



PATIENT

Rupaul Bostic

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/21/15

WEIGHT

5.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Brighton Greens
Veterinary Hospital

REFERRING VET

D. Robin Janeway

INVOICE

71960

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11/19/25

PRESENTING CLINICAL SIGNS

Off and on diarrhea since mid August. Metronidazole, visbiome and o declined hydrolyzed or select protein diet. Lab work 9/30 Na/K 29, T4 WNL 1.9, USG 1.049, occult bl 1+, OPG negative PSL WNL 12. Radiographs 10/29/25 Findings: WHOLE BODY, 4 views of the thorax and abdomen are available for interpretation. No cardiovascular abnormalities are detected. No abnormalities are seen in the pulmonary parenchyma or vasculature, mediastinum, or pleural space. There is good abdominal serosal detail. The stomach contains a small volume of gas. The small intestines contain a combination of gas and fluid and are normal in diameter; there is possible thickening of the wall of the small intestines. The colon is moderately gas distended and also contains a small volume of semi-formed fecal material. No abnormalities are seen in the liver, spleen, kidneys, or urinary bladder. No abnormalities are seen in the visible bony structures. Assessment: Normal thorax with no evidence of pulmonary metastatic disease or intrathoracic lymphadenopathy. Possible mild thickening of the wall of the small intestines. This may be secondary to fluid silhouetting with the wall, inflammatory bowel disease, or small cell lymphoma. There is also gas distention of the colon with a small volume of semi-formed fecal material; rule out a colitis. An abdominal ultrasound can be considered for more detailed evaluation of the wall of the GI tract, regional lymph nodes, and pancreas.

Abnormal PE/Chem/CBC/UA Results: Working diagnosis IBD, triaditis, pancreatitis, neoplasia, other...
* Lab work NSF 9/30/25- Na/K 29, T4 WNL 1.9, USG 1.049, occult bl 1+, OPG negative PSL WNL 12

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 (3.95 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.05 cm) and irregular in shape (due to numerous previous infarcts). Overall echogenicity is slightly hyperechoic with mildly reduced 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 or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 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 0.50 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.



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Spleen

The spleen is subjectively normal in size (0.67 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 normal/borderline small. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is an irregular hyperechoic mass effect visualized in the right caudal aspect of the liver measuring 2.16 cm x 2.71 cm. Additionally, there is a smaller hyperechoic nodule in the mid parenchyma region of the liver measuring 0.93 cm x 1.01 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 duct appear dilated and tortuous proximally, measuring at 0.60 cm. The bile duct is visualized distally at the level of the duodenal papilla, appears normal measuring 0.20 cm.

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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.29 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There is segmental thickening of the small intestine with a prominent muscularis layer in some regions. The jejunum wall measures up to 0.32 cm. Wall layering is intact. Additionally, the duodenal papilla is visualized and appears normal at 0.30 cm.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The colon is distended with non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

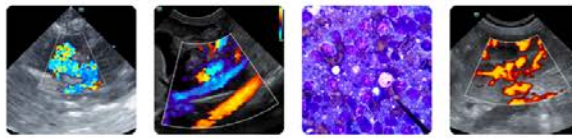
The right limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy. An example of a large lymph node near the ileocecal junction measures 0.41 cm. A cluster of mesenteric lymph nodes measure at 0.35 cm and 0.47 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys and right-sided renal infarcts.



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- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Irregular hyperechoic mass lesion visualized in the right caudal liver and smaller hyperechoic nodule – The mass could represent a cystadenoma, cystadenocarcinoma, carcinoma, other.
- Dilated/tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Segmental thickening of the small intestine with areas exhibiting a prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Diffuse mild/moderate mesenteric lymphadenopathy – Findings are most consistent with reactive lymph nodes, although an early neoplastic process cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely “ropey” with some areas exhibiting a prominent muscularis layer. These changes are most consistent with inflammatory type change/IBD, although an early neoplastic process cannot be ruled out. There are prominent mesenteric lymph nodes as well. These are likely too small to easily sample. If a safe window for sampling is available, you could consider a fine needle aspirate if a larger lymph node is available.

There is a somewhat irregular hyperechoic mass effect that appears to be arising from the caudal aspect of the right side of the liver. The appearance could be amenable to surgery. Recommend a contrast CT scan to further evaluate. Additionally, the bile duct is dilated and tortuous. I don’t see evidence of an obstruction, but with a mass effect in this region this could be a factor.

Recommend a fine needle aspirate of the liver mass. If surgery is pursued, consider obtaining biopsies of the GI tract at the same time to evaluate for a primary enteropathy.

