



**PATIENT**

Maisie Frazier

**SPECIES**

Feline

**BREED**

Seal Point

**SEX**

FS

**AGE**

11 years

**WEIGHT**

12.7 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

VCA Feline Animal  
Hospital

**REFERRING VET**

Dr. Smith

**INVOICE**

10916

**DATE**

12/10/2025

**PRESENTING CLINICAL SIGNS**

Right mandibular lymphadenopathy Potentially mildly progressive. even after dental cleaning.  
Arrhythmia Dropped beat noted q5-15 seconds on auscultation.

Abnormal PE/Chem/CBC/UA Results: LABS chem/cbc/ua- WNL PARR test for LNs- PARR TEST RESULTS PCR for antigen receptor rearrangements (PARR) Immunoglobulin gene: POLYCLONAL T cell receptor gene: POSSIBLE CLONAL INTERPRETATION The PARR assay was suggestive of a clonal T cell population, but the results do not meet objective criteria for a definitive positive.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.97 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 a focal hyperechoic region at the caudal pole measuring 0.62 cm x 1.0 cm, possibly consistent with a previous renal infarct. Recommend continued monitoring. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.01 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 0.35 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.

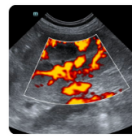
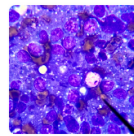
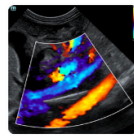
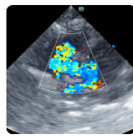
The right adrenal gland is normal in size measuring 0.42 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**Spleen**

The spleen is subjectively larg in size (1.05 cm in width at the hilus) normal in shape, and mottled. The splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The significant modeling has the appearance most consistent with a micronodular pattern (viewed with the high frequency probe.)

**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.



**PATIENT**

Maisie Frazier

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 bile duct appears mildly dilated and tortuous measuring 0.21 cm.

**SPECIES**

Feline

**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.

**BREED**

Seal Point

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. The duodenum measured 0.25 cm in diameter and the jejunum measured 0.21 cm in diameter. Visualized peristalsis appears appropriate. There is a focal section of jejunum which appears to have slightly asymmetrical wall thickening and this area of the wall measures 0.3 cm. Mildly reduced wall layering.

**SEX**

FS

**AGE**

11 years

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.

**WEIGHT**

12.7 lbs

**Pancreas**

The pancreas is prominent and hypoechoic in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**INTERPRETED BY**

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

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild/moderate diffuse lymphadenopathy with relatively small but hypoechoic and prominent lymph nodes, which are typically clustered and surrounded by reactive mesentery. A group near the ileocecal junction is visualized measuring 0.35 cm and 0.38 cm. Examples of mesenteric lymph nodes measure 0.37 cm, 0.33 cm, 0.41 cm. A larger mesenteric lymph node visualized measures 0.47 cm x 1.53 cm, and there are small, prominent lymph nodes in the sub lumbar region measuring 0.41 cm. The omentum is of normal uniform echogenicity.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

VCA Feline Animal  
Hospital

**REFERRING VET**

Dr. Smith

**INVOICE**

10916

**DATE**

12/10/2025

**PRIMARY FINDINGS**

- Irregular, hyperechoic region at the caudal pole of the left kidney. This could be consistent with a previous renal infarct. Recommend continued monitoring with ultrasound.
- Large, mottled/micronodular spleen. Findings could be consistent with infiltrative disease, significant lymphoid hyperplasia, etc. Recommend a fine needle aspirate.
- Prominent small intestine with a focal section of small intestine which has asymmetrical wall thickening. Findings could be considered for early infiltrative disease or atypical inflammation.
- Mild/moderate diffuse mesenteric lymphadenopathy. Findings could be consistent with early neoplastic infiltration or significant inflammatory change.



**PATIENT**

Maisie Frazier

**SPECIES**

Feline

**BREED**

Seal Point

**SEX**

FS

**AGE**

11 years

**WEIGHT**

12.7 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

VCA Feline Animal  
Hospital

**REFERRING VET**

Dr. Smith

**INVOICE**

10916

**DATE**

12/10/2025

**SECONDARY FINDINGS**

- Suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture
- Pancreatic changes consistent with chronic pancreatic remodeling.
- Mildly tortuous, prominent, dilated 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).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

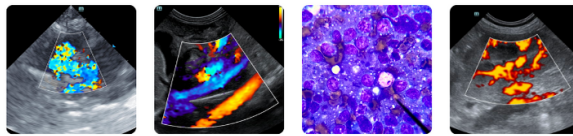
The spleen is large and micronodular. Given the concern for underlying lymphoma this could be consistent with infiltrative disease. Recommend a fine needle aspirate of the spleen for further evaluation.

Some areas of the small intestine appear mildly thickened with some focal areas exhibiting asymmetrical thickening. These areas are not prominent enough to sample but continued monitoring is warranted.

There's a diffuse mild to moderate lymphadenopathy with relatively small lymph nodes which are hypoechoic. Most of these are likely too small to easily sample, but there are occasional prominent mesenteric lymph nodes which are slightly larger, and sampling could be attempted.

