



**PATIENT**

Phoebe McDermott

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years 5 Months

**WEIGHT**

3.49 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Bond Vet Florham Park

**REFERRING VET**

Dr. Bedoya

**INVOICE**

75602

**DATE**

6/2/26

**PRESENTING CLINICAL SIGNS**

Sudden onset hyporexia with continuous wt loss, has hyperthyroidism, hyporexia lasted a couple days. Abnormal PE/Chem/CBC/UA Results: SDMA-17

**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 (3.66 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 (3.56 cm) with mild pyelectasia at 0.32 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.39 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 0.37 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, measuring at 0.93 cm. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional hyperechoic foci, an example of which measures 0.42 cm, most consistent with benign myelolipomas. Recommend continued monitoring.

**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. 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.

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 0.25 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 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***

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.

**ULTRASONOGRAPHIC FINDINGS**

- Age related changes visualized associated with both kidneys as well as mild left-sided pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Borderline “plump”, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Segmental areas of mildly thickened 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).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed associated with the GI tract are mild, but there are some areas that appear somewhat prominent, possibly consistent with mild segmental thickening and mild inflammation. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate, looking for any evidence of underlying gastrointestinal disease. If small intestinal disease is strongly suspected and/or GI panel is strongly supportive of underlying gastrointestinal disease, additional evaluation may be warranted.



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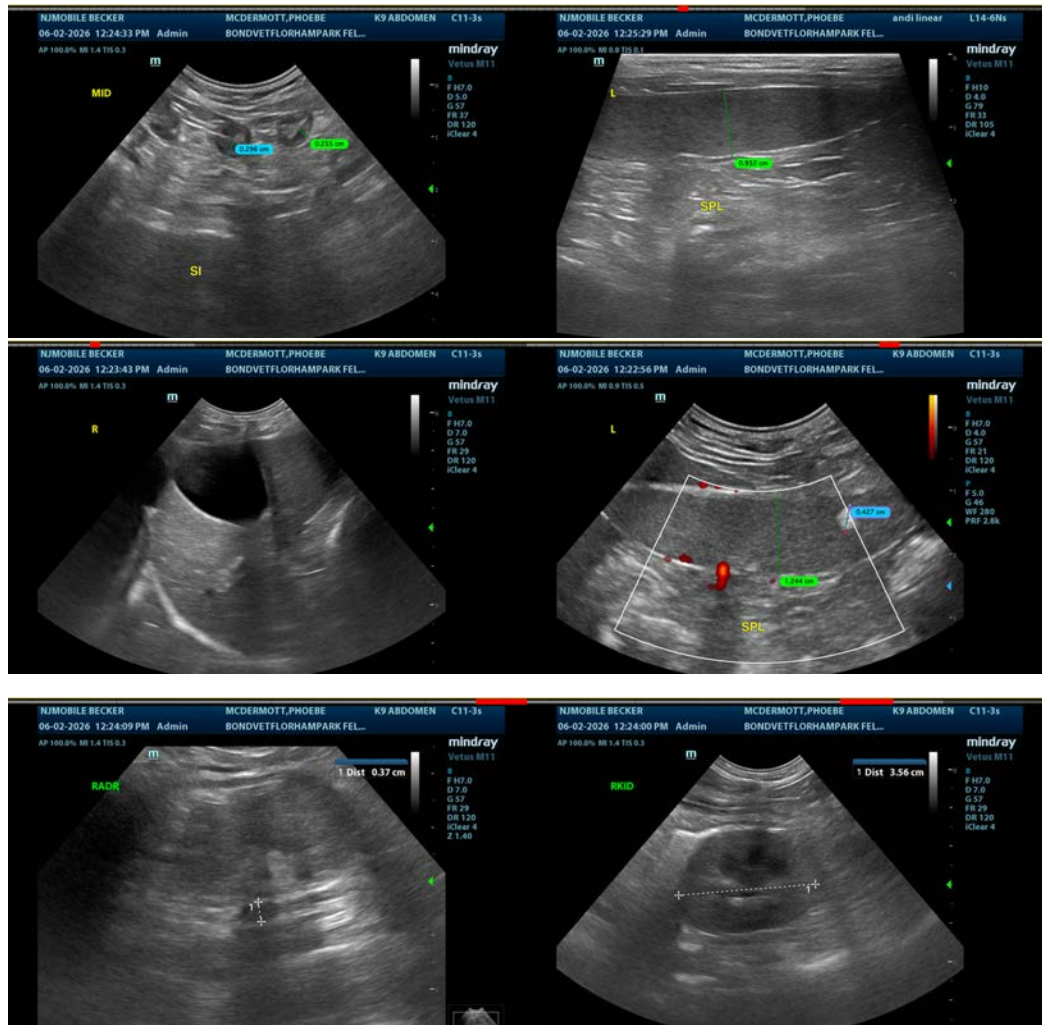
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Subjectively, the spleen appears mildly mottled (when evaluated with the high frequency probe), and borderline “plump”. Options include continued monitoring or a fine needle aspirate.

Both kidneys have changes consistent with chronic age related changes, and mild pyelectasia of the left kidney. Correlate with a urinalysis +/- culture, and blood pressure as a baseline.

Consider thoracic radiographs to look for any evidence of pulmonary disease or lesions. If weight loss is persistent and an underlying cause cannot be identified, consider repeat imaging in the future, looking for progression of today’s lesions or the development of new lesions.





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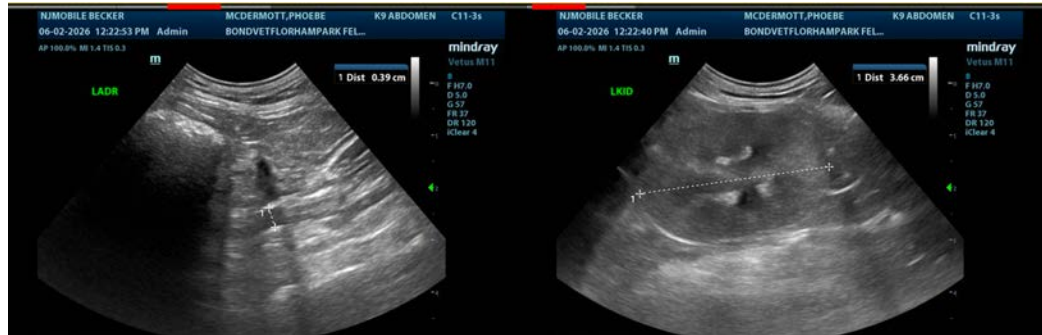
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com