



## PATIENT

Babou Walters

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

4 years

## WEIGHT

9.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jessica Boudreaux-  
Milligan

## HOSPITAL NAME

Dockside Veterinary  
Imaging

## REFERRING VET

Dr. Dawn Morgan-  
Winter

## INVOICE

11086

## DATE

1/8/2026

## PRESENTING CLINICAL SIGNS

Presented for inappetence. Azotemia, kidney palpate enlarge and painful. Anemia. Non regenerative. Currently hospitalized; blood transfusion yesterday.

Abnormal PE/Chem/CBC/UA Results: Please see attached records.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney is large in size (6.12 cm), and slightly irregular in shape with decreased corticomedullary distinction. The cortex is of increased echogenicity with pyelectasia noted measuring 0.31 cm, and a small amount of perirenal effusion and inflammation surrounding the kidney.

The right kidney is large in size (6.03 cm), and slightly irregular in shape with decreased corticomedullary distinction. The cortex is of increased echogenicity with pyelectasia noted measuring 0.2 cm, and a scant amount of perirenal effusion and inflammation surrounding the kidney.

### 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.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

### Spleen

The spleen is large, hypoechoic, and mildly mottled measuring 1.21 cm in width.

### Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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/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 increased (duodenum 0.47 cm, jejunum 0.31 cm). Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. The muscularis layer of the small intestine is diffusely thickened.

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. The descending colon wall appears thickened and irregular with decreased detailed wall layering measuring at 0.36 cm distally.

## Pancreas

The pancreas is prominent and hypoechoic in the left limb. 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 revealed scant free fluid. There is a significant mesenteric lymphadenopathy present with a large splenic lymph node measuring 1.1 cm x 0.61 cm, a cluster of lymph nodes near the ileocecal junction measuring 0.78 cm x 1.29 cm, and 0.75 cm x 1.04 cm. A large lymph node in the caudal abdomen measuring 1.31 cm x 2.29 cm. A jejunal lymph node measuring 0.84 cm x 3.46 cm. The omentum is diffusely hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Bilaterally large kidneys with decreased corticomedullary distinction, hyperechoic cortices, and perirenal inflammation/effusion. Likely differentials would include renal lymphoma, causes of acute renal failure (pyelonephritis, toxin, FIP, etc.)
- Large, hypoechoic, mildly mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Large, heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Diffusely thickened small intestine with a prominent muscular layer. Possible differentials could include significant inflammatory or early neoplastic change.
- Thickened irregular colon wall with reduced detailed wall layering. Findings are most consistent with severe colitis or early infiltrative disease.
- Diffuse moderate mesenteric lymphadenopathy. The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick

