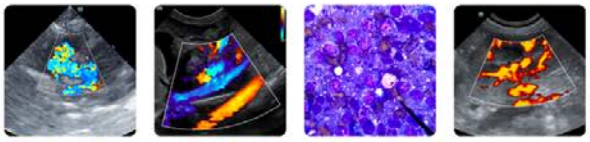


PATIENT

Kitty Moski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10.5 Years

WEIGHT

5.03 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Fredette

INVOICE

72040

DATE

1/7/26

PRESENTING CLINICAL SIGNS

Ongoing intermittent and fluctuation PCV changes, bloodwork is otherwise normal post pancreatitis flare up (November 2025), despite steroid use PCV had increased back to 28.5 then dropped to 17 despite therapy.

Abnormal PE/Chem/CBC/UA Results: Jan 5/26 PCV 17% CBC: Nov 24/25 RBC 3.35 x10^12/L (6.54 - 12.2) HCT 0.174 L/L (0.303 - 0.523) HGB 54 g/L (98 - 162) Retic 147.4 K/µL (3 - 50) Neut 22.57 x10^9/L (2.3 - 10.29) SDMA 18 µg/dL (0 - 1) Pancreatic Lipase 16.4 U/L (0 - 4.4)

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 and irregular in shape, measuring 2.43 cm. The kidney generally has a shrunken appearance with minimal normal architecture. There is mild pyelectasia at 0.23 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction.

The right kidney is large, mottled and hypoechoic with poor corticomedullary distinction. The margins are scalloped, and there is a thin hypoechoic cortical rim, most consistent with subcapsular fluid. The right kidney measures 5.47 cm.

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.

The right adrenal gland is normal in size measuring 0.55 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.

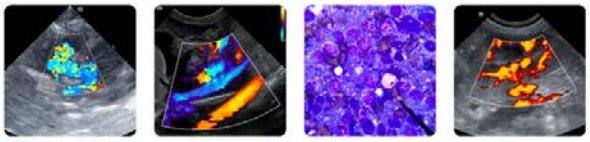
Spleen

The spleen is subjectively normal in size (0.50 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.



PATIENT

Kitty Moski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10.5 Years

WEIGHT

5.03 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Fredette

INVOICE

72040

DATE

1/7/26

Gastrointestinal

The stomach contains mild/moderate fluid. The gastric wall is severely thickened and hypoechoic, measuring up to 1.4 cm in thickness. Severe gastric wall thickening and loss of layering comprises the majority of the gastric wall.

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 0.20 cm. Jejunum wall measures 0.18 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There are numerous small hypoechoic nodules in the right limb. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small amount of free abdominal fluid. No lymphadenopathy noted. The omentum is hyperechoic around the stomach and the right kidney.

ULTRASONOGRAPHIC FINDINGS

- Small, shrunken left kidney with minimal normal architecture, and a large, irregular, mottled right kidney with subcapsular fluid – Findings are concerning for neoplastic infiltration. Other differentials could include causes for acute renal failure (toxin, infection, etc.).
- Pancreatic changes most consistent with chronic pancreatic remodeling/chronic pancreatitis and nodular hyperplasia.
- Severely thickened gastric wall with loss of layering – Findings are most consistent with infiltrative neoplasia to the gastric wall. Other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney is shrunken with minimal normal architecture. The right kidney is large and abnormal with irregular margins, abnormal mottled parenchyma, loss of normal architecture, and subcapsular fluid. The appearance is concerning for infiltrative neoplasia (lymphoma of the right kidney), although other differentials are possible. A fine needle aspirate of the kidney could be considered (provided coagulation parameters and blood pressure is normal).

The gastric wall is severely thickened with complete loss of layering. Findings are concerning for infiltrative neoplasia to the gastric wall. Primary differentials would include round cell neoplasia, carcinoma, other. A fine needle aspirate of the gastric wall should be considered for cytologic evaluation.

