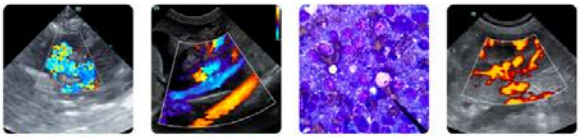


PATIENT

Willow Broadstreet

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

17 Years

WEIGHT

6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

Dr. Hartelius

INVOICE

71603

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Weight loss and reduced appetite x 1 month, palpable mid abdominal mass Current meds: Methimazole 2.5mg BID

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 (2.89 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 (3.04 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 0.46 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 0.41 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

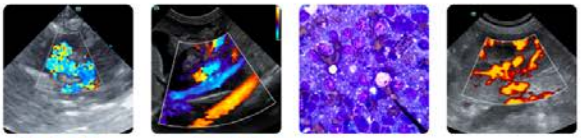
The spleen is subjectively normal in size (0.78 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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 common bile ducts are normal/not visible.

Gastrointestinal



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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.

Some of 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. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There is a large, poorly defined, irregular, hypoechoic mid abdominal mass lesion. This appears to be arising from bowel, measuring approximately 3.59 cm x 4.32 cm. There is complete loss of layering of the bowel wall that appears expansile, measuring at 2.53 cm in 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 left 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

There is scant free fluid noted. There is no evidence of a diffuse lymphadenopathy, but there is a hypoechoic small mass effect visualized cranial to the left kidney measuring 1.34 cm x 2.34 cm, which is most consistent with a metastatic lymph node. The omentum is diffusely hyperechoic, particularly around the enlarged bowel mass lesion.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic pancreas – Findings are most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.
- Large, irregular, somewhat poorly defined hypoechoic bowel mass lesion – Findings are most concerning for a neoplastic process (round cell neoplasia, carcinoma, other).
- Hypoechoic, rounded mass effect visualized cranial to the left kidney – Findings are most consistent with a large metastatic lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, poorly defined, irregular mid abdominal mass lesion. This appears to incorporate bowel, with almost complete loss of wall integrity/layering. Findings are most concerning for a neoplastic process, and there is a large, hypoechoic lymph node visualized cranial to the left kidney. Recommend a fine needle aspirate of the bowel mass and/or the lymph node if the mass effect cannot be easily reached.

If a cytologic diagnosis can be made, recommend consultation with a veterinary oncologist regarding treatment options and prognosis. Surgical options are likely limited based on the appearance of today's scan.

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

New Jersey Mobile
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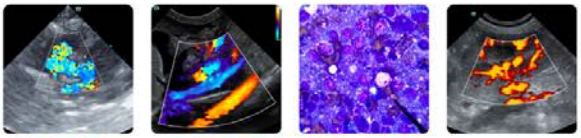

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SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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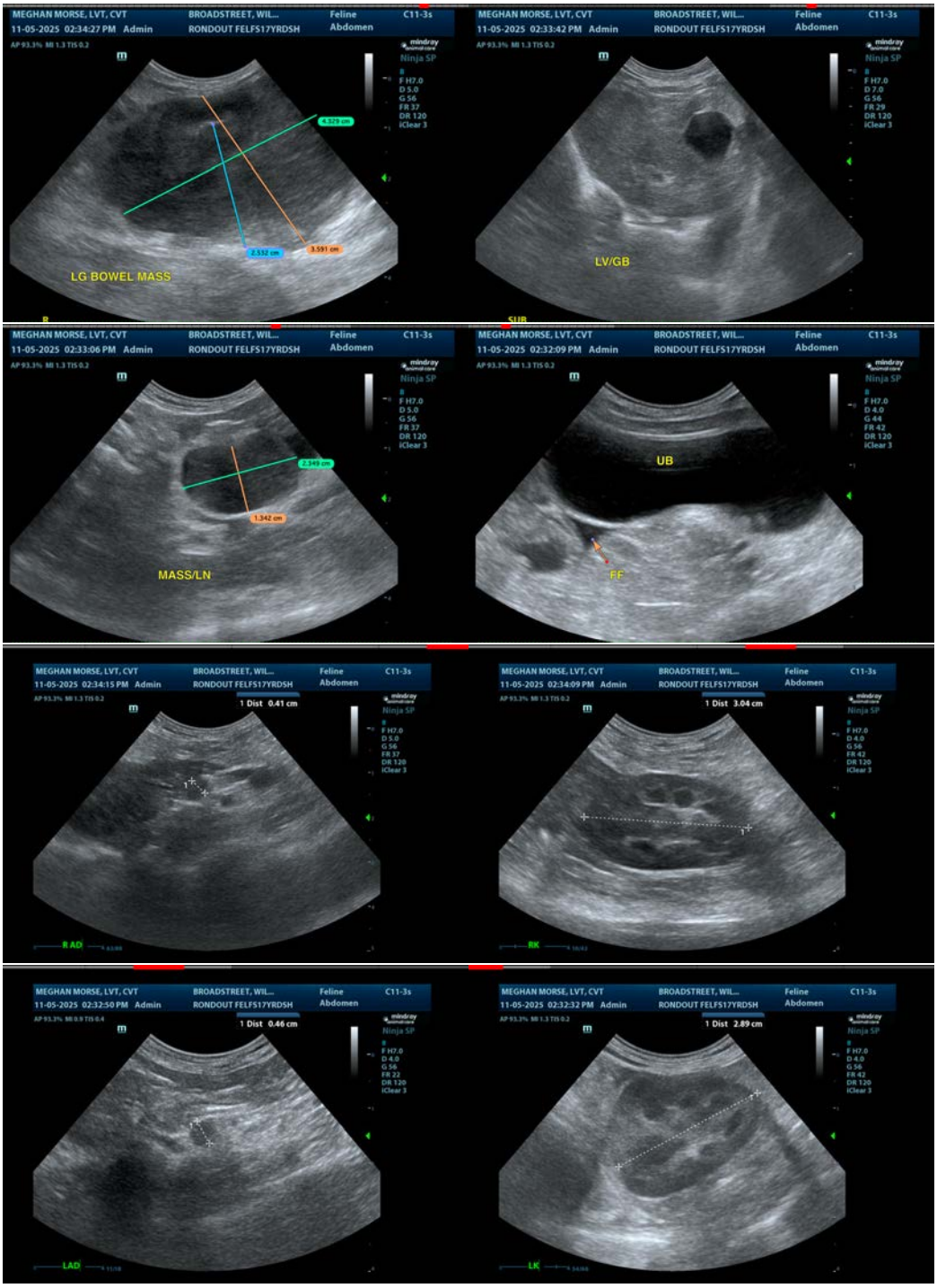

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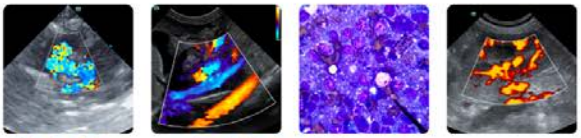

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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