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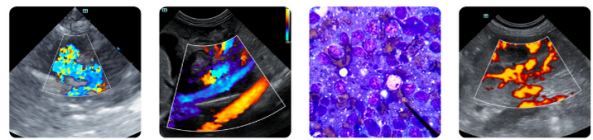
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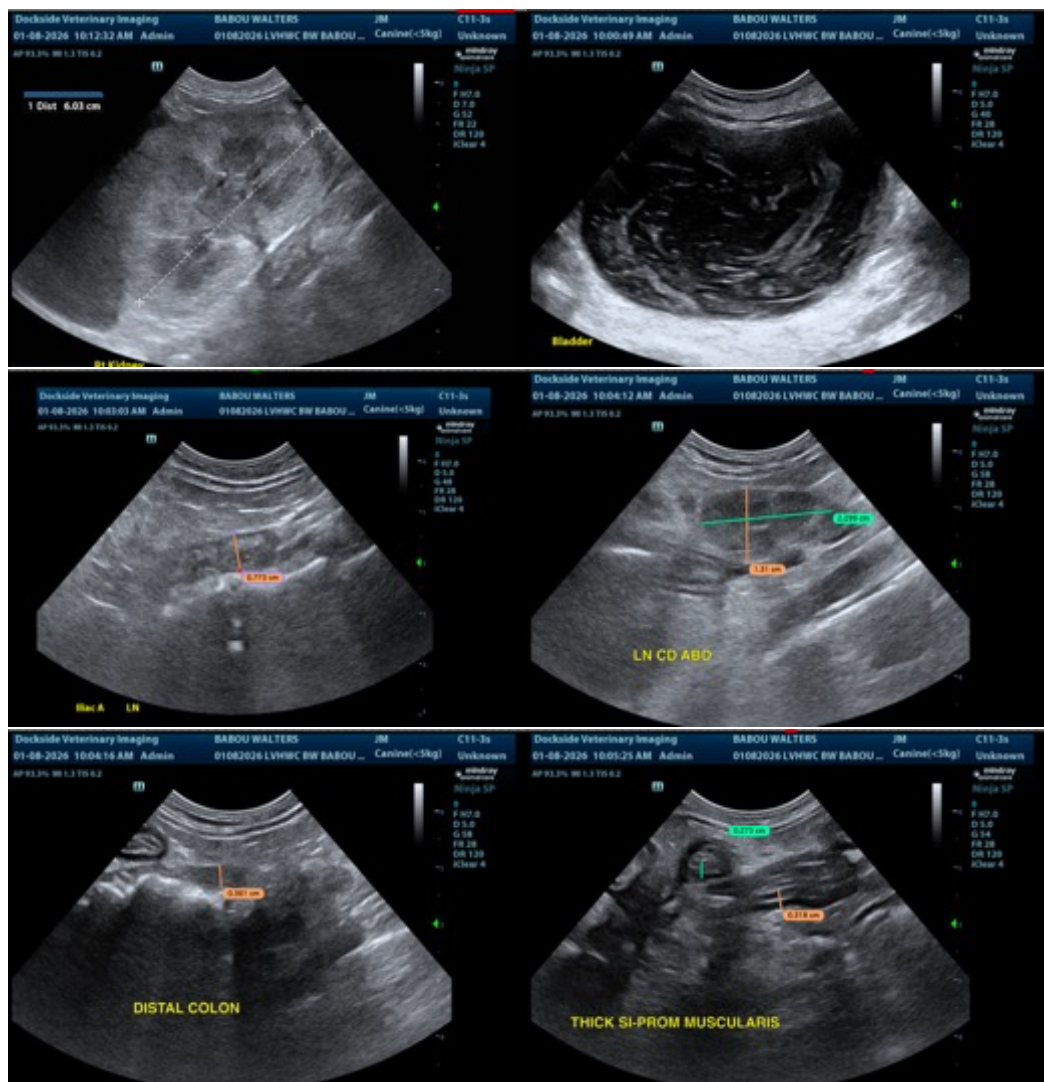
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born disease-such as bartonealla, fungal infections, FIP (cats)) etc.. A fine needle aspirate with cytology is recommended for further evaluation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a significant lymphadenopathy present as well as enlarged, hyperechoic kidneys with perirenal effusion and changes involving the spleen and liver. These changes combined with the thickened small intestine are most concerning for multicentric neoplasia. Recommend a fine needle aspirate of the spleen, liver, and lymph nodes. If this is not diagnostic, consider a fine needle aspirate of the kidneys (provided coagulation parameters and blood pressure are normal.) Other non-neoplastic differentials do exist (FIP, acute renal failure, etc.) Additionally, consider a pathologist review of a blood smear looking for neoplastic cells.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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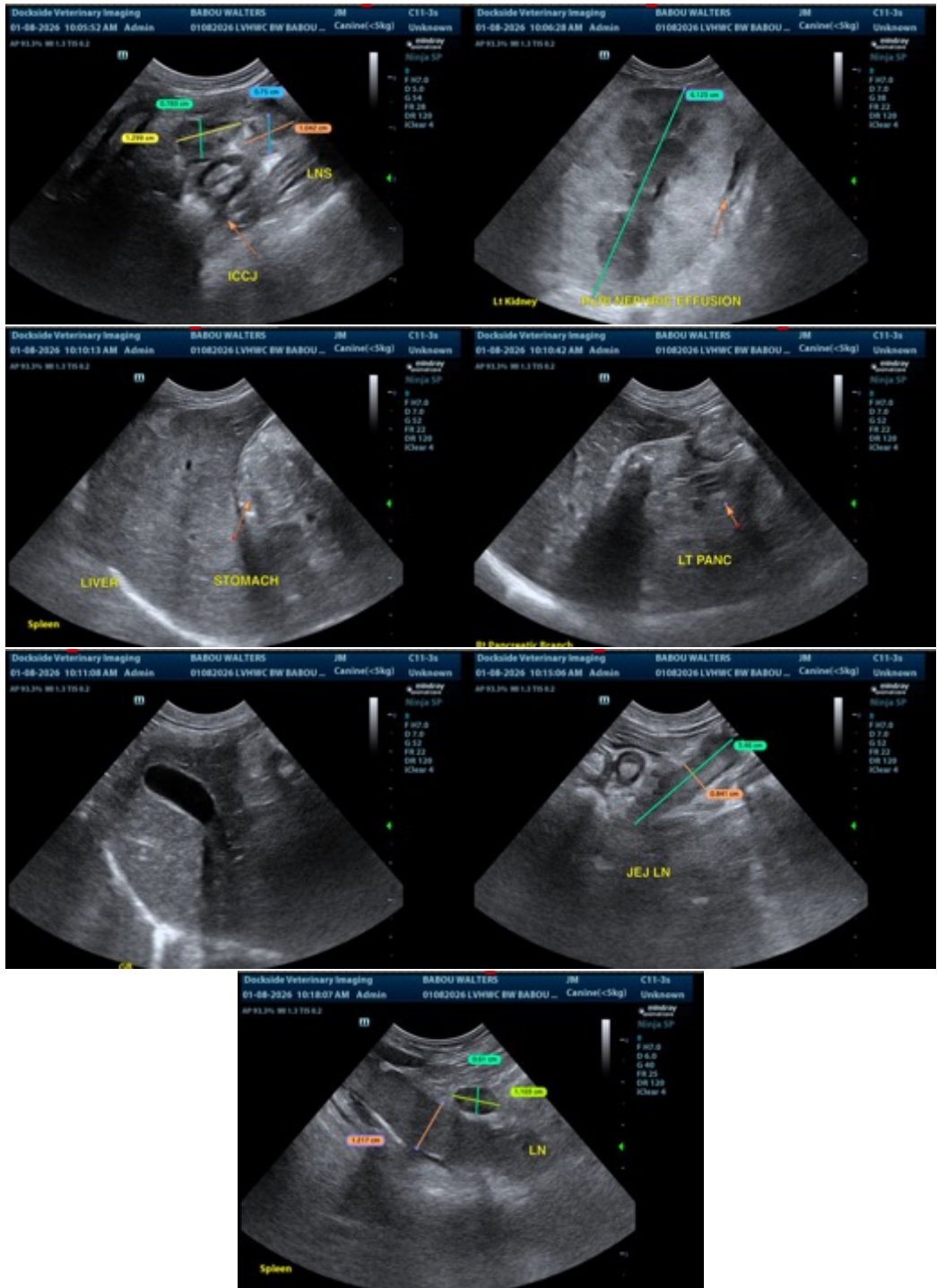
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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