PATIENT

Kitty Moski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10.5 Years

WEIGHT

5.03 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Fredette

INVOICE

72040

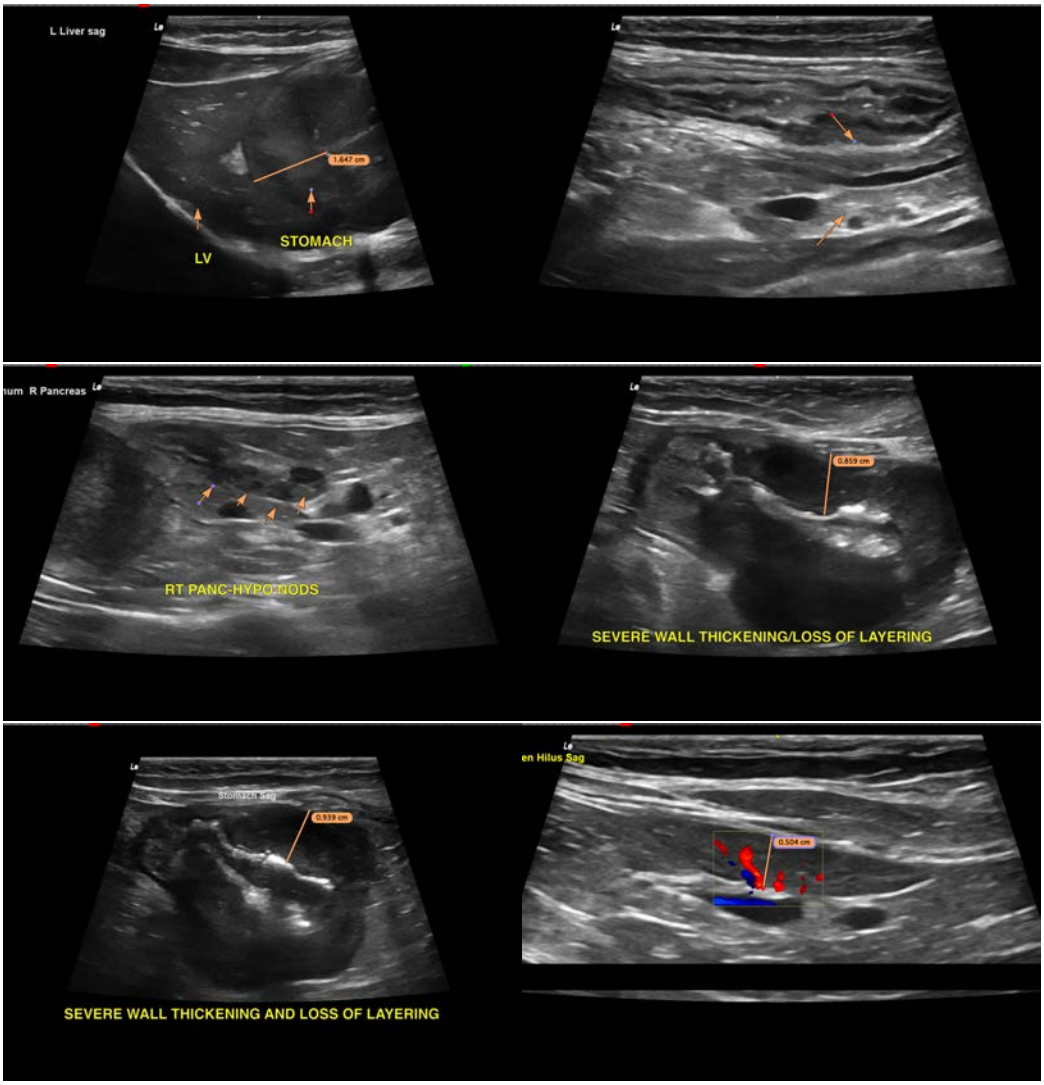
DATE

1/7/26

The pancreatic changes are more consistent with chronic pancreatitis and lymphoid hyperplasia, though neoplastic change cannot be excluded.

The general appearance is suggestive of a multicentric round cell neoplasia. It is possible that there was an initial episode of remission on steroid therapy. If a diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding possible medical treatment options.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



PATIENT

Kitty Moski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10.5 Years

WEIGHT

5.03 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

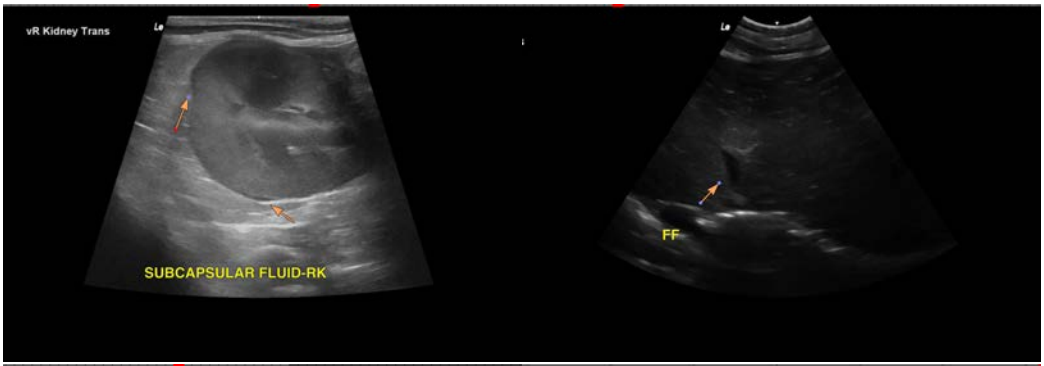
Dr. Fredette

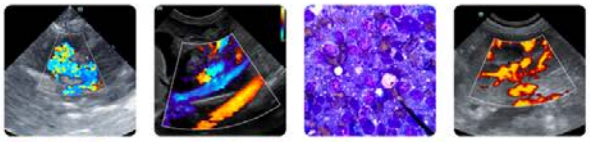
INVOICE

72040

DATE

1/7/26





PATIENT

Kitty Moski

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10.5 Years

WEIGHT

5.03 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Fredette

INVOICE

72040

DATE

1/7/26

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