



PATIENT

Raja Molchany

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years 8 Months

WEIGHT

8.56 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. Kanaskie

INVOICE

71630

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Weight loss, V+, potential mass like effect in cranial abd. Receiving Lactulose, Clavamox 62.5mg bid; Maropitant 8mg sid

Abnormal PE/Chem/CBC/UA Results: Anemia, neutrophilia, lymphocytosis, bacteriuria

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 (2.8 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 (2.92 cm) with a focal non-obstructive nephrolith visualized in the cortex. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.57 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.



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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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.23 cm. Jejunum wall measures 0.19 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction is visualized. In the region of the cecocolic junction there is a large, expansile, hypoechoic, irregular mass effect exhibiting loss of layering and significant surrounding inflammation. This lesion measures 2.67 cm x 3.07 cm. The distal colon is visualized and appears within normal limits.

Pancreas

The pancreas is visible/mildly mottled in the left limb. 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 no significant lymphadenopathy. A prominent lymph node near the ileocecal junction was visualized measuring 0.61 cm. The omentum is hyperechoic around the bowel mass.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction visualized associated with both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Focal mass effect visualized associated with the ileocecal junction – Findings are concerning for a neoplastic lesion (carcinoma, round cell neoplasia, etc.). Other differentials such as FIP, eosinophilic infiltrates, etc. are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large bowel mass visualized, which appears to be incorporating the ileocecolic junction. This is concerning for a neoplastic process. Recommend a fine needle aspirate. If cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding best treatment options. There is a prominent lymph node near the ileocecal junction, but aside from this, surgical resection may be an option depending on the diagnosis.