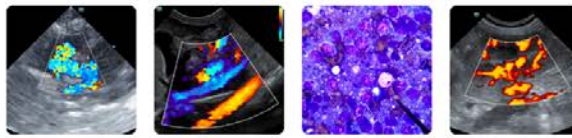
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

One of the most effective potential treatments for chronic diarrhea would be dietary therapy. Consider a hydrolyzed protein prescription diet as well as a GI panel to Texas A&M to evaluate a PLI, TLI, cobalamin and folate, looking for evidence of chronic pancreatitis, exocrine pancreatic insufficiency, etc.

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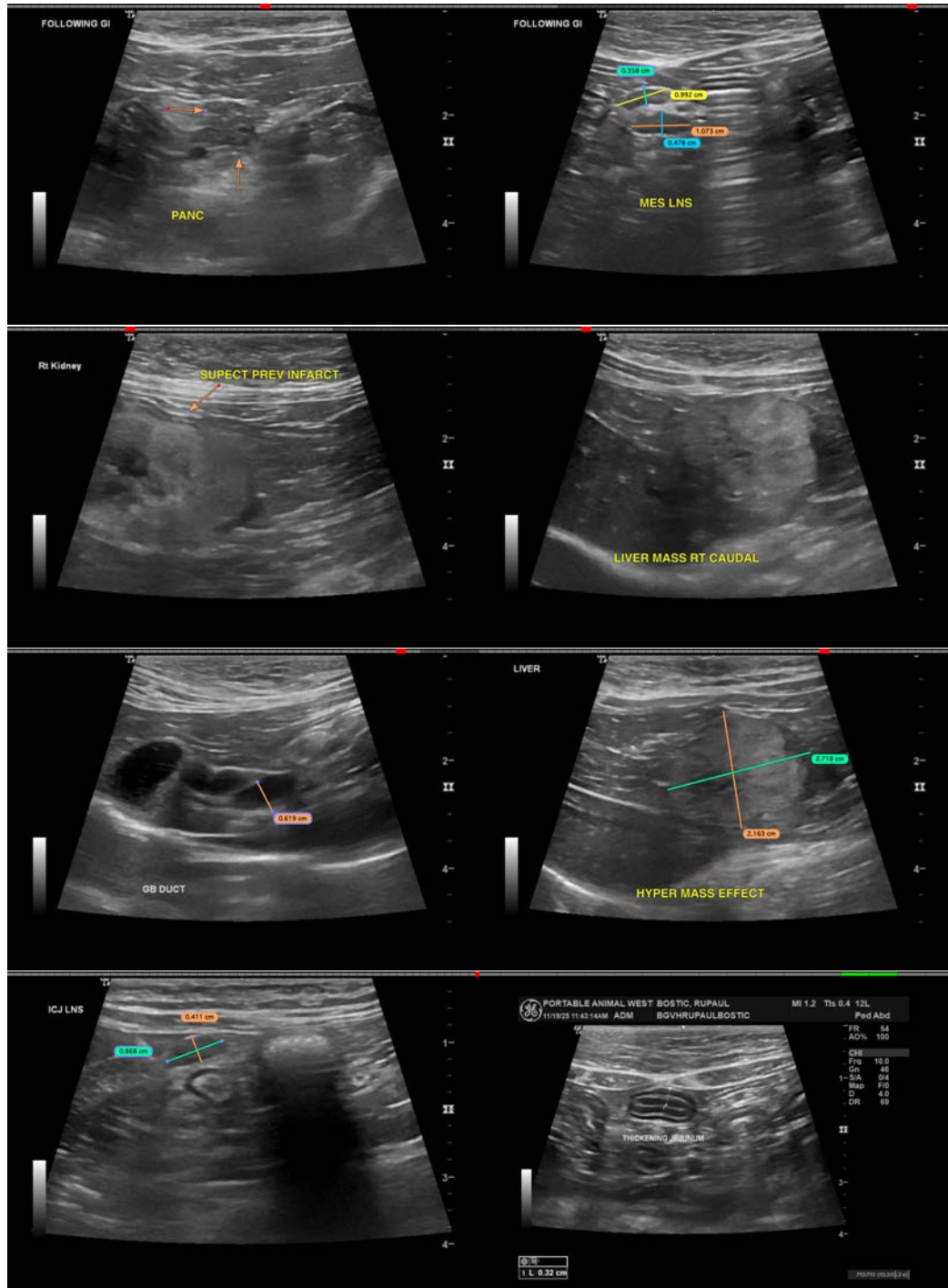
