PATIENT

Frankie Li

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

5.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Four Paws Animal Clinic

REFERRING VET

Dr. Susan Lester

INVOICE

71975

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Weight loss, chronic vomiting EOD, no appetite 2-3 days/inappetence, increased water intake, lethargic. Renal dz, GI dz, r/o other internal conditions. 11.18.25: IDEXX SDMA 25 (0 - 14 µg/dL) BUN 41 (16 - 37 mg/dL) IDEXX Cystatin B (Urine) > 2,500 (0 - 99 ng/mL) Anion Gap 26 (12 - 25 mmol/L) Cholesterol 80 (91 - 305 mg/dL) Creatine Kinase 476 (64 - 440 U/L) Specific Gravity 1.027 (1.035 - 1.098) Urine Protein 1+ White Blood Cells 0-2 HPF Red Blood Cells 0-2 HPF Epithelial Cells RARE (0-1) Crystals OCCASIONAL AMMONIUM MG PHOSPHATE (0-1)/HPF Urine culture pending. 50mg gabapentin 11.19.25, 0.45mLs Cerenia 11.17.25, 150mLs LRS SQ 11.17.25, Any additional information FeLV, FIV, HW neg x 3 (5.16.24)

Abnormal PE/Chem/CBC/UA Results: LABS attached

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 (3.72 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.55 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.35 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 0.39 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 (0.60 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 large and irregular in shape. The visible portions of the vasculature and biliary tract appear normal. There are numerous expansile hypoechoic/mixed echogenicity masses in the liver. On the left

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side of the liver lesions measure 2.28 cm, 0.94, and 1.25 cm in diameter. On the right side there is a larger mass effect measuring 2.86 cm x 4.51 cm.

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 minimal luminal contents. 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.

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. 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 appears large and abnormal in shape with irregular, thickened walls, creating a mass effect measuring 3.01 cm x 2.02 cm. The ascending colon wall appears thickened with reduced detail of wall layering, measuring at 0.45 cm. The descending colon visualized near the urinary bladder appears within normal limits.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent lymph nodes. a lymph node visualized near the ileocecal junction measures 0.39 cm. The omentum is hyperechoic around the ileocecal junction.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Large, expansile mass lesions visualized associated with the liver – The appearance is concerning for metastatic neoplasia, although other differentials are possible.
- Mass effect involving the ileocecal junction – Finding is concerning for infiltrative disease (round cell neoplasia, carcinoma, other). Other differentials are possible (FIP, etc.).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is very abnormal with numerous large expansile mass lesions. The appearance is concerning for metastatic disease. Recommend a fine needle aspirate of a hepatic lesion.

Additionally, there is a somewhat poorly defined mass effect involving the ileocecal junction with thickening and loss of layering of these structures. This is concerning for infiltrative neoplasia (round cell neoplasia, carcinoma, other), although inflammatory lesions such as FIP, etc. are also possible. Consider a fine needle aspirate of a thickened region of the ileocecal junction.

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

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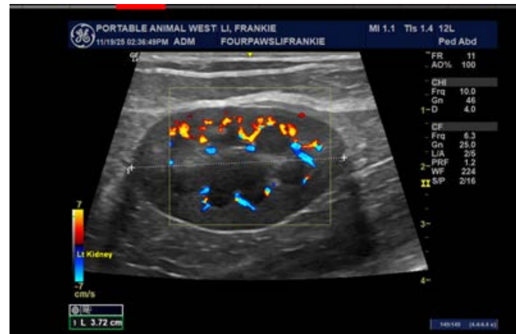

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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