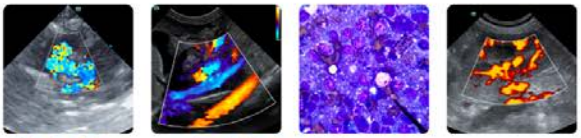


PATIENT

Flirt Nataro

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside Animal Hospital

REFERRING VET

Dr. Fusselman

INVOICE

71631

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Constipation, vomiting, wt. loss (3 lb wt loss since May). Dehydration on exam. Receiving Cerenia PRN. Gabapentin/Torb/Alfaxalone administered for scan.

Abnormal PE/Chem/CBC/UA Results: Lymphs 888; Renal tech positive. USG : 1.027

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 (3.5 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 (3.34 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.23 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 0.34 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 borderline large and mottled (when visualized with high frequency probe), measuring 1.01 cm. 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.

PATIENT

Flirt Nataro

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside Animal Hospital

REFERRING VET

Dr. Fusselman

INVOICE

71631

DATE

11/6/25

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 increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. The small intestine is diffusely thickened with many areas exhibiting a severely thickened muscularis layer, and many areas exhibiting decreased detail of wall layering. There is a focal bowel mass that appears to be arising from the jejunum, measuring approximately 1.74 cm x 3.23 cm. In this area the diameter of the jejunum measures 1.25 cm. Wall thickness is 0.67 cm with complete loss of layering.

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

Both limbs of the pancreas are prominent and hypoechoic with surrounding reactive mesentery, most consistent with chronic pancreatic remodeling and chronic active pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a moderate/severe mesenteric lymphadenopathy with clusters of large, irregular, hypoechoic lymph nodes particularly at the mesenteric root. Examples of lymph nodes measure 1.08 cm x 3.3 cm and 0.59 cm x 2.72 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with chronic active pancreatitis.
- Diffuse thickening of the small intestine with some areas exhibiting reduced detail of wall layering, and a focal expansile bowel mass with complete loss of layering – Findings are most concerning for a neoplastic process (round cell neoplasia, carcinoma, other).
- Severely enlarged mesenteric lymph nodes – Findings are most concerning for metastatic lymph nodes. Highly reactive lymph nodes are possible.

