



PATIENT

Heimdall Howe

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

7.29 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassie Jackson

HOSPITAL NAME

Huntsville Animal
Hospital

REFERRING VET

Dr. Cassie Jackson

INVOICE

75619

DATE

6/2/26

PRESENTING CLINICAL SIGNS

Sedated with dexmedetomidine and butorphanol IM. History of chronic diarrhea with intermittent frank blood and mucous - began February 2026. Stools became progressively softer over time. Owner reports chronic flatulence. Indoor only cat but does catch and kill mice in household, does not ingest them. No vomiting, coughing or sneezing. No medications or supplements currently, is on a fish based kibble. Recommended Fortiflora but owner has not tried.

Abnormal PE/Chem/CBC/UA Results: Diarrhea panel positive for Coronavirus (PCR), rest negative - Fecal O&P negative - CBC, biochem normal including fPL - FIV/FelV negative

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 (4.65 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 is normal in size (4.38 cm) but slightly irregular in shape. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are numerous hyperechoic regions in the cortex, most consistent with previous infarcts. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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 normal/borderline large in size (1.22 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.



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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

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 appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measures 0.18 cm. Duodenum wall measures 0.23 cm.

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with formed fecal material and gas shadowing distally. The descending colon wall appears normal measuring 0.17 cm with intact wall layering.

Pancreas

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The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. A lymph node near the colon is visualized and is prominent, measuring 0.34 cm.

ULTRASONOGRAPHIC FINDINGS

- Previous infarcts visualized associated with the right kidney – Findings are most consistent with chronic renal disease.
- Mild segmental thickening of the small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Borderline large spleen – This is likely normal for this large cat. Recommend continued monitoring.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract. There is some mild segmental thickening visualized associated with the small intestine. The significance of this is uncertain. This could be consistent with mild inflammation. The descending colon wall appears normal with intact wall layering. A small focal lesion cannot be ruled out but none is visualized. Unfortunately, there are many causes for chronic large bowel diarrhea that cannot be definitively diagnosed by ultrasound alone. Consider the following:

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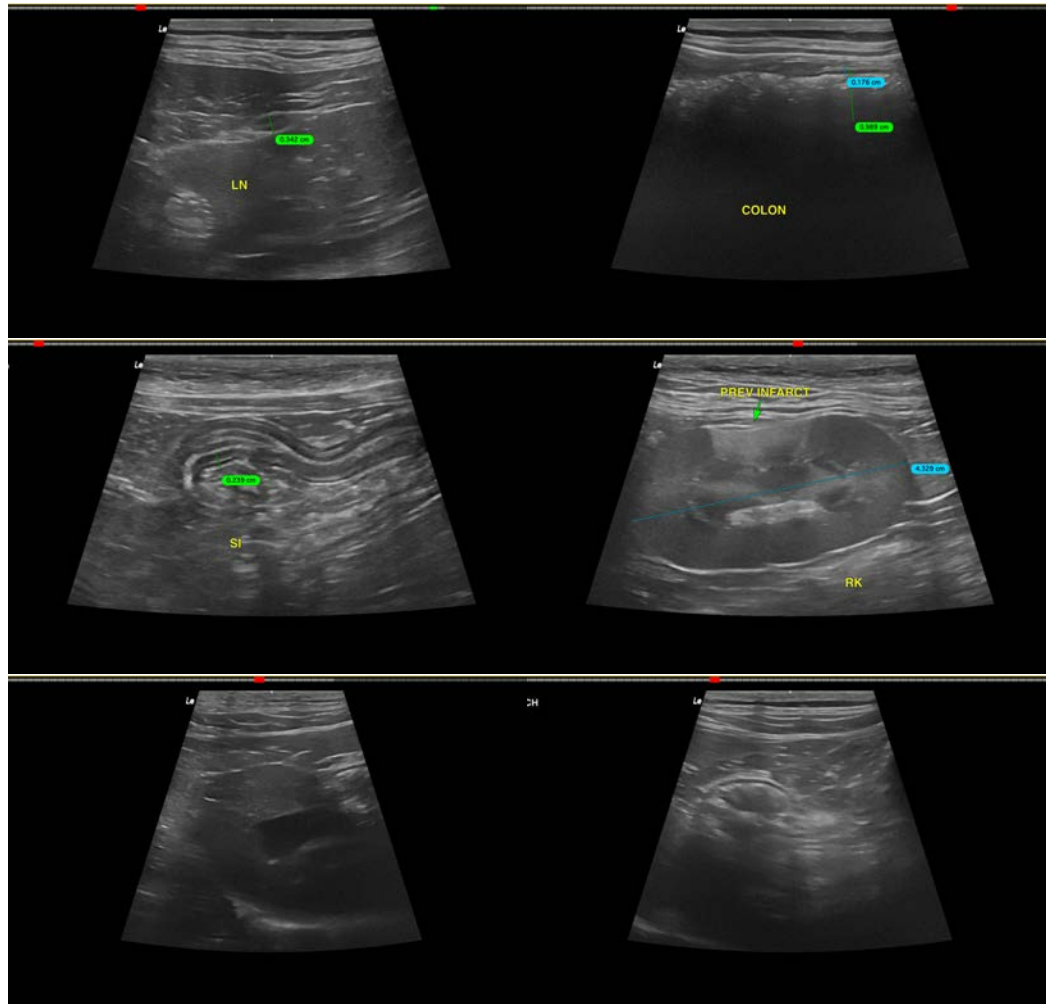
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- If not already done, recommend empirical deworming and screening for large bowel parasites.
- Consider an ultra low-fat/hydrolyzed protein prescription diet (Royal Canin has this combination).
- Consider experimentation with fiber supplementation to see if this improves the patient's clinical symptoms.
- Consider screening panel for infectious causes of large bowel diarrhea.
- Recommend probiotic therapy.
- If symptoms are persistent despite taking these steps, then ultimately upper and lower GI endoscopy may be necessary for further evaluation.





