



PATIENT

Woodstock Nedelka

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Village Cat Clinic
Ancaster

REFERRING VET

Dr. Maxwell

INVOICE

72156

DATE

11/27/25

PRESENTING CLINICAL SIGNS

2-3 week history of reduced appetite and hiding as well as soft stools. BCS 8/9, MCS 2/3, suspected resorptive lesions in mouth. Was given 200mg Gabapentin for US. Known history of CKD.

Abnormal PE/Chem/CBC/UA Results: CBC mild eosinophilia rest WNL Chem Mild hypoglycemia, SDMA elevated 23, Creatinine elevated 276, BUN elevated 14.7, mild hypoproteinemia, AST mildly elevated 82, CK mildly elevated at 541. U/A USG 1.014 TT4 WNL

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 (3.84 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 (3.56 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.

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 (0.72 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 cystic and



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common bile duct appear mildly dilated and tortuous, and appear to taper and are lost to visualization distally. The most distal measurement is at 0.33 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. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There is segmental thickening and loss of layering in some areas of small intestine where the bowel measures up to 0.49 cm. Additionally, there is a focal hypoechoic mass in the mid caudal abdomen, which appears associated with the bowel, measuring 2.97 cm x 2.42 cm, most consistent with a bowel mass lesion.

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. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of 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 is a mild to moderate diffuse lymphadenopathy with large, hypoechoic mesenteric lymph nodes. Examples measure 0.81 cm x 1.56 cm and 0.44 cm near the ileocecal junction. The omentum is diffusely hyperechoic.

Other

There is a mixed echogenicity irregular structure labeled "caudal abdominal mass" measuring 1.41 cm x 2.96 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild age related changes visualized associated with both kidneys.
- Mildly 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).
- Diffusely thickened small intestine with a prominent muscularis layer and focal areas exhibiting more significant thickening and loss of layering. A focal bowel mass is also present. Findings are concerning for infiltrative disease, round cell neoplasia, carcinoma, other. Benign lesions are possible.



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- 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 born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.
- Irregular mass effect visualized labeled “caudal abdominal mass lesion” – This could be consistent with an irregular lymph node or other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

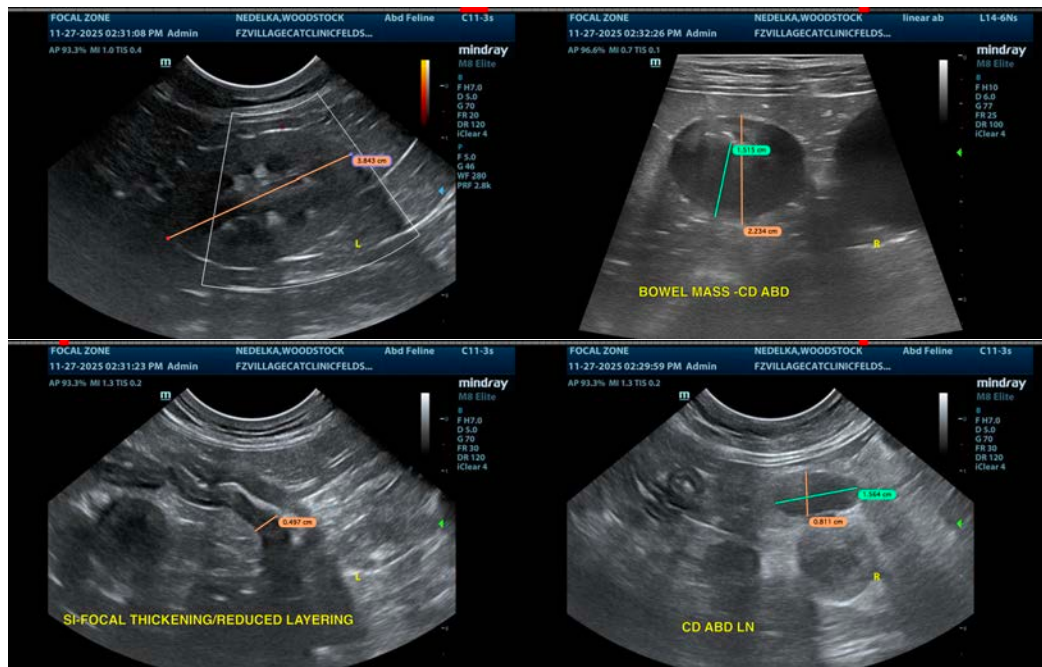
There is a focal bowel mass lesion visualized in the caudal abdomen exhibiting complete loss of layering. This is highly concerning for infiltrative neoplasia. Consider a fine needle aspirate of this mass lesion.

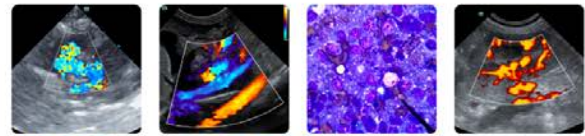
Additionally, there are large mesenteric lymph nodes visualized throughout the abdomen, most notably near the ileocecal junction. If a safe window for sampling is available, a fine needle aspirate could be considered here as well.

