



PATIENT

Bitsy Benjamin

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Morris Hills Veterinary
Clinic

REFERRING VET

Dr. Hirshenson

INVOICE

72004

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Owner reports that cat will pass blood in stools, abd. palpation susp of mass effect, Meds: miralax daily

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 (3.25 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 (3.64 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 0.48 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 0.28 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 (0.69 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 distal common bile duct appears mildly prominent and dilated, measuring at 0.29 cm proximal to the duodenal papilla.

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.



PATIENT

Bitsy Benjamin

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

9 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Morris Hills Veterinary
Clinic

REFERRING VET

Dr. Hirshenson

INVOICE

72004

DATE

11/20/25

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 0.32 cm. Jejunum wall measures 0.25 cm. The ileum is prominent at the ileocecal junction measuring 0.44 cm. Visualized peristalsis appears appropriate. The duodenal papilla is prominent, measuring at 0.60 cm x 0.50 cm, with mildly dilated common bile duct proximally.

The ileocecal junction is visualized and appears thickened. The ileum is prominent measuring 0.44 cm. The descending colon/distal colon appears severely thickened with complete loss of layering. In this area the colon measures 2.46 cm in diameter, and the colon wall measures 1.16 cm, creating a large mass effect.

Pancreas

The right 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 significant lymphadenopathy with large mesenteric lymph nodes measuring 0.74 cm x 3.06 cm and 0.83 cm x 2.3 cm. A large sublumbar lymph node measures 1.44 cm x 1.66 cm in the region adjacent to the large colonic mass.

ULTRASONOGRAPHIC FINDINGS

- Severely thickened colon wall with loss of layering – Findings are most consistent with infiltrative neoplasia (round cell neoplasia, carcinoma, other). Other differentials such as granulomatous colitis, etc. are possible.
- Large, hypoechoic mesenteric and sublumbar lymph nodes – Findings are concerning for metastatic lymph nodes. Highly reactive lymph nodes are possible.
- Diffusely “ropey” small intestine – Findings are most consistent with mild inflammatory type change. Early neoplastic change cannot be ruled out.
- Prominent duodenal papilla and mildly dilated distal bile duct.
- Mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect involving the distal colon with the wall being severely thickened with loss of layering. Recommend a fine needle aspirate of the colon wall (I believe this was done during today’s exam) and an enlarged lymph node for cytologic evaluation. If a diagnosis cannot be obtained based on cytologic evaluation, consider surgical biopsies.

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



PATIENT

Bitsy Benjamin

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

9 lbs

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Morris Hills Veterinary
 Clinic

