



PATIENT

Pasha Rhen

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 years

WEIGHT

2.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

11892

DATE

5/7/2026

PRESENTING CLINICAL SIGNS

Chronic history of vomiting 1-2x/day, 5/6/26 increased to 7-8x with pale stool
Musculoskeletal: Cachexia w/ gen m atrophy. Integument: unkempt coat. Markedly prolonged skin turgor. Abdominal: thickened (rope-like) GIT. Eyes: iris degen OU.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WBC = 19.4k, Neut = 12.7k, TP = 8.9, Glob = 6.0. EPOC: pH = 7.108, BE = -12.6, Lact = 8.49, Glu = 156. Rads: aerophagia. Diffusely gas-dilated GIT.

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 (3.42 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.59 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.38 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 (0.86 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 normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 has a septate/bilobed appearance. 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 bile duct appears dilated and tortuous measuring at 0.36 cm proximally.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. There is some soft shadowing material visualized within the stomach. The pylorus is somewhat prominent measuring at 0.36 cm.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild 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. The duodenum measured as normal (0.2 cm in wall thickness) and the jejunum measured as normal (0.22 cm.) Visualized peristalsis appears appropriate. There's a generalized inflammatory type pattern, potentially consistent with diffuse enteritis.

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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis in both limbs with a prominent pancreatic duct.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. Examples measure 0.78 cm x 1.1 cm and 0.65 cm. An iliac lymph node is prominent measuring 0.31 cm, and the pancreaticoduodenal lymph node measures 0.41 cm. The omentum is hyperechoic in the cranial abdomen,

ULTRASONOGRAPHIC FINDINGS

- Mild age-related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic pancreatitis in both limbs.
- Heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Moderate gallbladder debris with a septate/bilobed gallbladder, and dilated/tortuous bile duct. Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Mild fluid/shadowing ingesta visualized within the stomach and a mild inflammatory pattern



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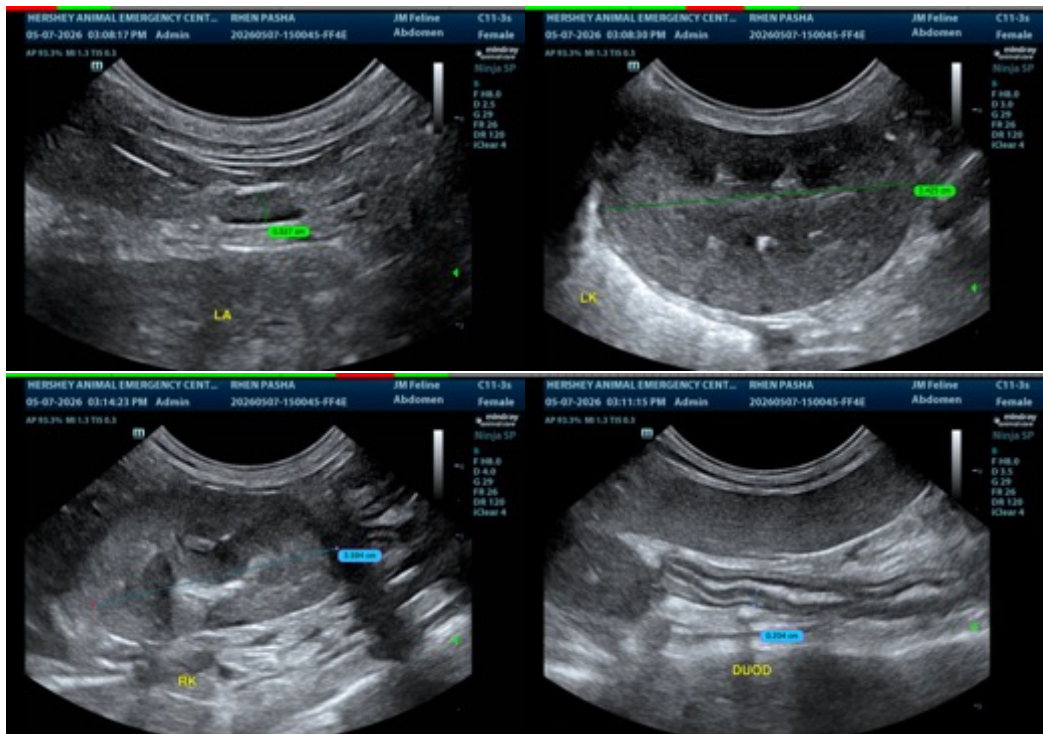
5/7/2026

associated with the small intestine. Findings could be consistent with mild ileus, and gastroenteritis. A small unseen focal lesion cannot be ruled out.

- Prominent mesenteric lymph nodes. Findings are most consistent with reactive lymph nodes, although early neoplastic lymph nodes cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a generalized inflammatory appearance to the small intestine, particularly in the cranial abdomen where the pancreas appears somewhat prominent and mottled with mild inflammation, and the bile duct is dilated and tortuous. Findings could be consistent with mild cholangiohepatitis, although the lack of liver enzyme elevations is unusual. Additionally, the pancreas appears prominent and potentially mildly inflamed, with some sections of bowel appearing mildly inflamed. Consider empirical treatment for acute gastroenteritis/pancreatitis, and close continued monitoring. Additionally, treatment for cholangiohepatitis with ursodiol and a course of antibiotics could be considered, particularly if liver enzyme elevations are present. If symptoms are persistent, despite these efforts, you could consider repeat imaging or even a contrast CT scan to better evaluate the bile duct for a small focal lesion. No evidence of an obstructive pattern is visualized.





