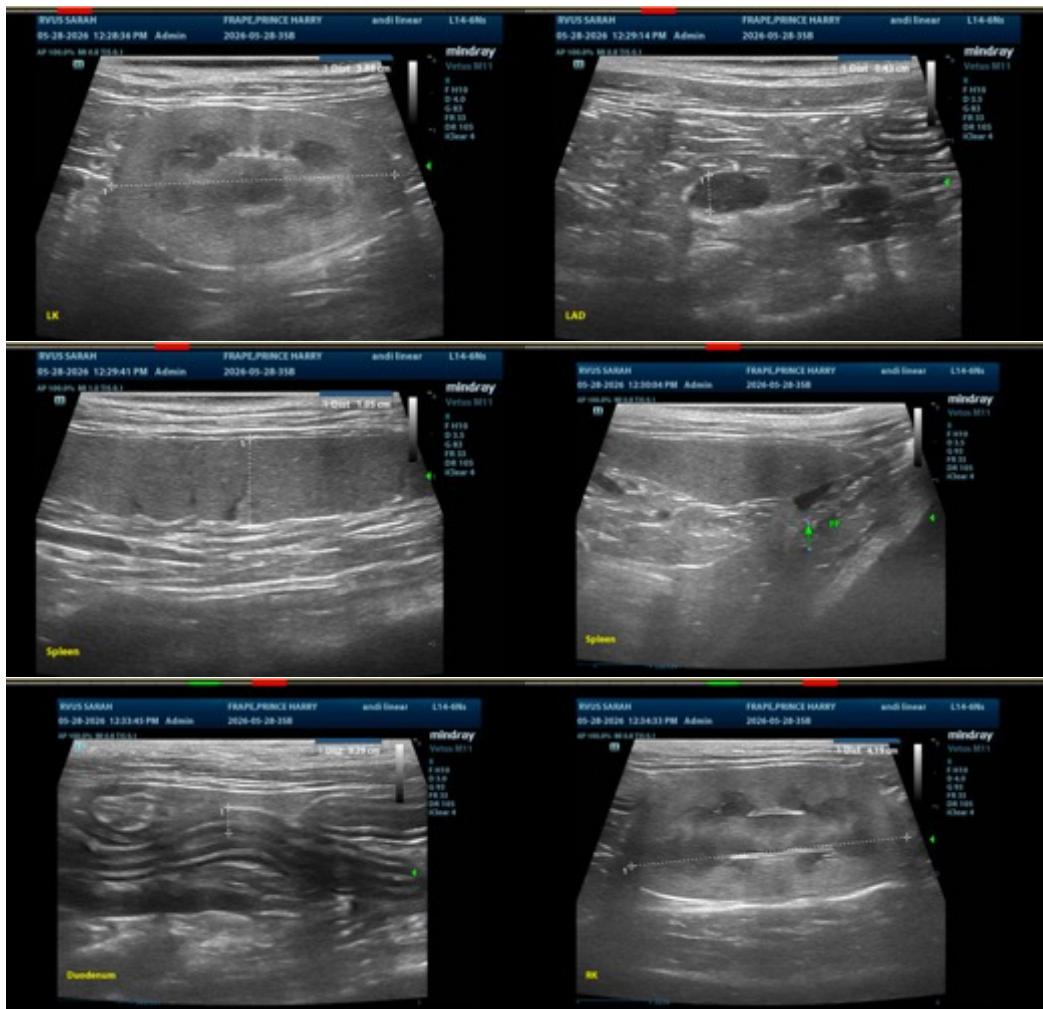
5/28/2026

Consider the following:

- Consider a combination ultra-low fat/hydrolyzed protein prescription diet (Royal Canin has this combination.)
- 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
- Consider a panel screening for infectious causes of diarrhea.
- Recommend chronic probiotic therapy.

The spleen appears relatively normal but measures as slightly large. Options could include a fine needle aspirate or continued monitoring for progression of these changes.

