



## PATIENT

Sunny Hunter

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

16 Years

## WEIGHT

5.92 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Cassie Jackson

## HOSPITAL NAME

Huntsville Animal  
Hospital

## REFERRING VET

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## INVOICE

72370

## DATE

1/22/26

## PRESENTING CLINICAL SIGNS

Presented for single episode of head tremors, normal mentation at time of tremor episode. Well controlled hyperthyroidism, receives transdermal methimazole. One soft subcutaneous mass ventral abdomen 2cm diameter. Historical urinary obstruction. Historical IBD diagnosis, on Hypo HP + urinary diet long term. Otherwise clinically well - no V/D/C/S. Sedated with dexmedetomidine + butorphanol

Abnormal PE/Chem/CBC/UA Results: M1 thrombocytosis - M1 elevation in Cystatin B - proBNP M1 elevated 116 (0-100) - SDMA 14 (0-14), Creatinine 167 (80-203) - UPC 0.4 - 3-5/HPF transitional cells on UA - new finding, wanting to assess for TCC - urine culture no growth - Rest of UA NSF

## 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 is small with decreased corticomedullary distinction, measuring 2.35 cm. Normal architecture is significantly disrupted. There is a peripheral cortical cyst noted. There is a small amount of perinephric effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal to borderline enlarged, measuring 4.32 cm, with slightly reduced corticomedullary distinction and occasional cortical mineralizations. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 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 0.40 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 (0.85 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.



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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 moderate fluid. 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.

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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. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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### **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.

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### **Free Abdomen**

There is a scant amount of free fluid in the caudal abdomen around the left kidney and the abnormal caudal abdominal mass effect (fat?). There is no significant lymphadenopathy. The omentum is mildly hyperechoic.

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### **Other**

In the caudal left dorsal region of the abdomen there is a poorly defined, somewhat lobulated appearing, homogeneous mass effect, which has the appearance of fat opacity. This measures approximately 2.39 X 5.37cm and extends to and is surrounding the caudal aspect of the left kidney. There is some fluid visualized between the planes of this tissue, and some mild surrounding inflammation.

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## ULTRASONOGRAPHIC FINDINGS

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- Bilateral renal changes with a small, somewhat sclerotic appearing left kidney, and a larger right kidney with decreased corticomedullary distinction.
- Diffusely "ropey" small intestine with a prominent muscularis – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Homogeneous caudal left dorsal abdominal mass lesion – This has the appearance most consistent with an intraabdominal lipoma. Further evaluation is recommended.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some irregular, homogeneous, slightly hyperechoic tissue visualized in the left dorsal caudal aspect of the abdomen. There is some anechoic free fluid in this region. This potentially has the



