



PATIENT

Billy Zonis

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years 8 Months

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Leck Veterinary
Hospital

REFERRING VET

Dr. Leck

INVOICE

75013

DATE

5/7/26

PRESENTING CLINICAL SIGNS

Renomegaly, hyperglobulinemia. FIV +, sarcopenia, rhinosinusitis, conjunctivitis, caudal buccal traumatic granuloma, plasma cell pododermatitis, left thyroid nodule, hemoplasma giardia.

Abnormal PE/Chem/CBC/UA Results: Anemia 4.6, hypoalbuminua 2.1, hyperglobulinia 7.8, elevated CPK 835

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 2cm) 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.

The left kidney is borderline large and swollen in appearance, measuring 4.72 cm. It is hyperechoic 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 is borderline large and swollen in appearance, measuring 4.84 cm. It is hyperechoic 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 0.33 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 0.45 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 "plump" (1.0 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 borderline large and normal in 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 moderate fluid/shadowing ingesta. 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 to moderate 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. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.29 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 right 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

There is scant free fluid present. There is no evidence of a significant diffuse lymphadenopathy. A large, hypoechoic cranial abdominal lymph node (gastric?) is visualized measuring 0.50 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Borderline “plump”/swollen hyperechoic kidneys – Findings could be consistent with anatomic variation, acute renal injury, infiltrative disease (round cell neoplasia, FIP, etc.), pyelonephritis, etc.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis in the right limb.
- Borderline large liver – The significance of this is uncertain. This could represent normal anatomic variation, hepatitis, less likely fatty infiltrates, round cell neoplasia, FIP, etc.
- Fluid/shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying.
- Mild fluid and gas distention of the small intestine – Findings are most consistent with a post-prandial patient.
- Scant free abdominal fluid and an enlarged cranial abdominal lymph node – Findings could be consistent with chronic inflammation or early neoplastic change.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

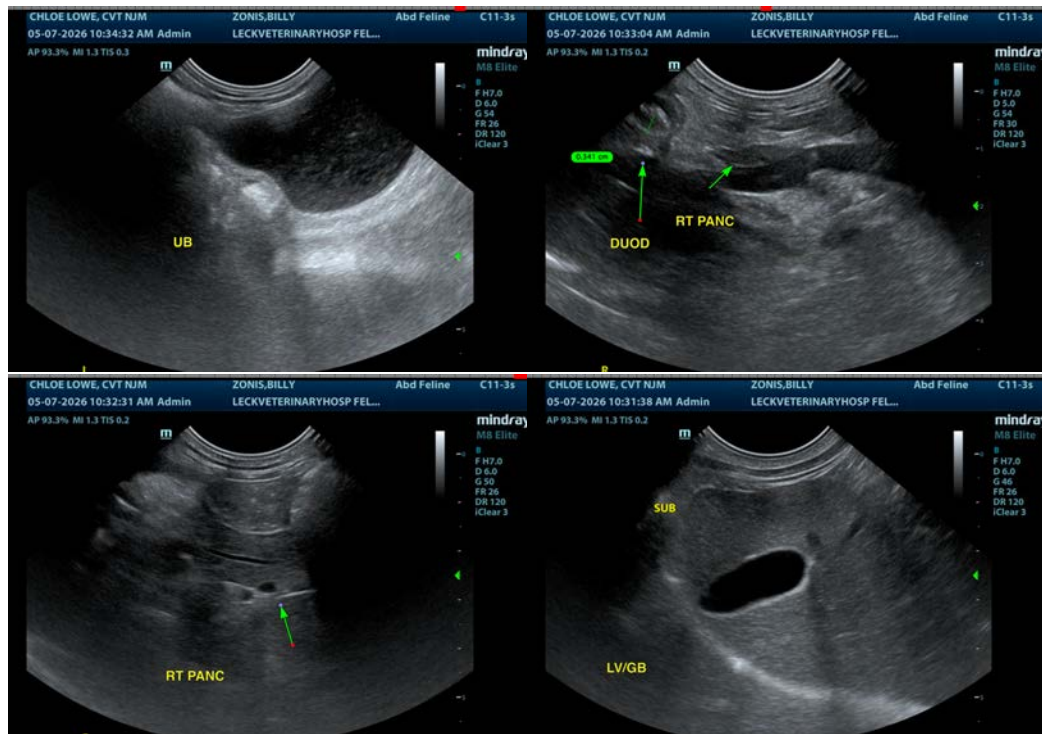
No focal lesions are visualized on today's exam to explain the changes reported. Both kidneys subjectively appear somewhat large. The significance of this is uncertain. If round cell neoplasia is a significant concern, you could consider a fine needle aspirate (provided blood pressure and coagulation parameters are normal). Correlate with current renal values, urine concentrating ability, etc. Additionally, you could consider repeat evaluation, looking for progression in the future.

Similarly, the liver appears borderline large with no focal lesions observed. If liver enzyme elevations are present or there are concerns for a primary hepatopathy, a fine needle aspirate of the liver should be considered.

