



PATIENT

Felix Laciok

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

~6 Years

WEIGHT

3.45 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street Animal
 Hospital

REFERRING VET

Dr. Murphy

INVOICE

72618

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Seen December 17, 2025 - had been vomiting and weight loss with blood in stool. No diarrhea

Seen January 21, 2026 - no further vomiting. Has been giving acidophilus and stool is now soft. Owner thinks that he is drinking a lot of water and urinating around the house. Scratching himself a lot.

BCS: 3/9 with marked muscle wasting. Abdominal palp: possible multilobulated mid abdominal mass

Current Medications: Acidophilus

Abnormal PE/Chem/CBC/UA Results: hct 0.17 (0.31-0.51) mcv 37.8 (38-53) mch 9.6 (12.3-17.3) mchc 252.9 (291-357) retic 90 (0-70)wbc 23.9 (3.9-19.0) neutrophil 21.03 (2.62-15.7) eosinophils 0 (0.21-1.21) platelets 689 (100-400) autoagglutination of erythrocytes is present an persists with saline dilution creatinine 51 (80-203) urea 4.4 (5.7-13.2) ca 2.0 (2.2-2.7) tp 46 (63-88) alb 19 (26-39) glob 27 (30-59) alt 8 (27-158) FIV neg Felv neg Radiographic Findings irregular mass effect palpable right cranial abd kidneys naf some stool and gas in colon Primary Question to Be Answered in This Exam neoplasia?

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 (3.89 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.

The right kidney has a normal shape and size (3.81 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.27 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 0.24 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 (0.55 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.



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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.

Gastrointestinal

The stomach contains mild fluid and gas. Some areas of the gastric wall appear normal with intact wall layering, measuring at 0.43 cm. A significant portion of the gastric wall appears severely thickened and irregular with complete loss of layering. In this area the gastric wall measures up to 1.6 cm, creating a mass effect associated with the stomach measuring 3.39 cm x 2.64 cm.

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. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.23 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. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The left limb of the pancreas is prominent and mottled 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a cranial abdominal lymphadenopathy with a gastric lymph node measuring 1.29 cm x 1.6 cm and a small cluster of lymph nodes measuring 0.25, 0.28, and 0.41 cm surrounded by reactive mesentery. The omentum is generally hyperechoic in the cranial abdomen in the region around the stomach.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatitis/chronic pancreatic remodeling.
- Severe gastric wall thickening and loss of layering with an associated gastric mass lesion – Findings are most consistent with infiltrative disease (round cell neoplasia, carcinoma, other). Other differentials are possible.
- Cranial abdominal inflammation and lymphadenopathy – Findings are most consistent with metastatic or highly reactive lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric wall is focally severely thickened with complete loss of layering. This thickening is most consistent with infiltrative disease, and there is a focal hypoechoic mass effect visualized associated



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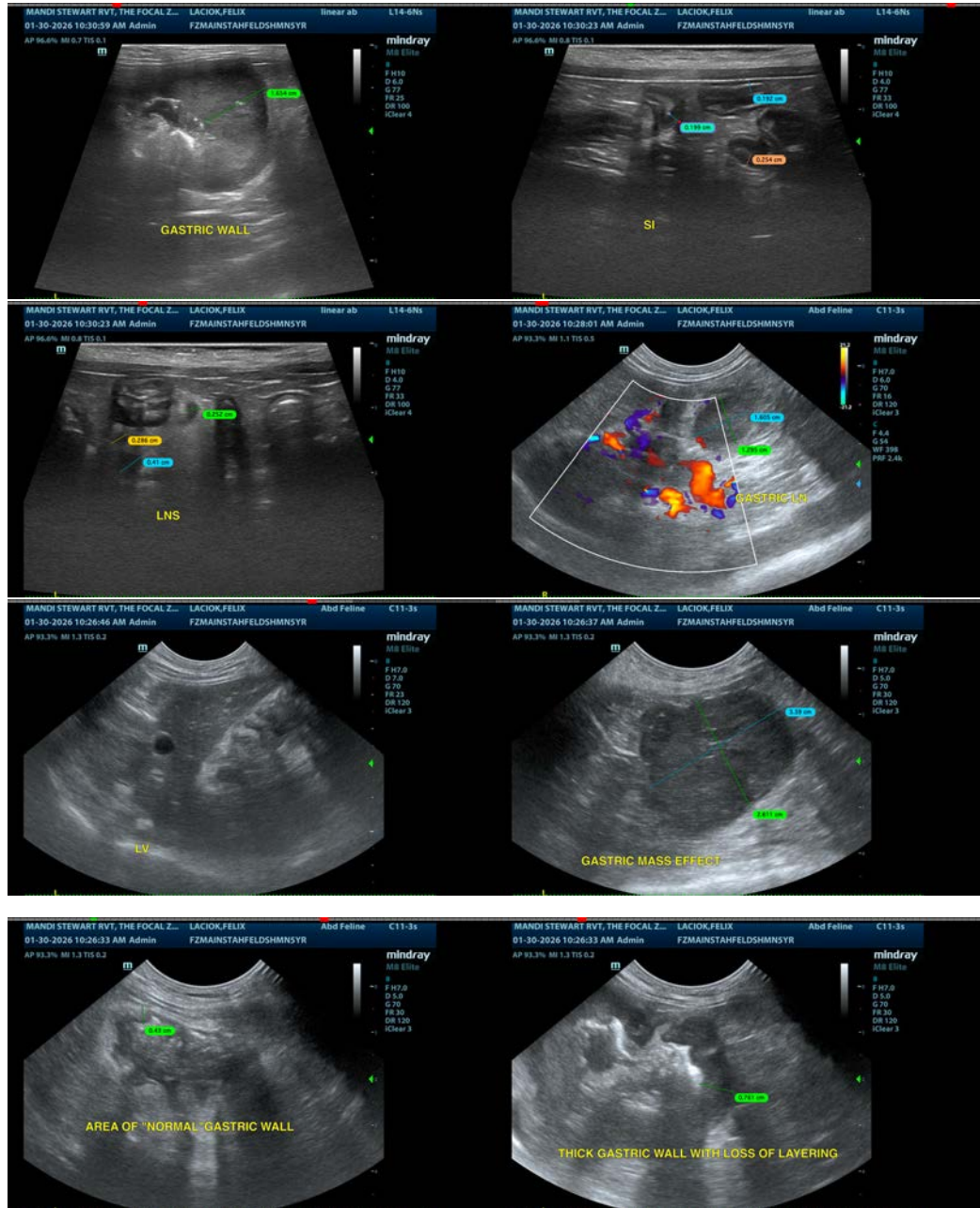
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with the stomach. Recommend a fine needle aspirate of the thickened gastric wall. If cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding possible treatment options and prognosis.