PATIENT

Flirt Nataro

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside Animal Hospital

REFERRING VET

Dr. Fusselman

INVOICE

71631

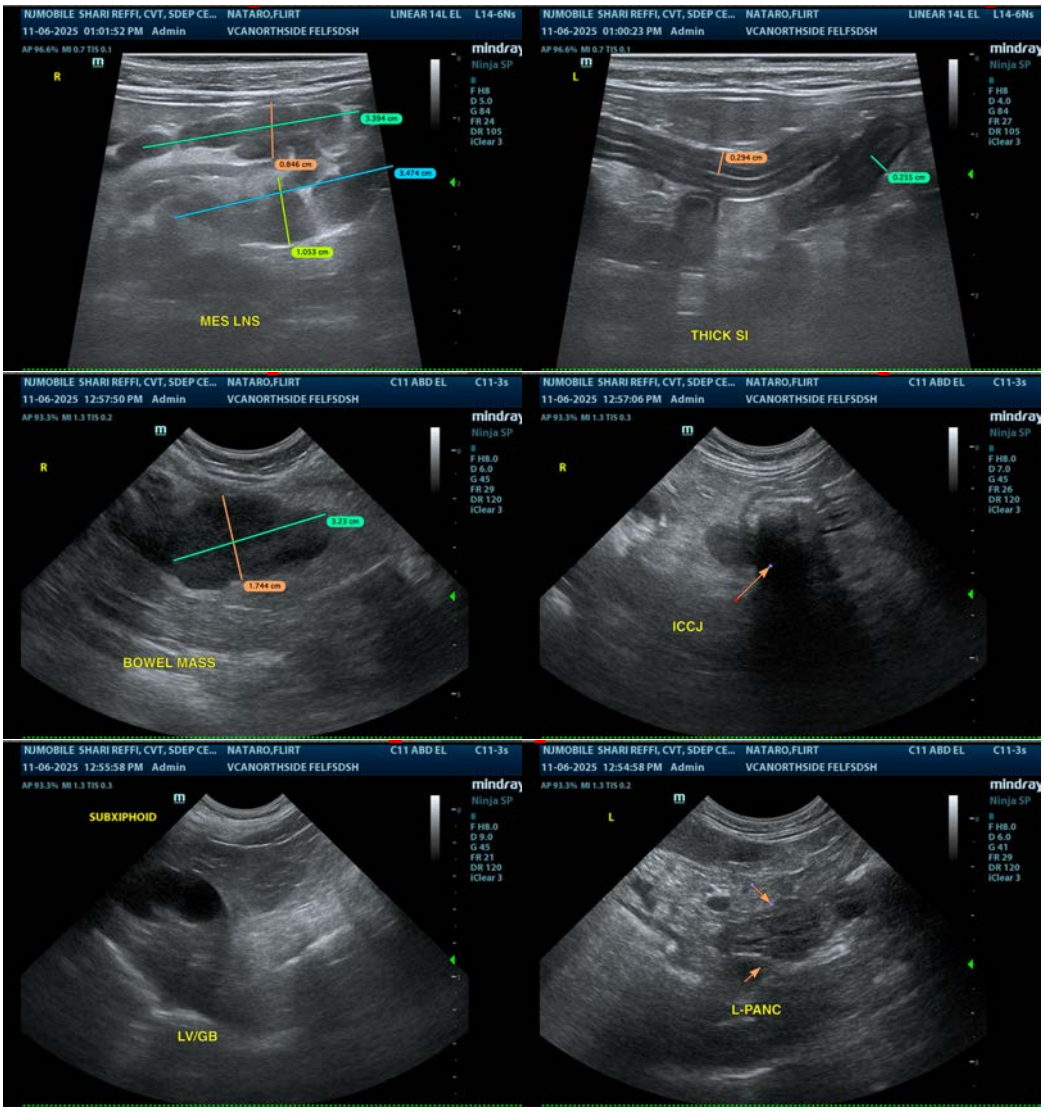
DATE

11/6/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal mass effect involving the small intestine that exhibits complete loss of layering and expansile wall thickening. Findings are most concerning for a neoplastic process. Recommend a fine needle aspirate of the bowel mass. Additionally, there are very enlarged mesenteric lymph nodes. Recommend a fine needle aspirate of the mesenteric lymph nodes. If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist. If cytology is inconclusive, consider a fine needle aspirate of the spleen. If this is not helpful, surgical biopsies may be warranted.