The stomach and small bowel appear mildly fluid and gas distended, most consistent with a non-fasted patient.

It is possible that the low albumin levels are compensatory secondary to the high globulin levels. Recommend a protein electrophoresis to further evaluate, although many of the changes described could be secondary to chronic inflammation secondary to multiple concurrent disease processes occurring.

If a safe window for sampling is available for the cranial abdominal lymph node, consider a fine needle aspirate with cytology.





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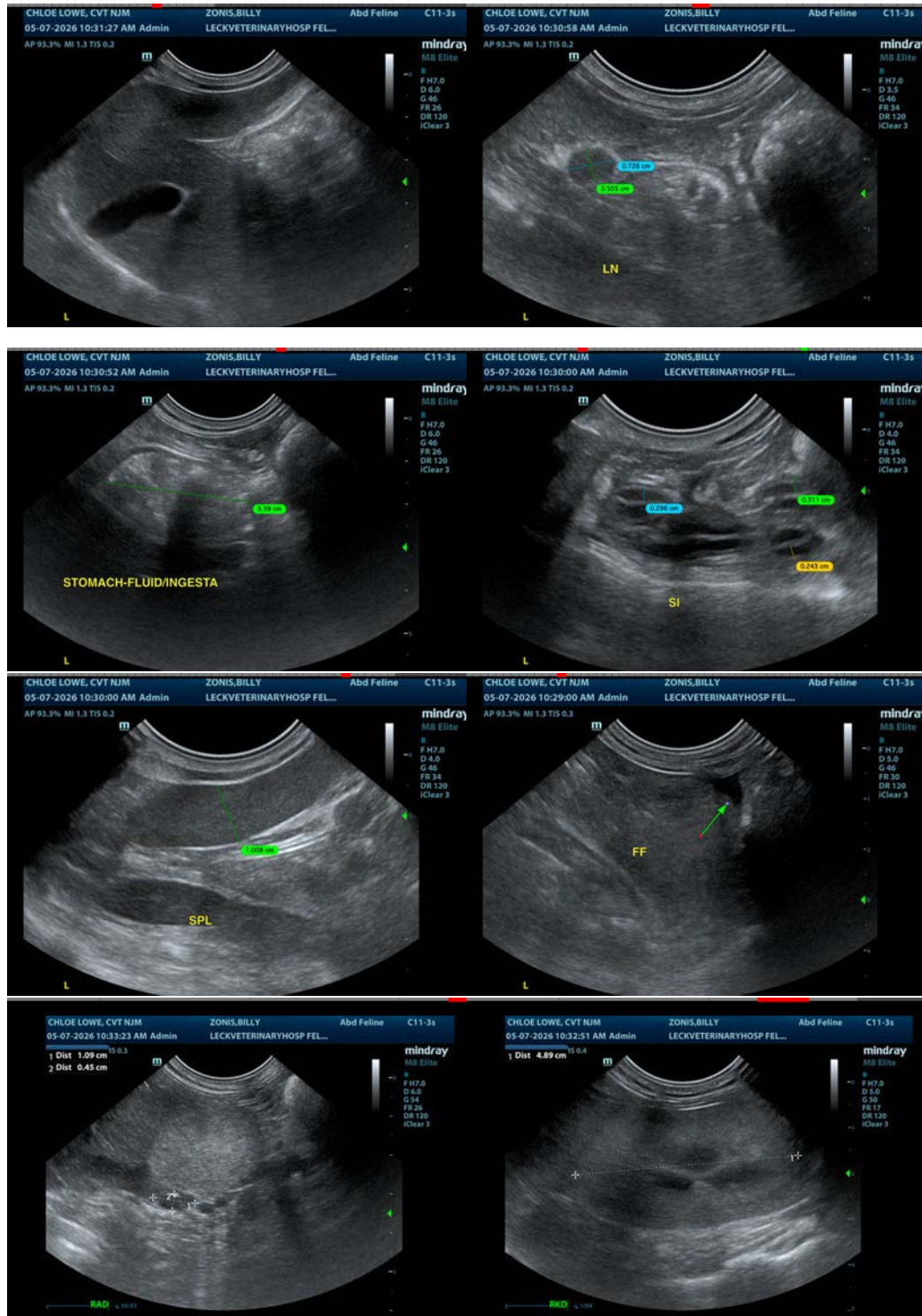
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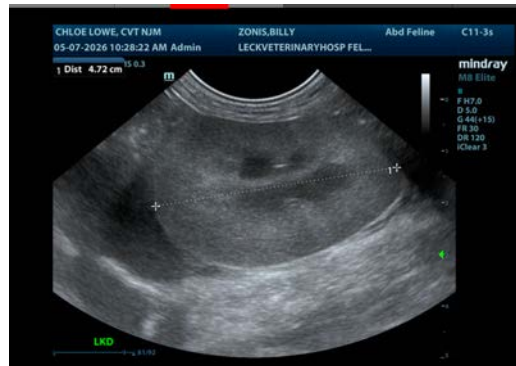
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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