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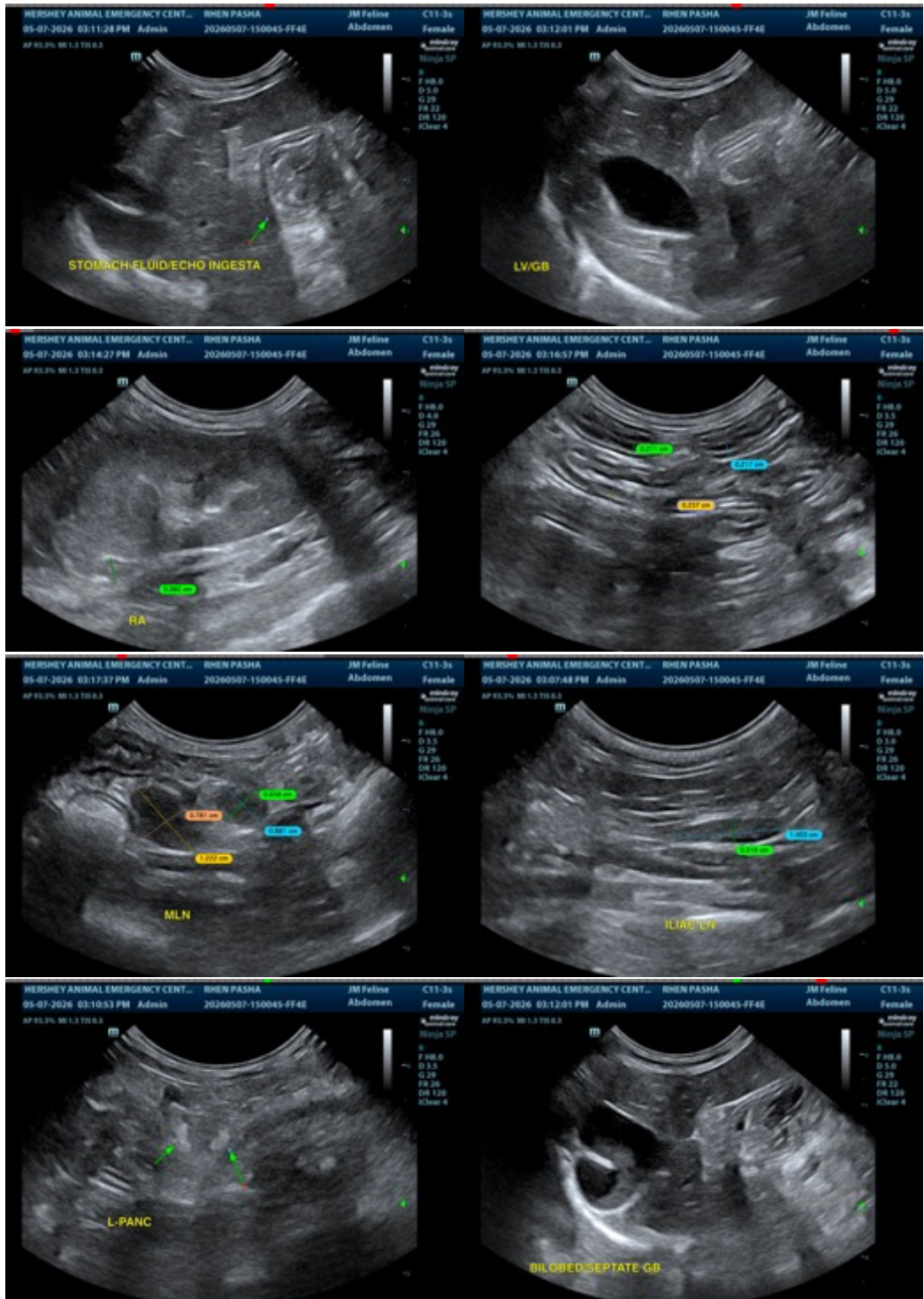
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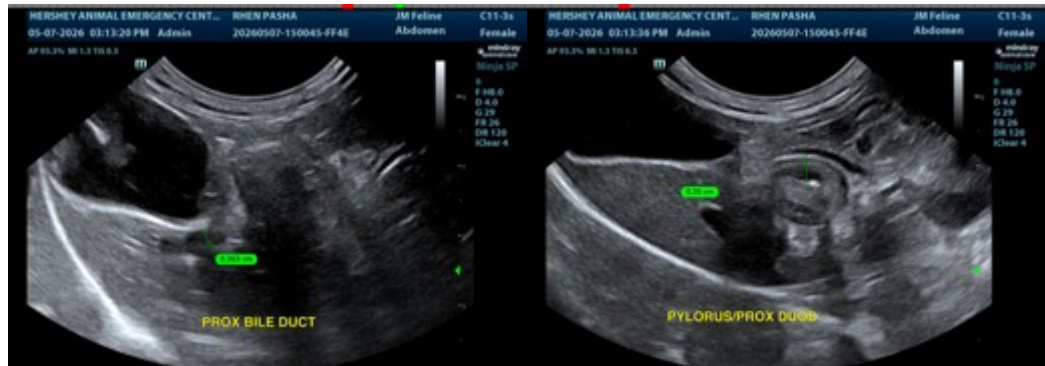
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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