


**PATIENT**

Sheba Marucci

**PRESENTING CLINICAL SIGNS**

Has never been a social or cuddly cat, recently owner noted that she is coming around seeking attention more often. Suspected mass on rads - attached. Has also been lethargic.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**
**BREED**

DSH

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.

**SEX**

Spayed Female

The left kidney has a normal shape and size (3.8 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

11 Years

The right kidney is small and irregular with poor corticomedullary distinction, measuring 2.98 cm. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. There is a relatively large 3.4 cm hypoechoic structure extending off the cortex of the right kidney, most consistent with a renal cyst, although a mass or abscess cannot be excluded as possibilities. Renal vasculature is normal.

**WEIGHT**

10.9 Pounds

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.35 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.

**INTERPRETED BY**

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

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**Spleen**

The spleen is normal/borderline large in size (1.0 cm at the level of the hilus), 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.

**IMAGING PERFORMED BY**

Crystal Hill

**Liver**
**HOSPITAL NAME**

Centreville AH

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.

**REFERRING VET**

Dr. Sandhu

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal**
**INVOICE**

34389

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.

**DATE**

1/19/22



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Much of the visualized small intestine appears relatively normal with normal thickness at 0.18 cm with intact normal layering. Bowel loops follow a normal curvilinear path with minimal fluid distention. Cranial to the left kidney, there is a large focal bowel mass visualized. The mass effect measures 3.61 cm x 3.22 cm. The bowel in this area has a wall thickness of 1.5 cm with complete loss of layering. There is some inflammation and a scant amount of free fluid surrounding this bowel mass.

**SPECIES**

Feline

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.

**BREED**

DSH

**Pancreas**

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.

**SEX**

Spayed Female

**Free Abdomen**

There is scant anechoic free fluid surrounding the bowel mass. No lymphadenomegaly. The omentum is of increased echogenicity in the cranial abdomen, around the bowel mass.

**AGE**

11 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

10.9 Pounds

- Large, focal bowel mass with thickened wall and complete loss of layering – Findings are most consistent with a neoplastic mass effect, although other differentials exist.
- Small, irregular right kidney with hypoechoic lesion – most likely consistent with a small, shrunken kidney and a right renal cyst, although a very hypoechoic mass effect or abscess are possible.
- Borderline enlarged spleen – The spleen appears normal, but measures as borderline enlarged. This could be normal for this large cat. Alternatively, there could be infiltrative disease, and a fine needle aspirate could be considered.

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Internal Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A large bowel mass is visualized that has complete loss of layering and severe wall thickening. Recommend a fine needle aspirate of this mass lesion with cytology. Concern is high for round cell neoplasia. If a cytologic diagnosis can be obtained, consider consultation with a veterinary oncologist regarding prognosis and treatment options. Recommend 3-view thoracic radiographs.

**IMAGING PERFORMED BY**

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**REFERRING VET**

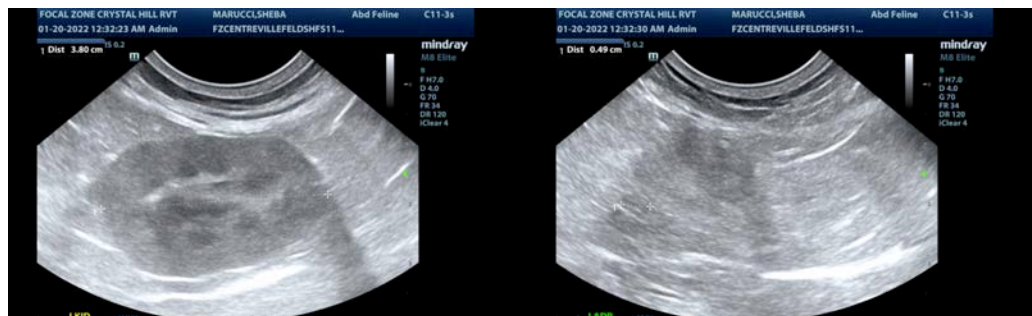
Dr. Sandhu

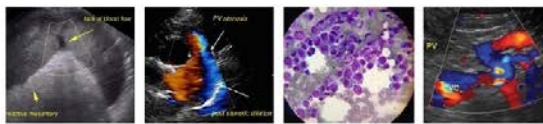
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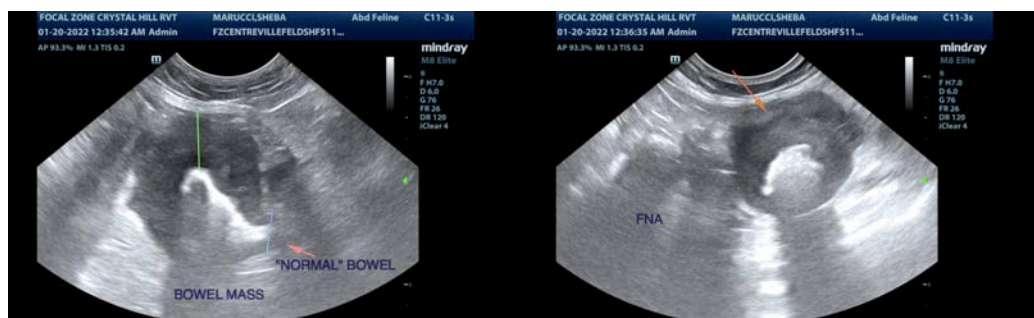
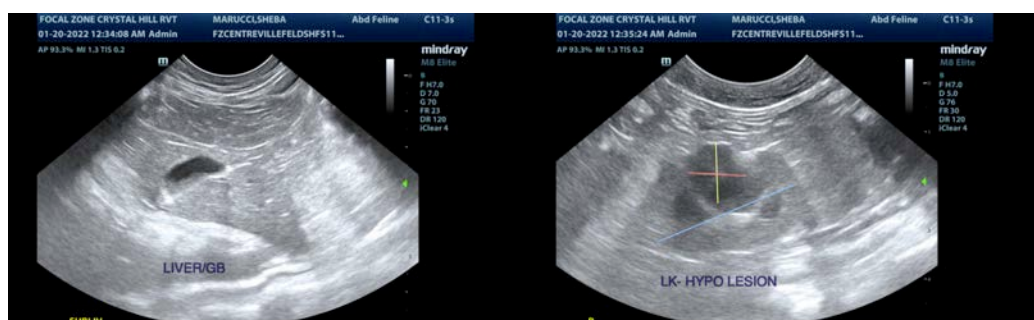
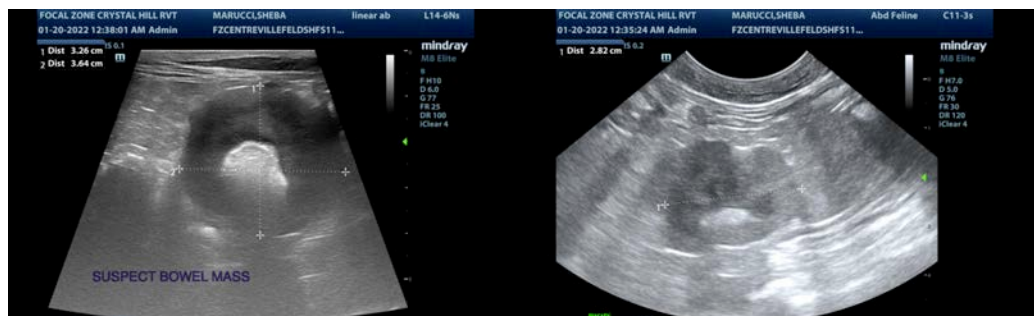
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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