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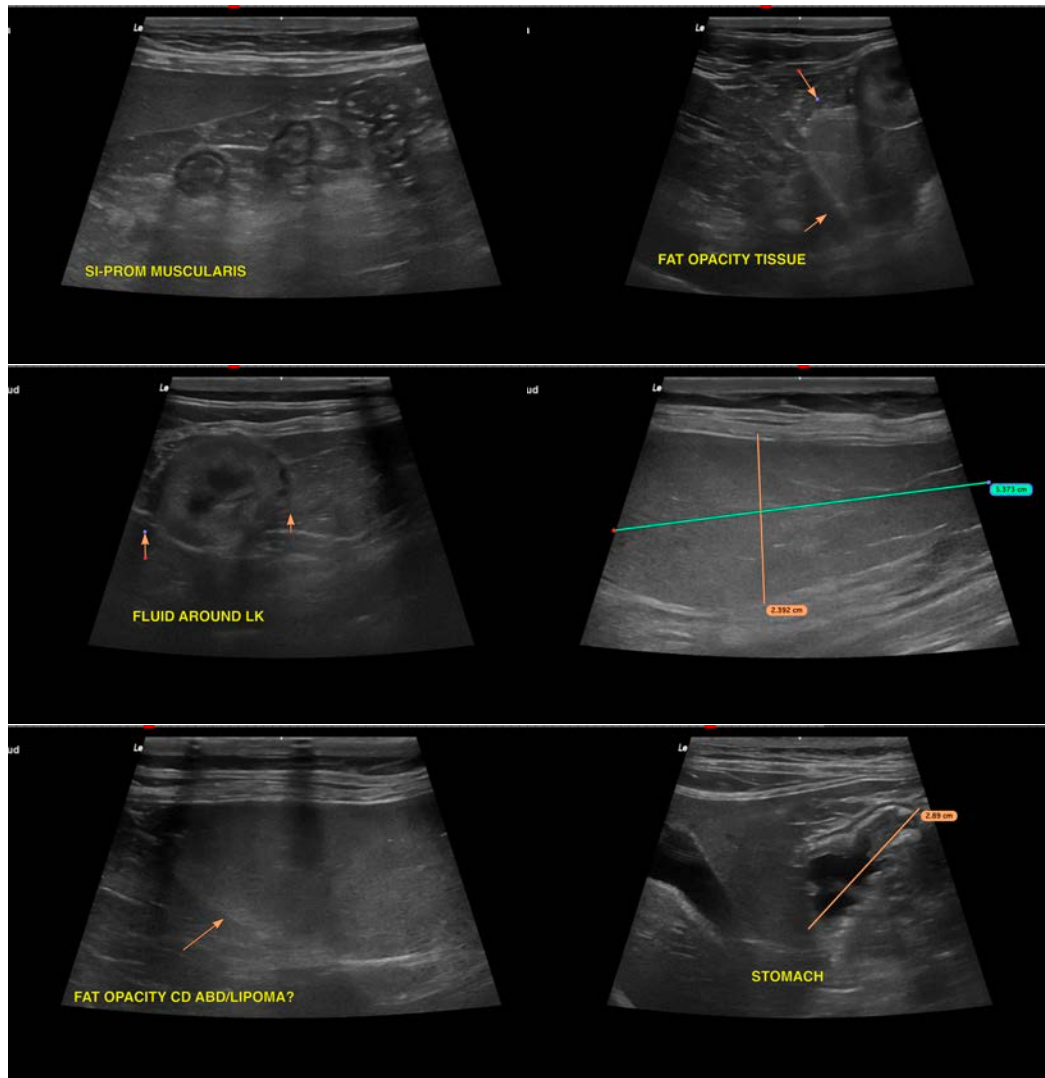
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appearance consistent with an intraabdominal lipoma (other differentials are possible). Consider a fine needle aspirate of this tissue and sampling of the abdominal fluid for fluid analysis and cytology. This structure appears to extend up to the left kidney, which is small with significantly reduced corticomedullary distinction, and there is some free fluid surrounding the kidney. The significance of this is uncertain. A soft ventral abdominal subcutaneous mass is noted in the history. This could be an infiltrative lipoma? Ideally consider a contrast CT scan of the abdomen to further evaluate.

The small intestine appears diffusely “ropey” with a prominent muscularis layer. These changes could be consistent with inflammatory type change or less likely early lymphoma. Correlate with the patient’s history. Are there GI signs, weight loss, etc.? If so, further workup for underlying gastrointestinal disease could be considered. A GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate could be considered, looking for additional evidence of underlying gastrointestinal disease.

No evidence of a bladder mass lesion is observed. Recommend a urine culture and a blood pressure, both due to the renal changes observed and the neurologic symptoms reported.