If symptoms are persistent despite appropriate symptomatic treatment for gastroenterocolitis, and pancreatitis, as well as the above recommendations then consider obtaining GI biopsies for further evaluation. Additionally, you could consider repeat ultrasound evaluation in the future looking for the progression of today's lesions.





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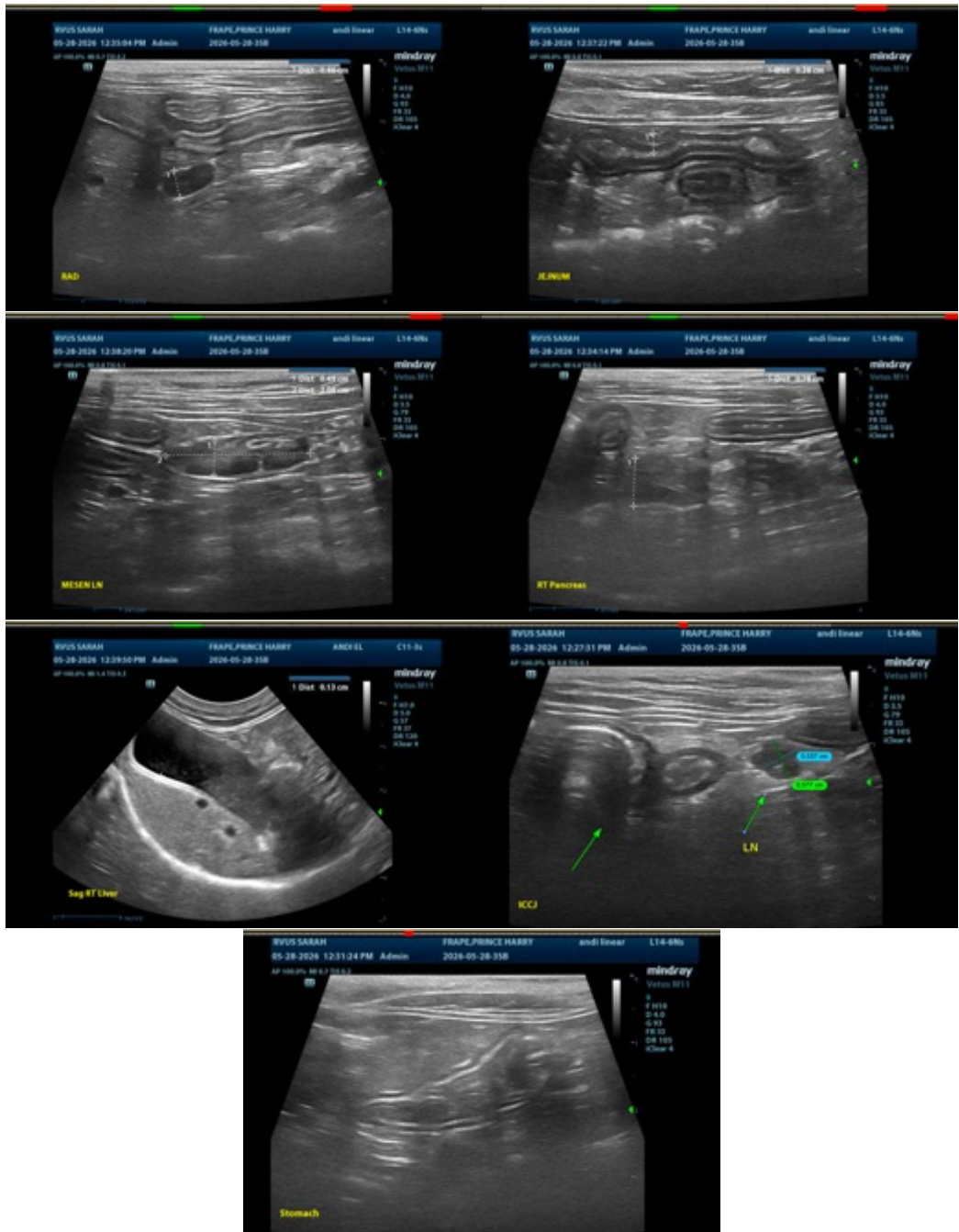
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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