



PATIENT

Spot Pasoreck

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

4.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Easton Animal Hospital

REFERRING VET

Dr. Nankman

INVOICE

75614

DATE

6/2/26

PRESENTING CLINICAL SIGNS

Chronic vomiting, early renal failure. AFAST ULTRASOUND @ER- enlarged spleen and concern for mass. Cerenia PRN but still vomiting.

Abnormal PE/Chem/CBC/UA Results: SDMA 20, Creat 2.8, Bun 63

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 (3.16 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 (3.15 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 0.27 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 0.20 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 (0.91 cm), with mildly irregular margins, and is mildly mottled. 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 gallbladder wall is hyperechoic and prominent, measuring at 0.12 cm. Luminal contents are mild and likely incidental at this time. The bile duct appears mildly dilated and tortuous and tapers to 0.24 cm distally.



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Gastrointestinal

The stomach contains moderate fluid 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 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 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. Duodenum wall measures 0.28 cm. Jejunum wall measures 0.27 cm. 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 left limb/body of 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.

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.
- Mildly irregular/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.
- Pancreatic changes consistent with mild pancreatitis in the left limb/body.
- Mildly dilated bile duct with a prominent but not thickened gallbladder wall – 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).
- 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.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are changes consistent with chronic age related renal disease in both kidneys. Correlate with a urinalysis, culture, urine protein to creatinine ratio, and a blood pressure as a baseline.

The spleen subjectively appears mildly mottled and slightly irregular. The significance of these changes is uncertain. If there is significant concern for underlying splenic disease, a fine needle aspirate could be considered.

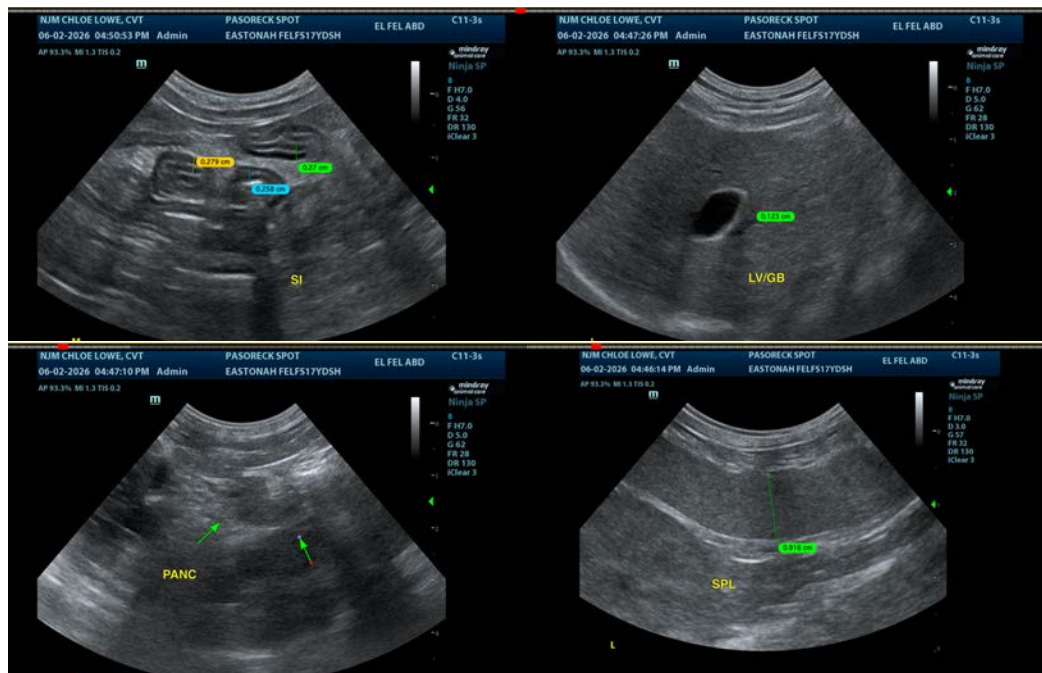
The pancreas is prominent and hypoechoic in the left limb with some surrounding reactive mesentery, most consistent with mild pancreatitis. Correlate with a quantitative PLI level and consider empirical treatment for pancreatitis.

The gallbladder wall is slightly prominent and hyperechoic (normal thickness) with a mildly dilated/tortuous bile duct that tapers down to normal size. Findings could be consistent with mild or previous cholecystitis or similar.

The small intestine appears mildly diffusely thickened and “ropy” with a prominent muscularis layer. These changes are most consistent with inflammatory type change. If there is concern for a primary enteropathy, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate.

The changes visualized associated with the pancreas, bile duct and small bowel could be consistent with mild Triaditis.

Further empirical treatment could include a hydrolyzed protein prescription diet, Ursodiol therapy, and empirical treatment for pancreatitis. If symptoms are persistent/progressive, ultimately biopsies of the GI tract, pancreas +/- liver may be warranted. Additionally, consider repeat imaging in the future, looking for the persistence, progression or improvement of today’s lesions.





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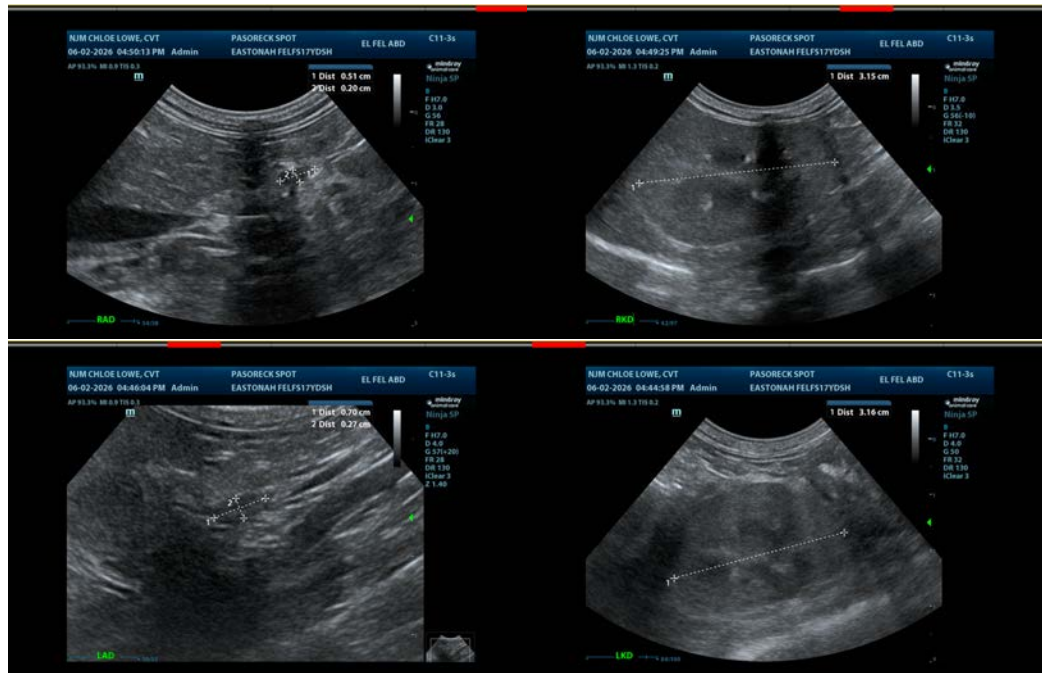
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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