



PATIENT

Bandit Busick

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

13 Years 7 Months

WEIGHT

9.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek
 Veterinary Hospital

REFERRING VET

Dr. Eldred

INVOICE

72372

DATE

1/22/26

PRESENTING CLINICAL SIGNS

Long medical history- Hyperthyroid treated with I131 now stable. Cystotomy and PU surgery 2025. Heart Murmur Hypertension. Benign breast mass excised. P presented to to ER clinic for lethargy, hyporexia, hiding, weight loss, rads showed mid abdominal mass effect, colonic mineral material

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 (4.08 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.

The right kidney has a normal shape and size (4.32 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 0.37 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 to borderline plump, measuring 0.61 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 (0.66 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.

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 thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. The small intestine is diffusely thickened with a prominent muscularis layer and several areas that have reduced detail of wall layering, as well as a focal mass effect visualized associated with the jejunum, measuring 1.71 cm x 1.23 cm in cross section, and >0.94 cm x 1.68 cm in sagittal view. Jejunum wall measures 0.32 cm (up to 0.40 cm with thickened areas), and duodenum wall measures 0.35 cm.

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 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

There is a small amount of free abdominal fluid. There is a severe mesenteric lymphadenopathy with large, expansile, hypoechoic mesenteric lymph nodes. Examples of a cluster measure 1.51 cm x 2.29 cm and 1.84 cm x 1.94 cm. A lymph node near the ileocecal junction measures 1.6 cm x 1.9 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Diffusely thickened small intestine with some areas exhibiting reduced detail of wall layering as well as a focal jejunal mass lesion – Findings are concerning for emergent round cell neoplasia and a focal mass lesion. Other neoplastic diseases are possible, as well as inflammatory or infectious disease.
- Diffuse severe lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a significant diffuse lymphadenopathy as well as a focal bowel mass and diffuse changes to the small intestine. These findings are concerning for underlying round cell neoplasia, although other differentials are possible. Recommend a fine needle aspirate of an enlarged mesenteric lymph node and the bowel mass lesion for cytologic evaluation.



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If a cytologic evaluation can be obtained, recommend consultation with a veterinary oncologist regarding treatment options. Surgical options would likely be limited due to the multifocal nature of this disease process.