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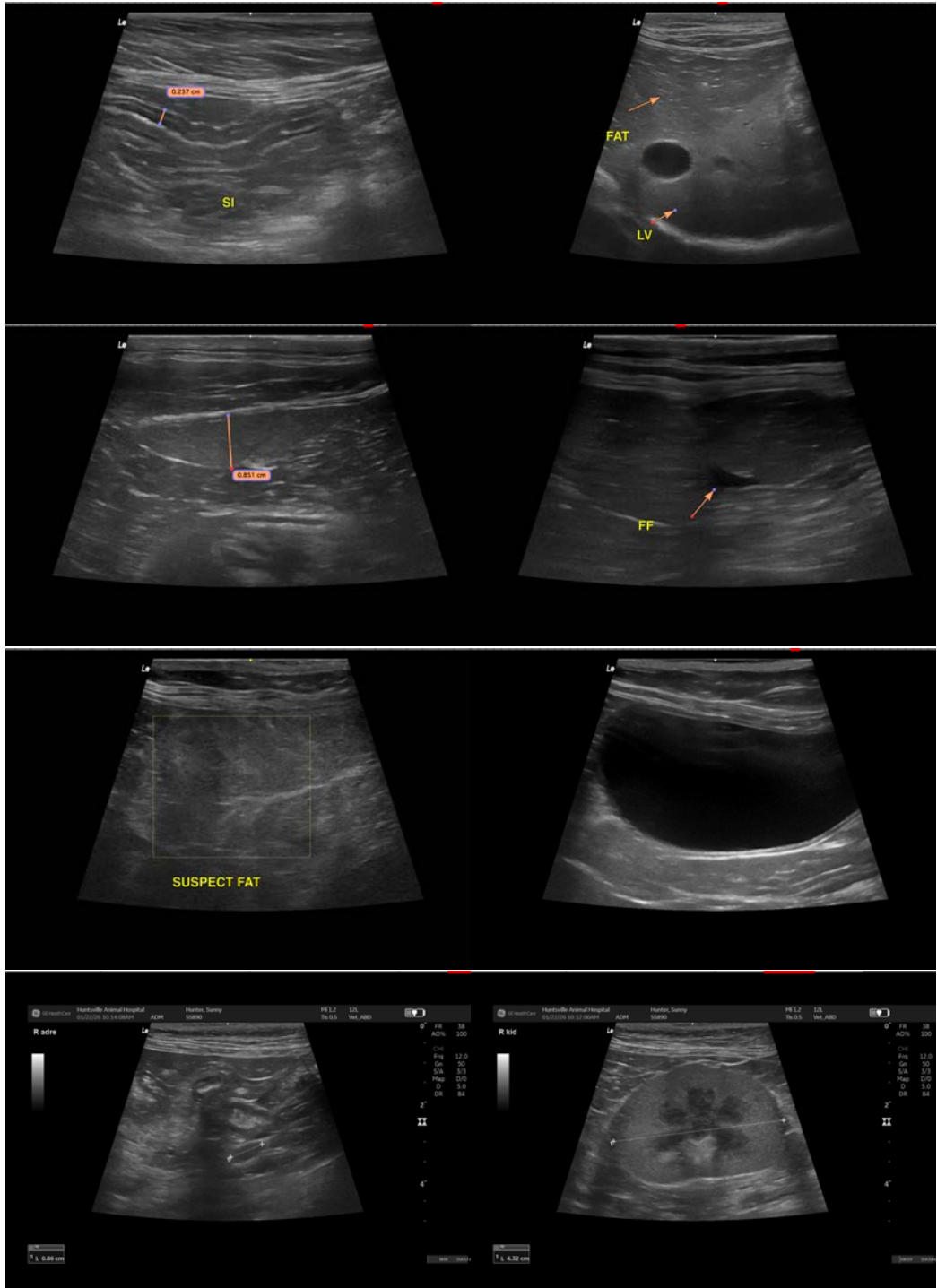
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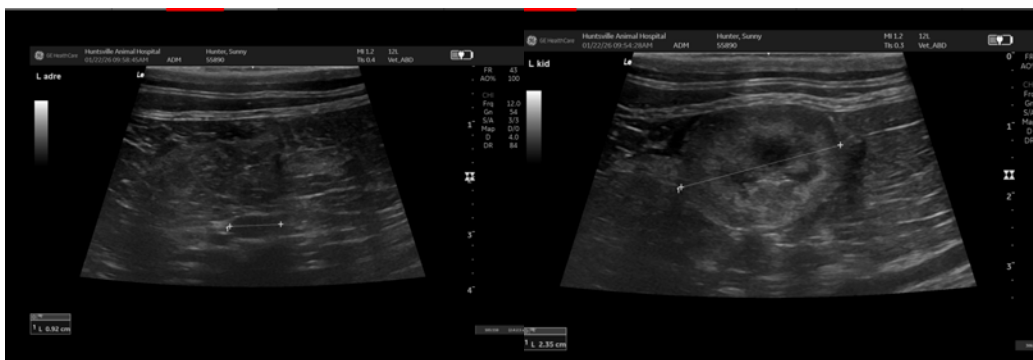
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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