



PATIENT

Trijee Phillips

PRESENTING CLINICAL SIGNS

P presented for defecating in the house and weight loss.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Ragdoll

The urinary bladder is moderately distended with dependent and 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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.46 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.

AGE

8 Years

The right kidney has a normal shape and size (4.35 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.

WEIGHT

8 lbs

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.34 cm at the cranial pole and 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 0.51 cm at the cranial pole and 0.52 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.

IMAGING PERFORMED BY

Kathleen Byrnes

Spleen

HOSPITAL NAME

Stewart's Mountain
 View Animal Hospital

The spleen is subjectively normal in size (0.48 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

REFERRING VET

Dr. Stewart

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.

INVOICE

72204

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.

DATE

1/14/26



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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 relatively uniform diameter with minimal 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. Jejunum wall measures 0.19 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The region of the ileocecal junction is visualized. The bowel in this region is severely thickened with loss of layering, creating a large mass effect, primarily involving the proximal colon. This mass effect measures approximately 4.8 cm x 4.4 cm. The bowel extending from the ileocecal junction is severely thickened with complete loss of layering, measuring 0.96 cm in wall thickness and 1.98 cm in diameter, extending for over 6.0 cm. Wall thickness at the distal colon appears within normal limits.

Pancreas

The left limb 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/moderate pancreatitis.

Free Abdomen

There is scant free fluid noted. No significant lymphadenopathy noted. The omentum is hyperechoic around the large colonic mass lesion.

ULTRASONOGRAPHIC FINDINGS

- Dependent and suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Prominent, hypoechoic, irregular left limb of the pancreas – Findings are most consistent with mild to moderate pancreatitis.
- Large, focal mass effect with complete loss of layering and severe wall thickening and the ileocecal junction – Findings are most concerning for a neoplastic process (round cell neoplasia, carcinoma, other). Other differentials such as FIP are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large mass effect involving the ileocecal junction. In this region the bowel wall is severely thickened with complete loss of layering. Findings are most consistent with infiltrative disease, and round cell neoplasia would be the primary differential. Recommend a fine needle aspirate of the bowel wall/mass effect in this region for cytologic evaluation.

If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist to discuss medical and surgical options.