There are occasional cranial abdominal lymph nodes that are enlarged. These likely represent metastatic or reactive lymph nodes.





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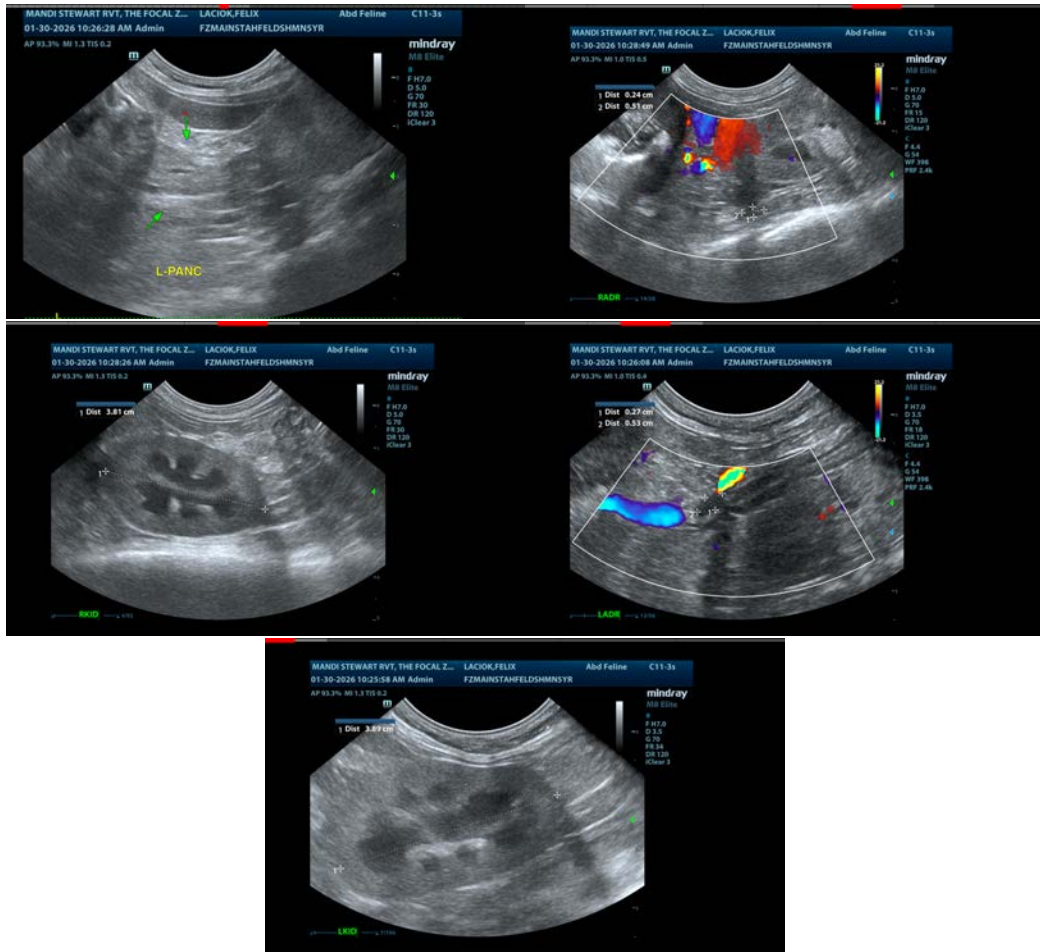
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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