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



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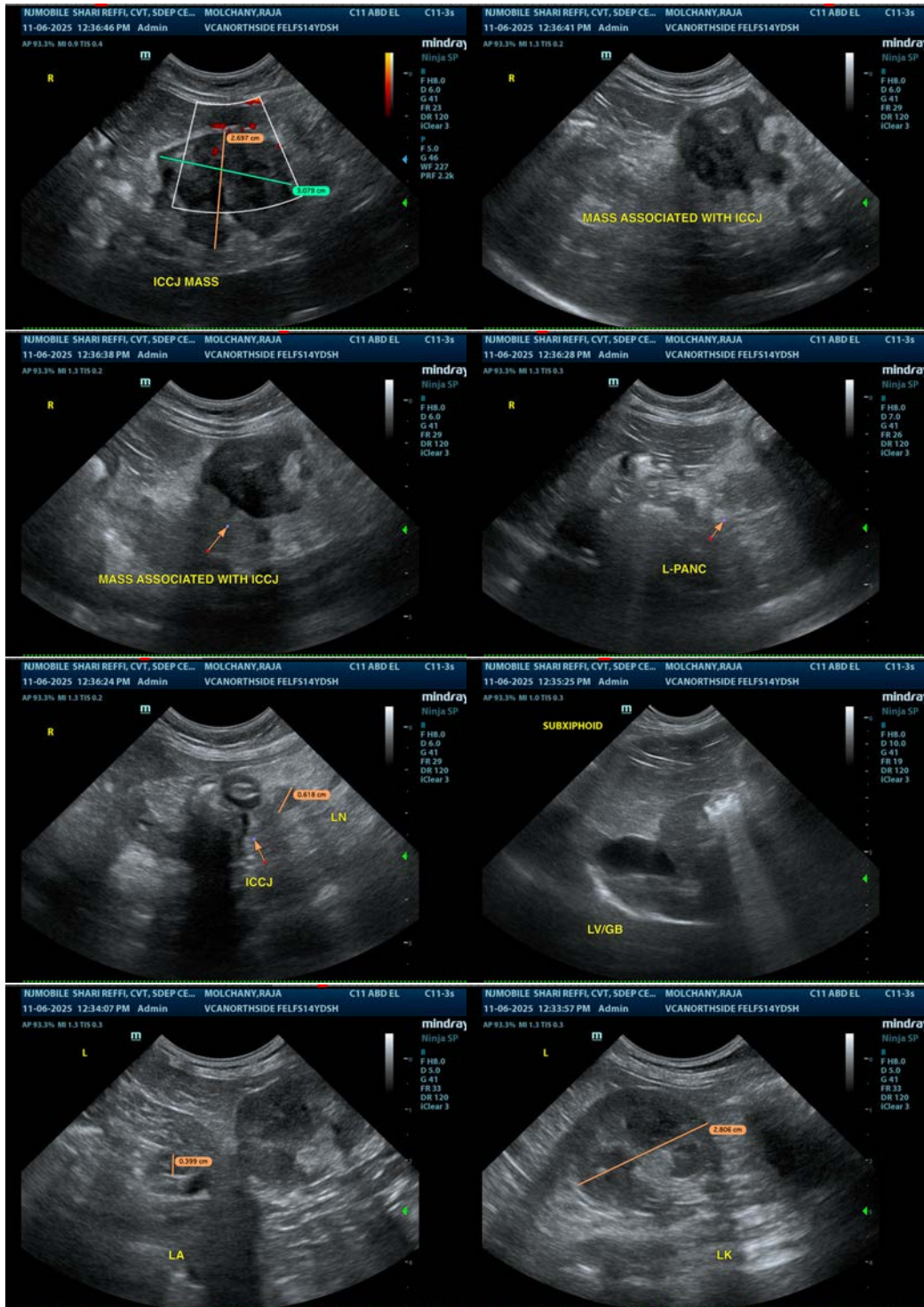
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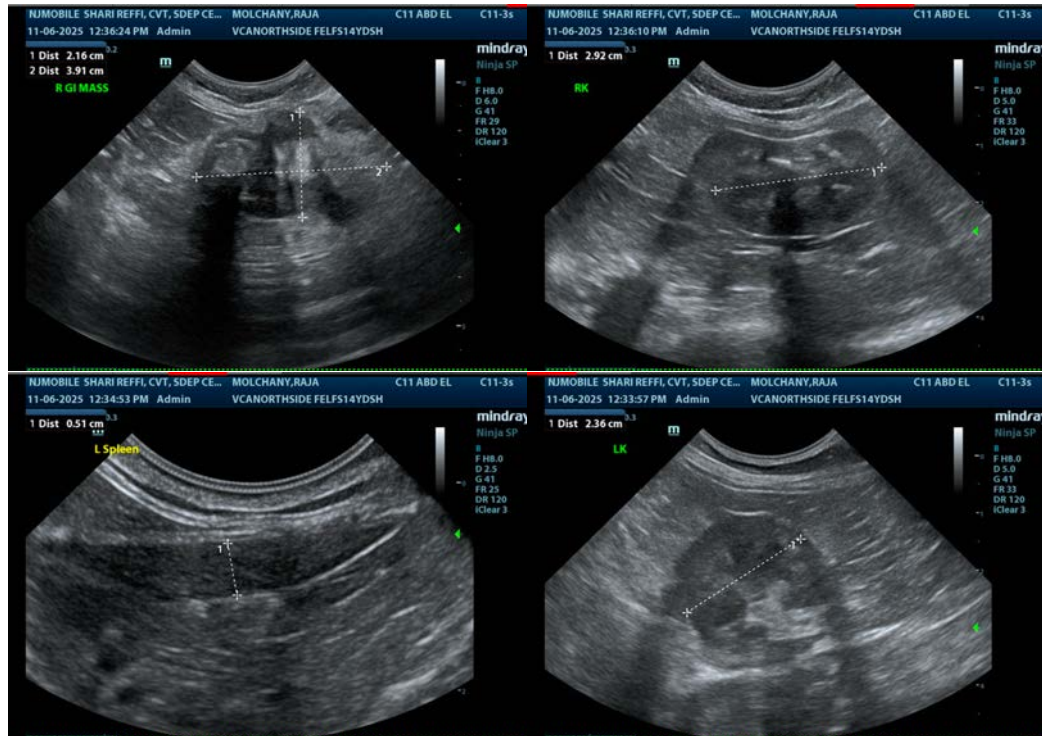
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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