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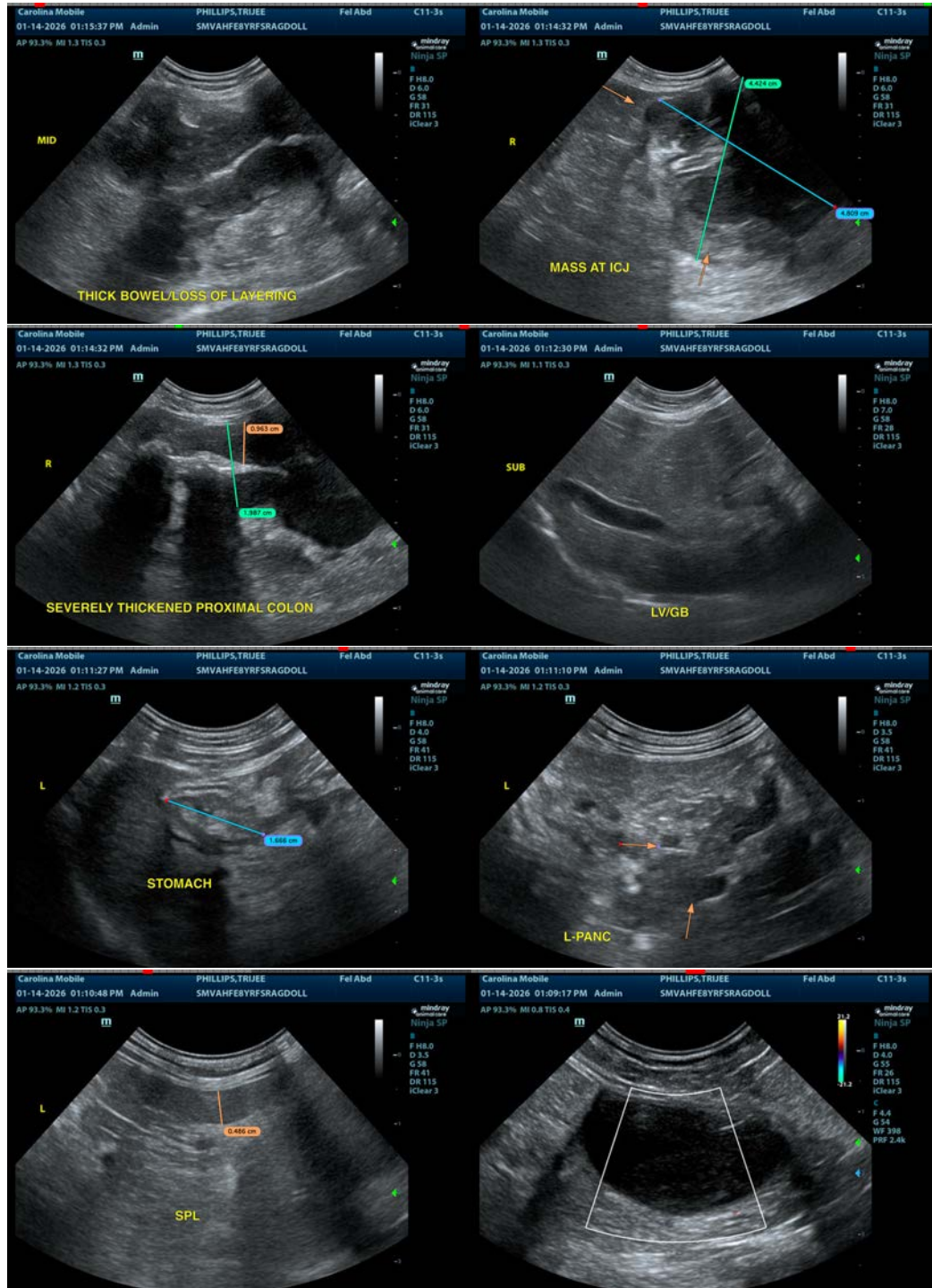
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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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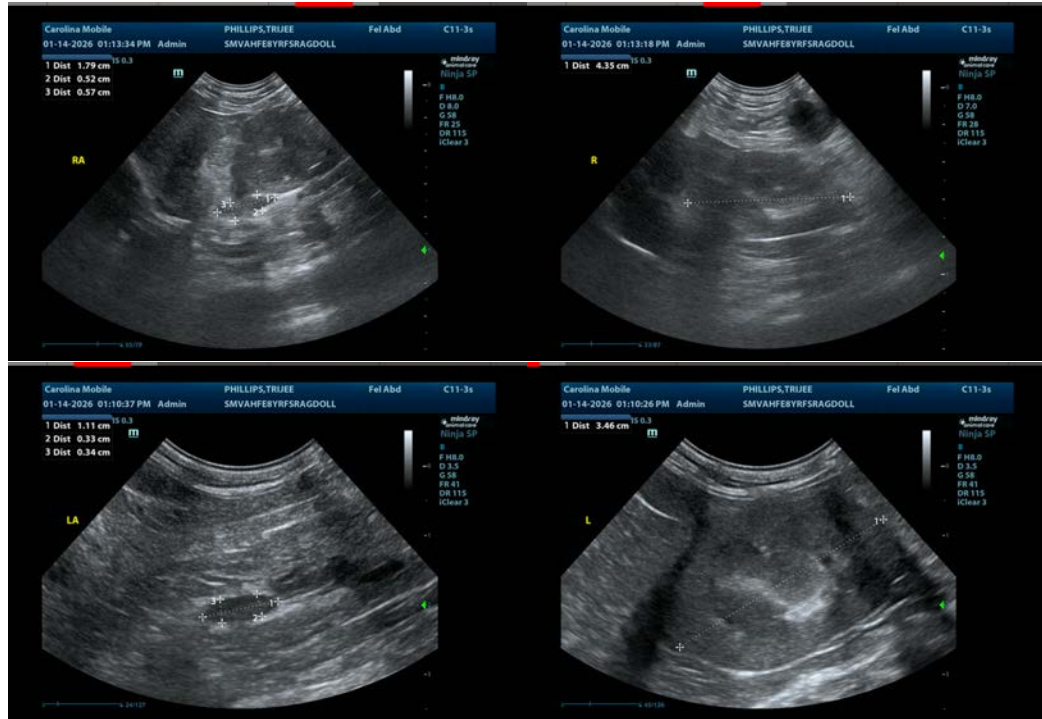
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Kathleen Byrnes

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