REFERRING VET

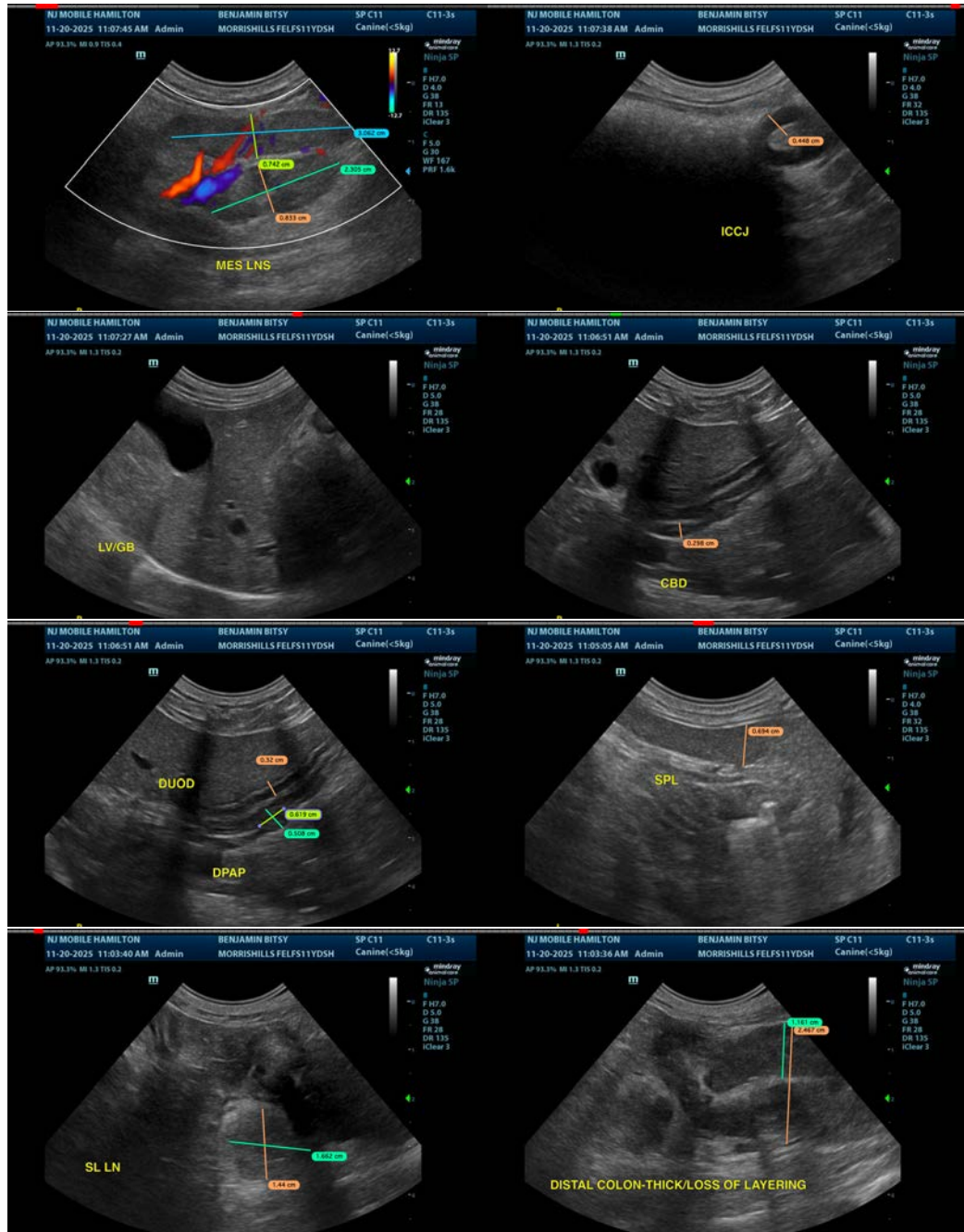
Dr. Hirshenson

INVOICE

72004

DATE

11/20/25





PATIENT

Bitsy Benjamin

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years 6 Months

WEIGHT

9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Morris Hills Veterinary
 Clinic

REFERRING VET

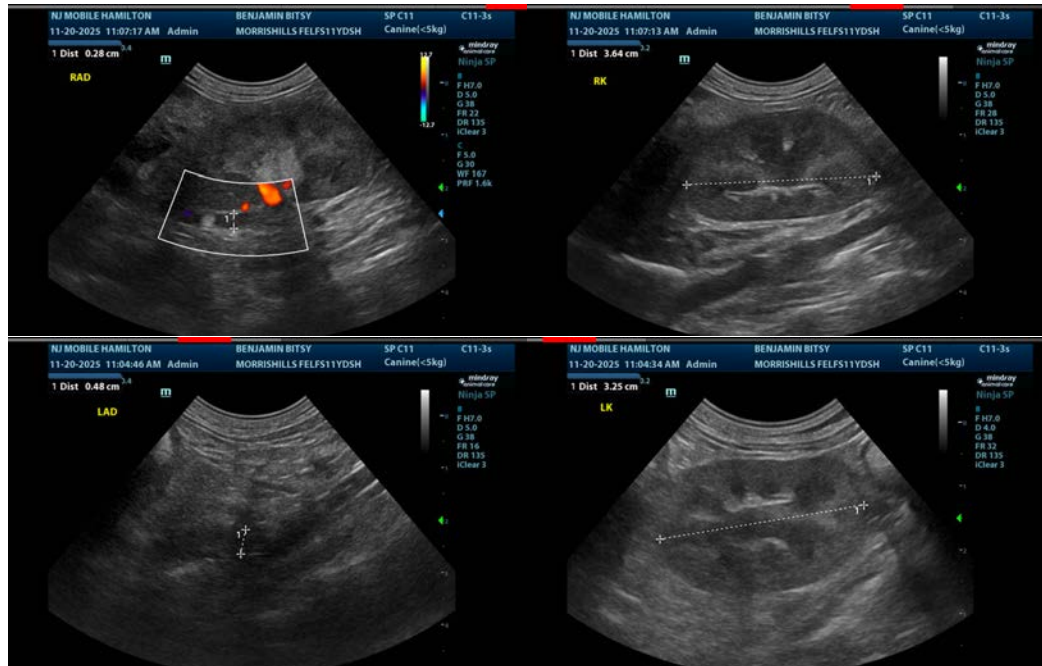
Dr. Hirshenson

INVOICE

72004

DATE

11/20/25



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