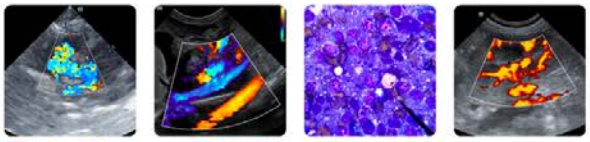


PATIENT

Axl Lester

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years 3 Weeks

WEIGHT

4.85 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Petzoic Vet Hospital

REFERRING VET

Dr. Pinel

INVOICE

72151

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Patient orignal hx: Patient is a 12-year-old male cat that had originally presented for a 1-month history of significant weight loss, hyporexia, and vomiting of liquid/bile. The owner notes the onset of clinical signs corresponds with the introduction of a new kitten. Physical examination at the time revealed significant muscle wasting along the spine and legs, and dry MM. The abdomen was soft and non-painful on palpation. Temperature was 37.5 °C. In-house blood work at the time revealed a mild elevation in all liver values (ALT 133 U/L, ALP 169 U/L, GGT 7 U/L), Chol 1.62 mmol/L (L), GLU 3.94 mmol/L (L), BUN 5.2mmol/L (L) and a stress leukogram (high neutrophils (11.35)). Kidney values and urinalysis were within normal limits. The primary concern at the time was an underlying hepatopathy This scan is to follow-up since last AUS. See previous report for details on this scan.

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 normal in size but irregular in shape, measuring 3.7 cm. There are irregular “bulges” in the cortex concerning for early nodules. Adjacent to these bulges there is a subtle hypoechoic subcapsular region. 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 is normal in size but irregular in shape, measuring 3.73 cm. “Bulges” to the renal capsule almost have an early nodular appearance with hypoechoic subcapsular fluid adjacent to these regions.The cortex is of increased echogenicity, 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.

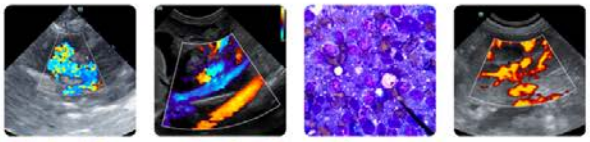
Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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 0.36 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 (0.84 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.



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Liver

The liver is large in size and rounded. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There are two complex cystic lesions visualized. One is in the mid caudal region measuring 1.14 cm x 2.36 cm. The other is on the right side measuring 1.42 cm x 2.14 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 mild fluid. A significant portion of the gastric wall appears normal, measuring at 0.24 cm with intact wall layering. There is a large area of what appears to be gastric wall, which appears severely thickened with complete loss of layering, measuring at 1.8 cm.

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

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 mildly mottled. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid. There are occasional prominent mesenteric lymph nodes. A mesenteric lymph node is visualized measuring 0.44 cm. The omentum is mildly diffusely hyperechoic.

PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys with cortical irregularities, concerning for early nodule development.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Large, hyperechoic, rounded liver with two complex cystic lesions – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. Findings are most consistent with benign cystadenomas or cystadenocarcinomas. Other lesions are possible.
- Suspect severe thickening and loss of layering of the gastric wall – Findings are suggestive of infiltrative neoplasia. Other differentials are possible.

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- Subtle irregular "bulges" to the renal capsule – Findings are concerning for early capsular expansion/infiltration. Other differentials are possible.