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



PATIENT

Flirt Nataro

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside Animal Hospital

REFERRING VET

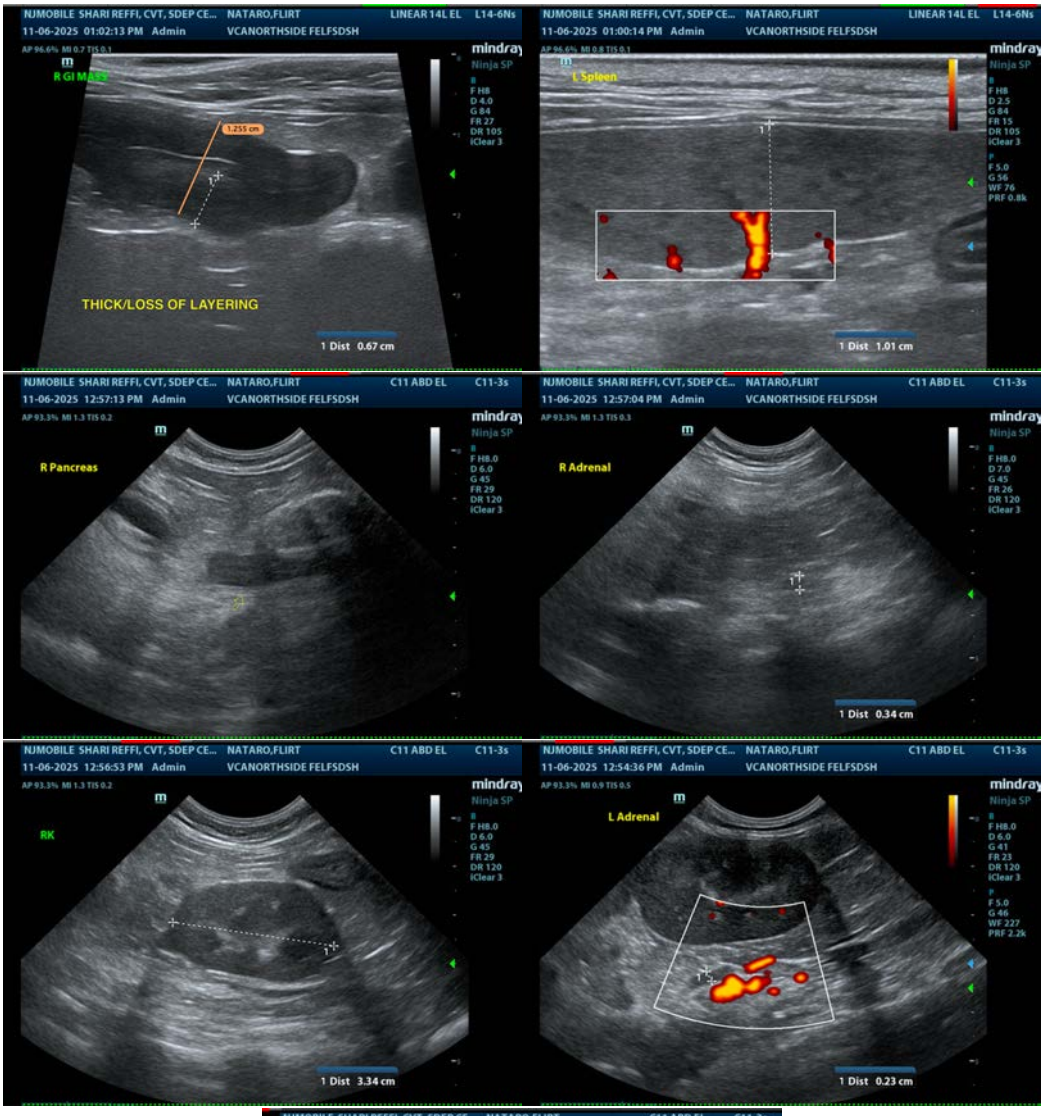
Dr. Fusselman

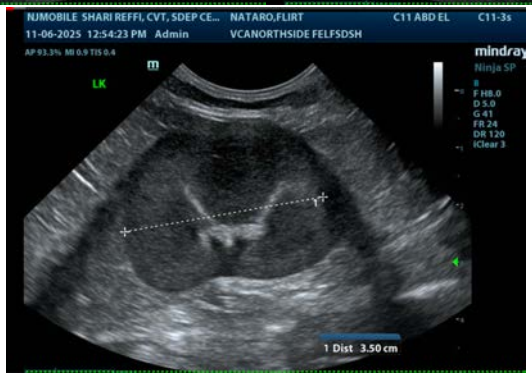
INVOICE

71631

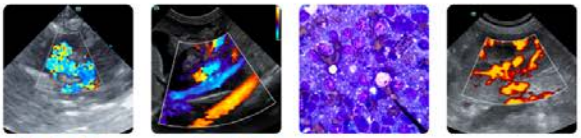
DATE

11/6/25





New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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

PATIENT

Flirt Nataro

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Northside Animal Hospital

REFERRING VET

Dr. Fusselman

INVOICE

71631

DATE

11/6/25

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