



PATIENT

Milo Hrycak

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year 2 Months

WEIGHT

5.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hesham Akbawy

HOSPITAL NAME

Lincoln Avenue Cat and
Dog Hospital

REFERRING VET

Dr. Hesham Akbawy

INVOICE

72530

DATE

1/28/26

PRESENTING CLINICAL SIGNS

14-month-old male neutered DSH cat. Lethargic, anemic. Was treated for Normocytic anemia in 11/19/2025 with Pet tunic for one month. Returned for n 91/25/2026 with lethargy after visiting the Emergency hospital.

Yesterday's blood shows anemia, PCV: 21.3, Reticulocytes: 0, Hemoglobin: 7.3, High globulin: 11.0, Low Albumin: 2.1

Loss of balance with weak circling to the right. Unable to support weight. Normal: PLR. Normal appetite. Improved of supportive treatment in hospital

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 large (5.24 cm) and irregular in shape. The cortex is increased in echogenicity, with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a hypoechoic brim surrounding the kidney. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is large (4.97 cm) and irregular in shape. The cortex is increased in echogenicity, with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a hypoechoic brim surrounding the kidney. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The right adrenal gland is normal in size measuring 0.36 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.

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 mild fluid. The gastric wall appears somewhat prominent, measuring 0.39 cm. 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 to mild 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. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The descending colon wall is prominent at 0.24 cm with intact wall layering.

Pancreas

The left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic 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 moderate amount of free abdominal fluid. There are occasional prominent mesenteric lymph nodes, examples measure 0.45 cm and 0.41 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular kidneys with a hypoechoic cortical rim. The appearance is concerning for renal lymphoma. Other differentials could include acute renal failure, FIP, etc.
- Pancreatic changes most consistent with chronic pancreatic remodeling or mild pancreatitis.
- Prominent/mildly thickened gastric wall – Findings are most consistent with mild gastritis. An early neoplastic lesion cannot be ruled out.
- Moderate free abdominal fluid and occasional prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes, but early metastatic lymph nodes cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys are large, hyperechoic and irregular with a hypoechoic cortical rim. These changes are highly concerning for renal lymphoma. Recommend a fine needle aspirate of the kidneys for cytologic evaluation. Other possible differentials could include acute renal failure, FIP, renal toxins, etc.

There is a mild to moderate amount of free abdominal fluid. Recommend sampling for fluid analysis and cytology.



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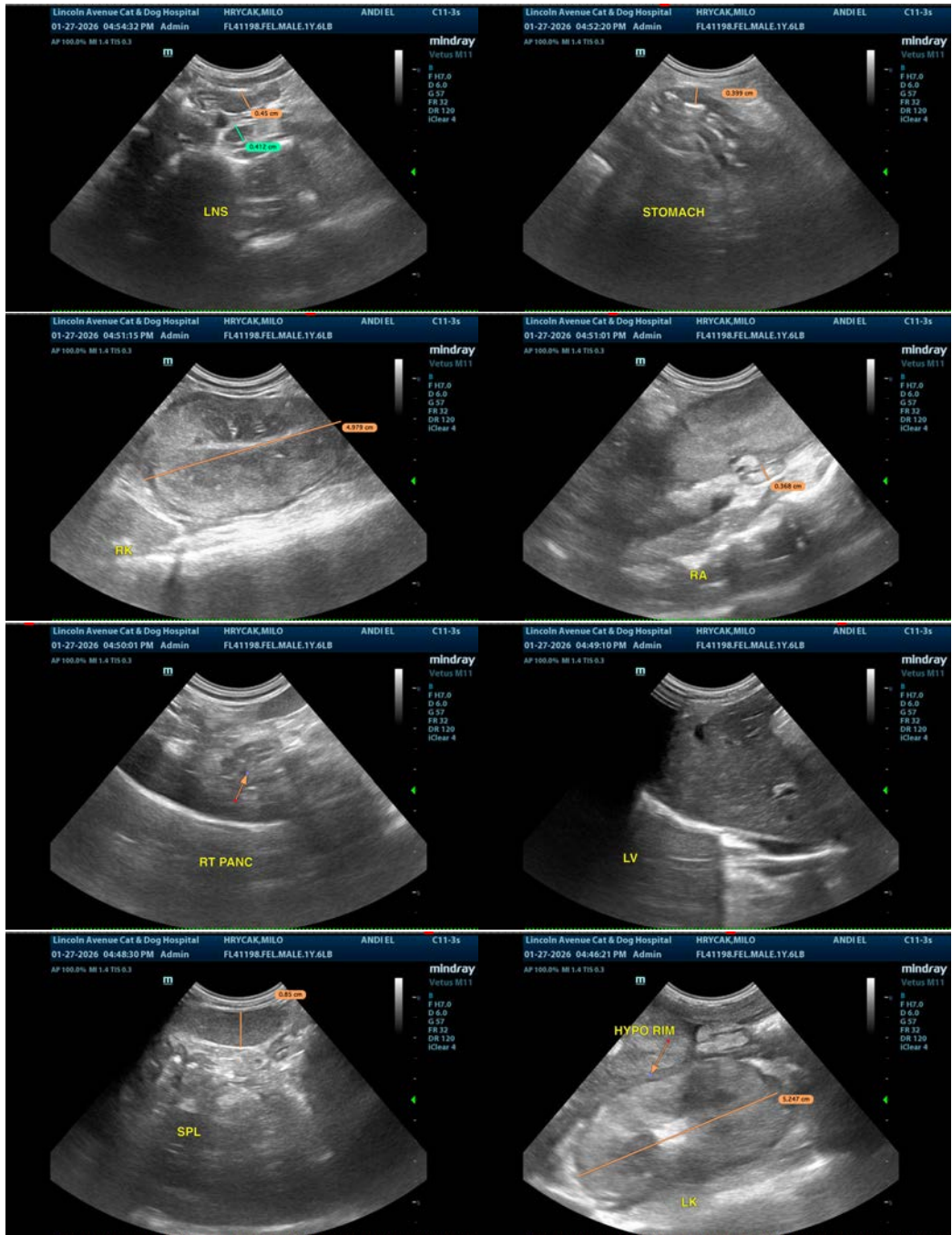
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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