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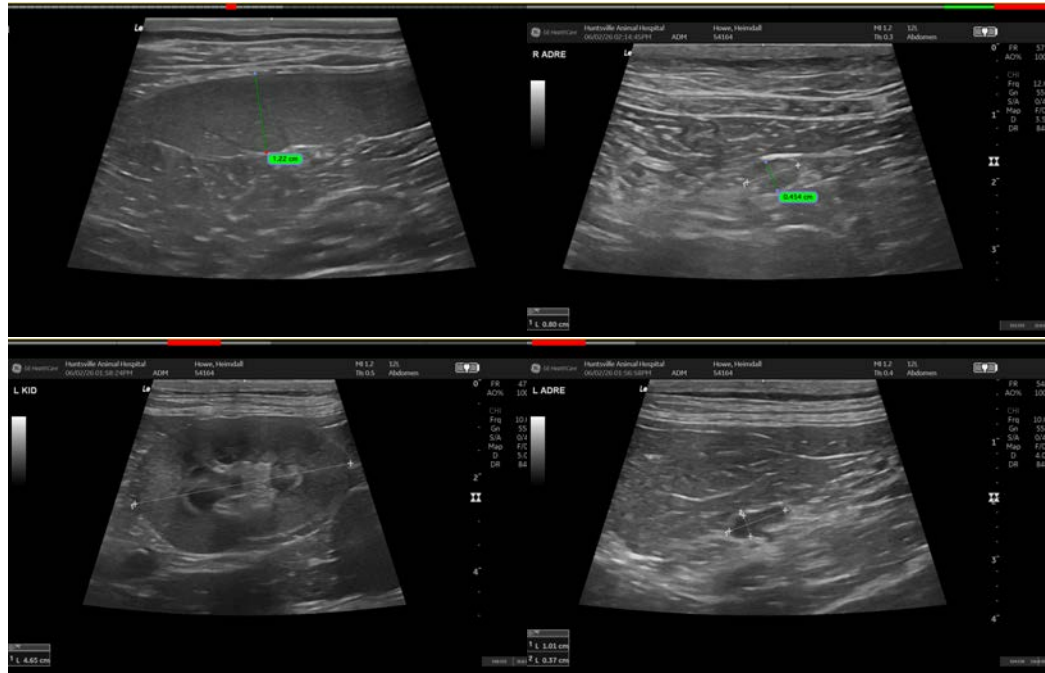
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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