If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding best treatment options and prognosis.

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

The nature of the labeled caudal abdominal mass imaged is not clear-possible cystic LN or other. If further assessment is considered contact Focal Zone and we can reassess with sedation on board.





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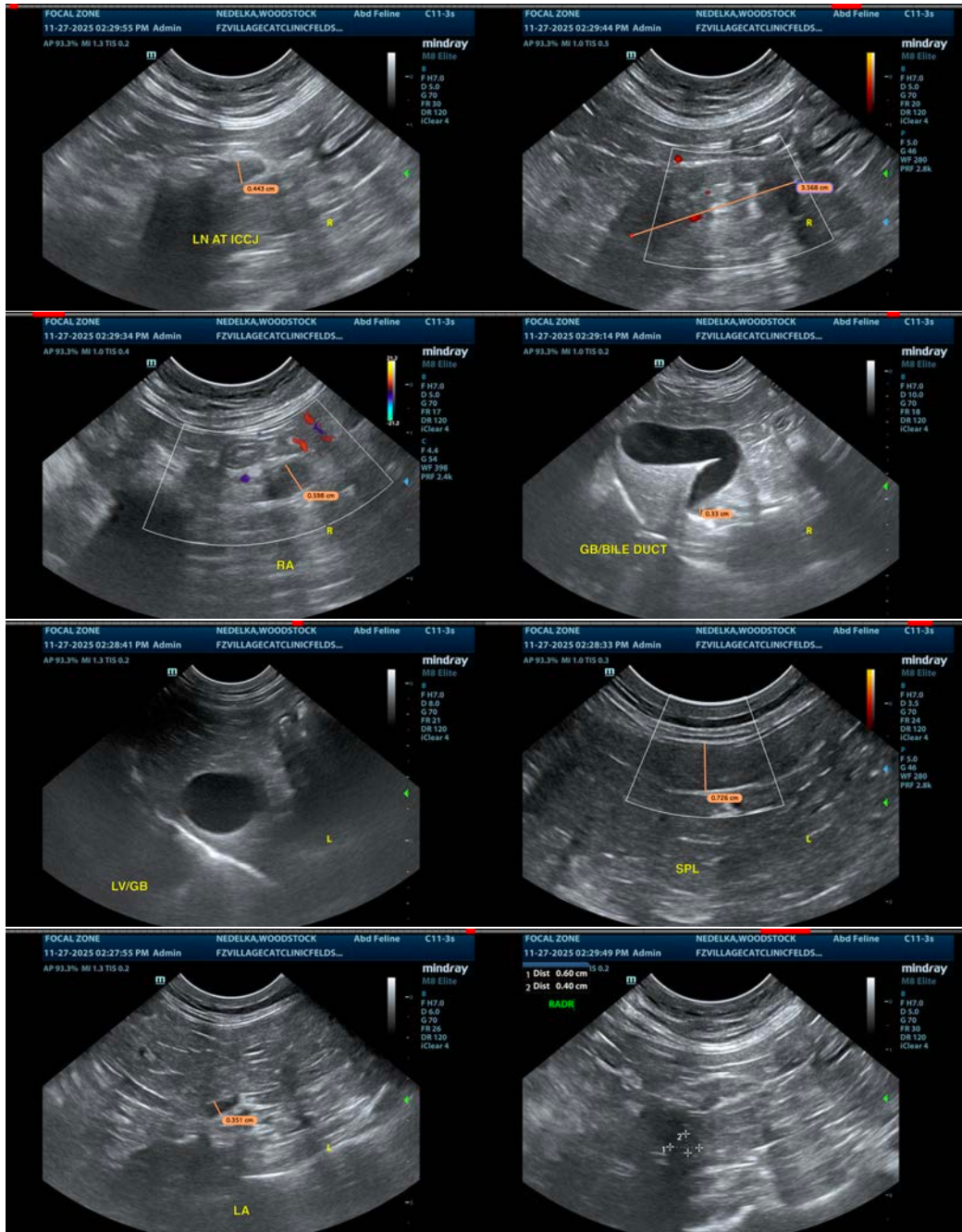
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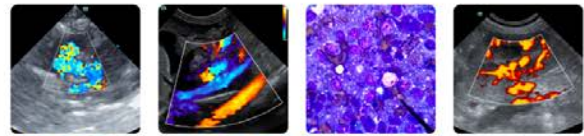
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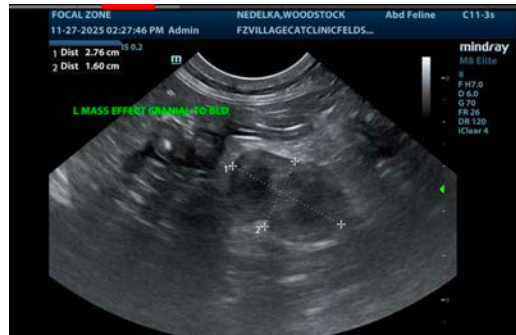
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com