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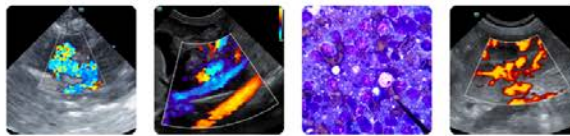
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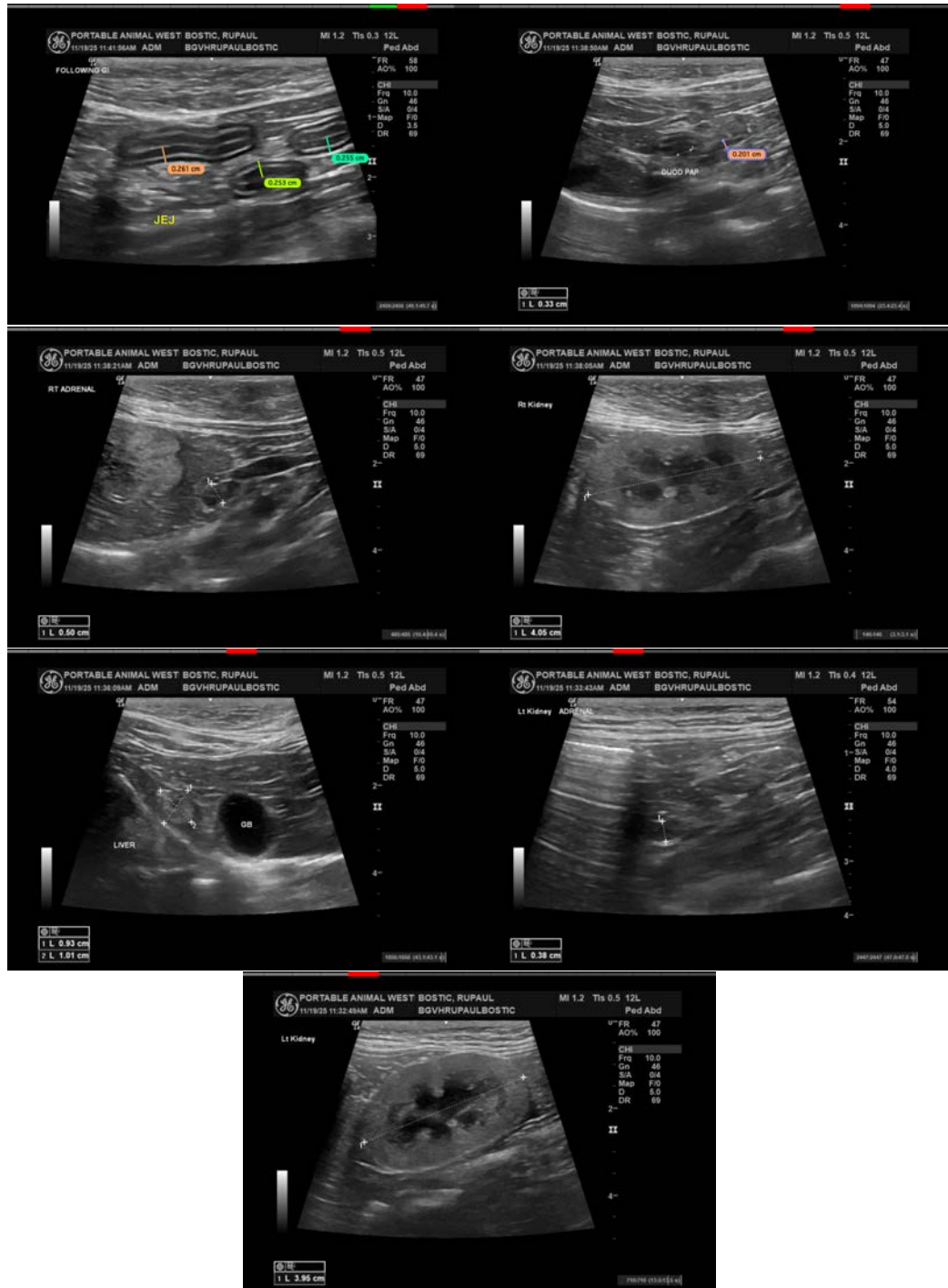
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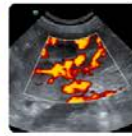
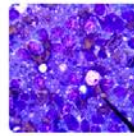
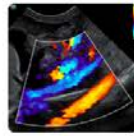
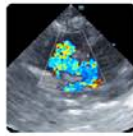
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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