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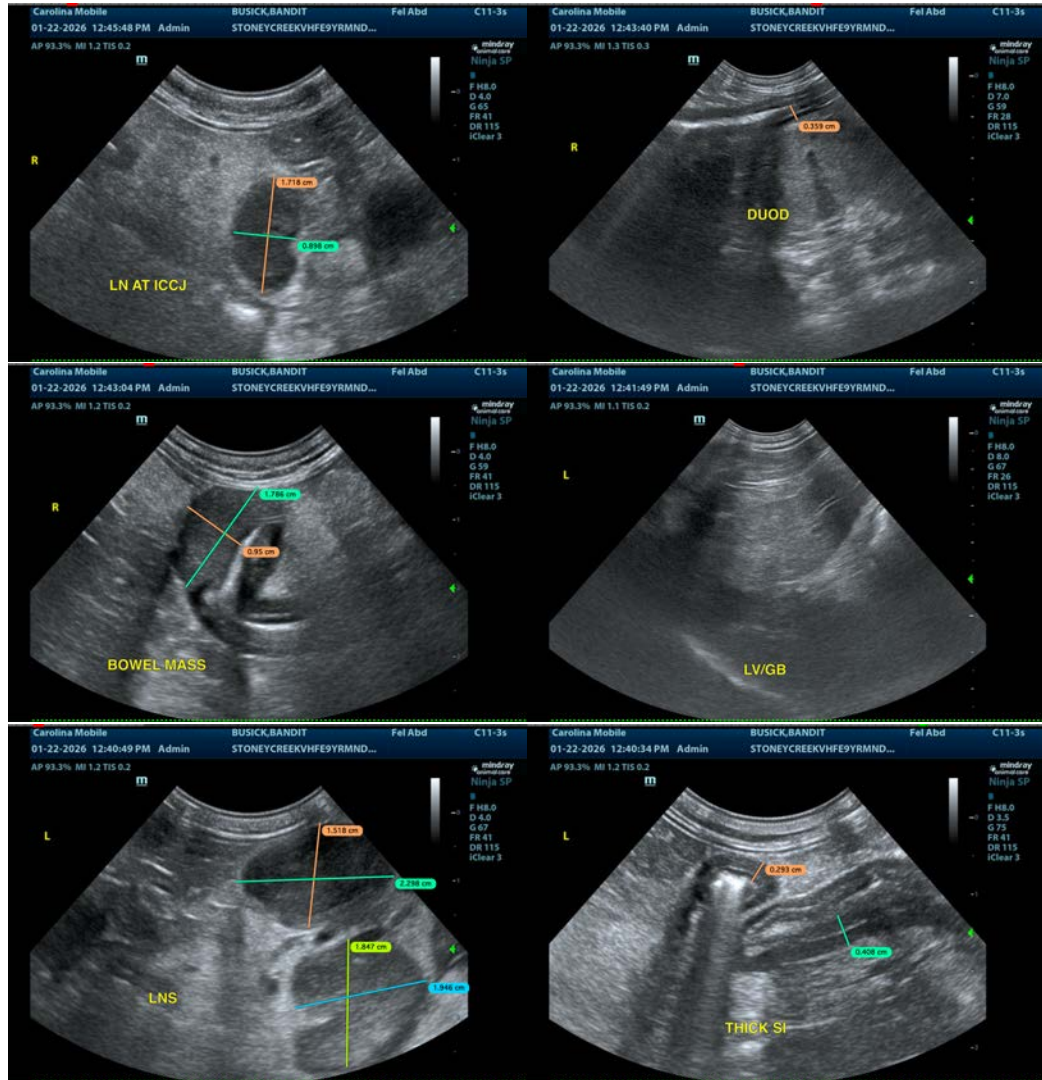
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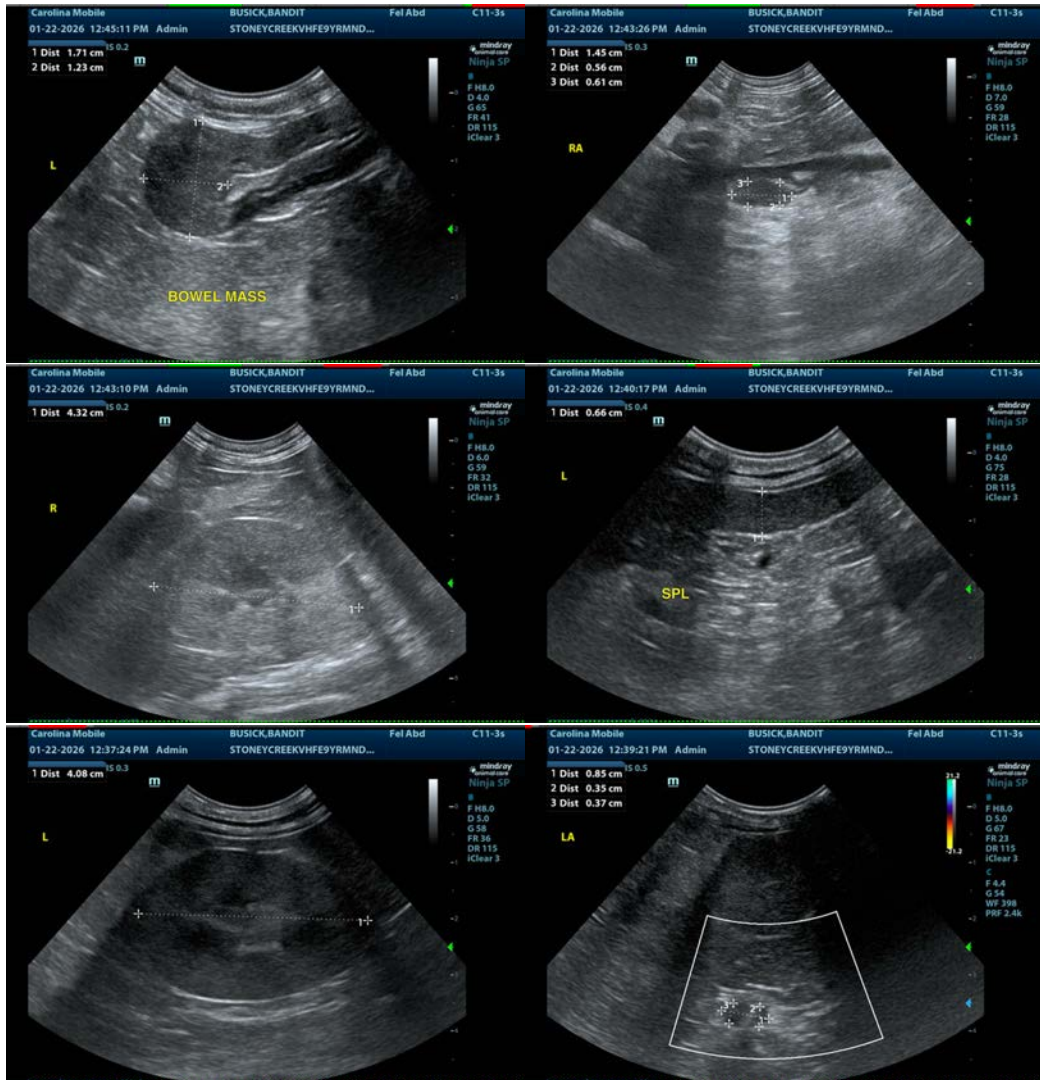
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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