SECONDARY FINDINGS

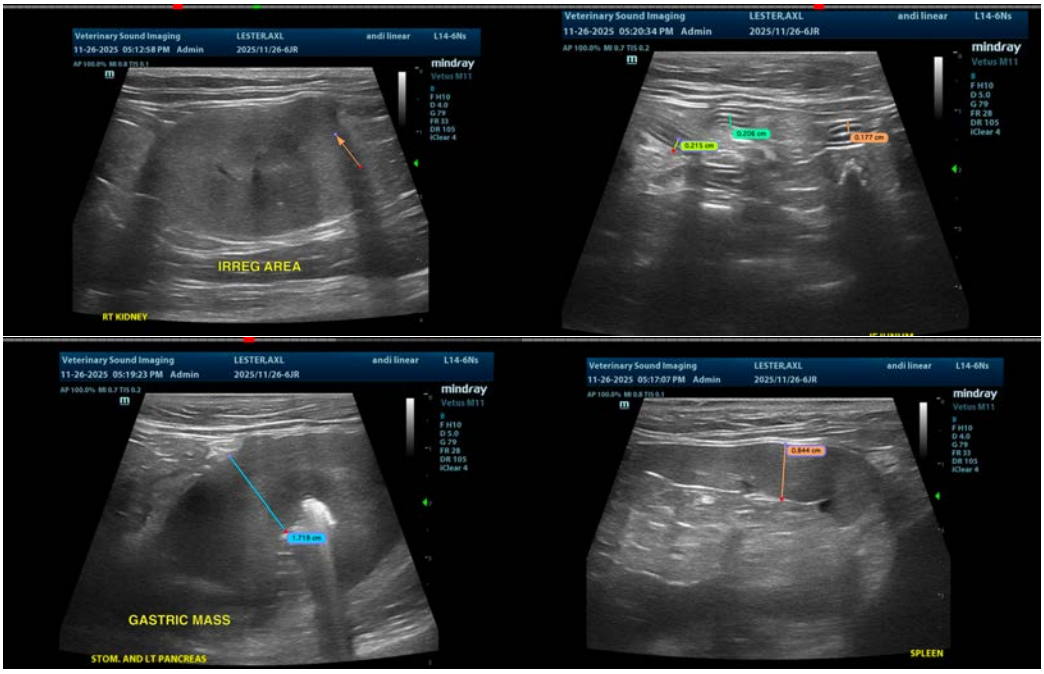
- Inflammatory type pattern visualized associated with the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A portion of the gastric wall appears normal, but adjacent to this there is an area that appears severely thickened with complete loss of layering, most suggestive of a gastric mass lesion. Recommend a fine needle aspirate for further evaluation. Round cell neoplasia would be the primary differential.

The liver is hyperechoic with two complex cystic lesions. A fine needle aspirate of the liver could be considered, looking for possible evidence of infiltrative neoplasia. Additionally, both kidneys appear slightly irregular with subtle "bulges" to the capsules, and adjacent to these there is very subtle subcapsular fluid. This could represent early neoplastic infiltration. Continued monitoring is warranted.

Overall, the changes observed on today's exam are similar to those previously described on 11/3/25 with some possible progression. The renal changes are subtle but were not observed previously.



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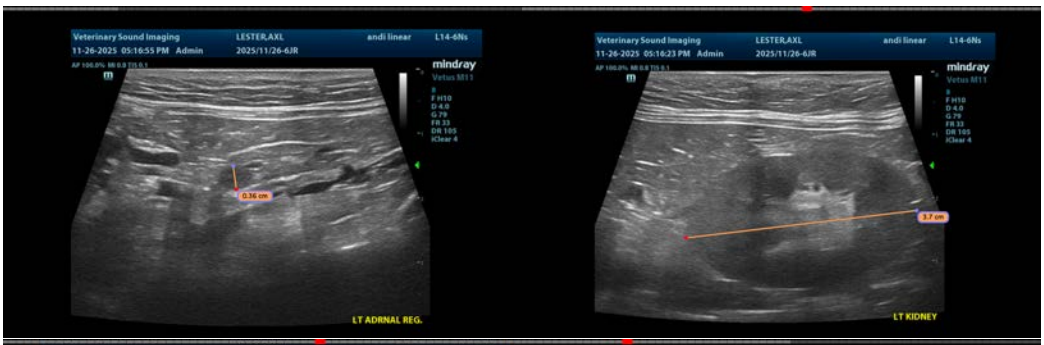

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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