Consider consultation with Veterinary Oncologist regarding your PARR results and the results obtained based on today's evaluation to try and determined what the next step is, if cytologic evaluation of the spleen is not diagnostic.





### PATIENT

Maisie Frazier

### SPECIES

Feline

### BREED

Seal Point

### SEX

FS

### AGE

11 years

### WEIGHT

12.7 lbs

### INTERPRETED BY

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

### IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

### HOSPITAL NAME

VCA Feline Animal  
Hospital

### REFERRING VET

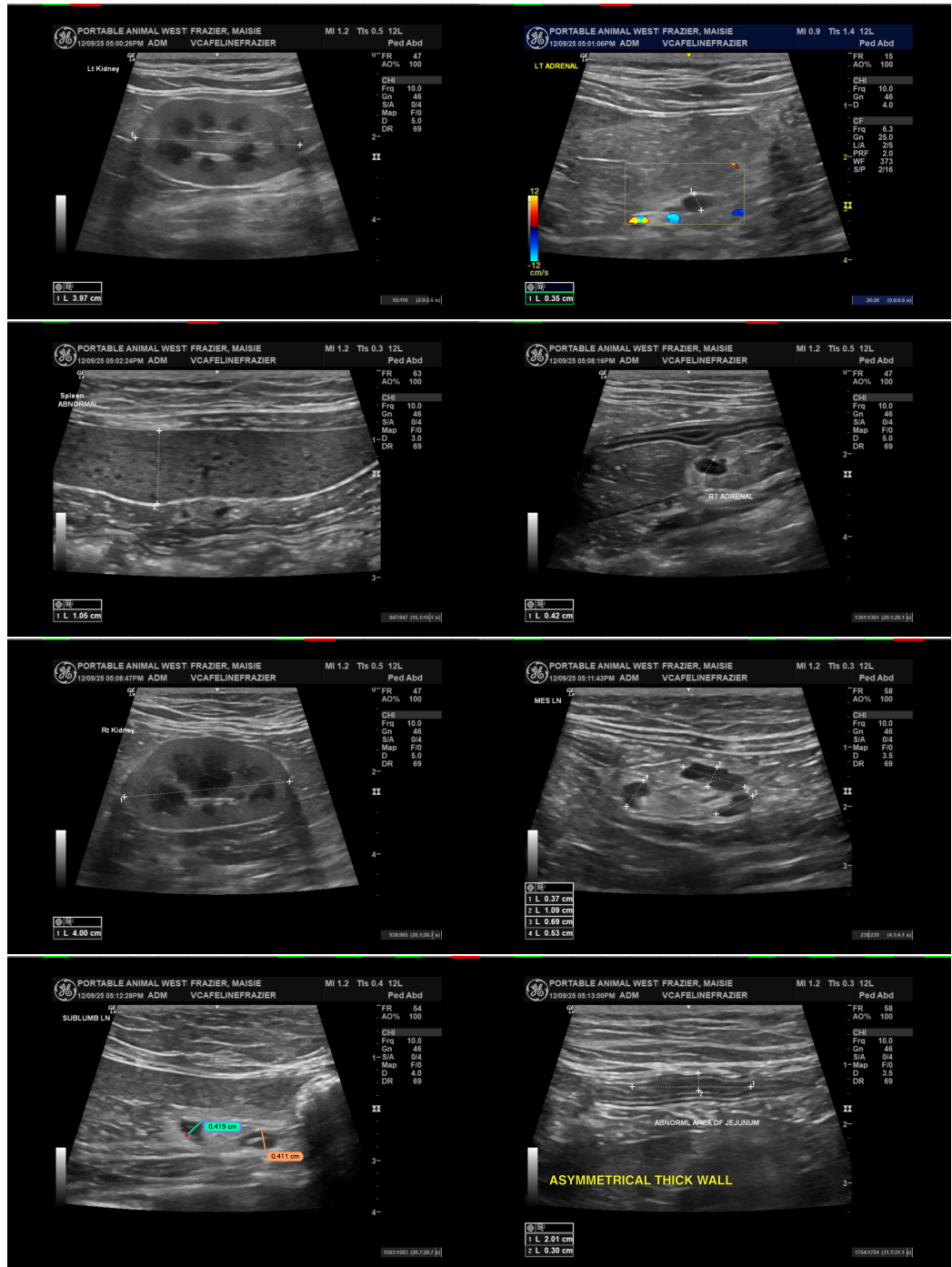
Dr. Smith

### INVOICE

10916

### DATE

12/10/2025



Imaging performed by



pawsonography@gmail.com  
530-786-8340



**Clinical Sonography & Telectology**  
Educational Teleconsultation Services™

**SonoPath**

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Maisie Frazier

**SPECIES**

Feline

**BREED**

Seal Point

**SEX**

FS

**AGE**

11 years

**WEIGHT**

12.7 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

VCA Feline Animal  
Hospital

**REFERRING VET**

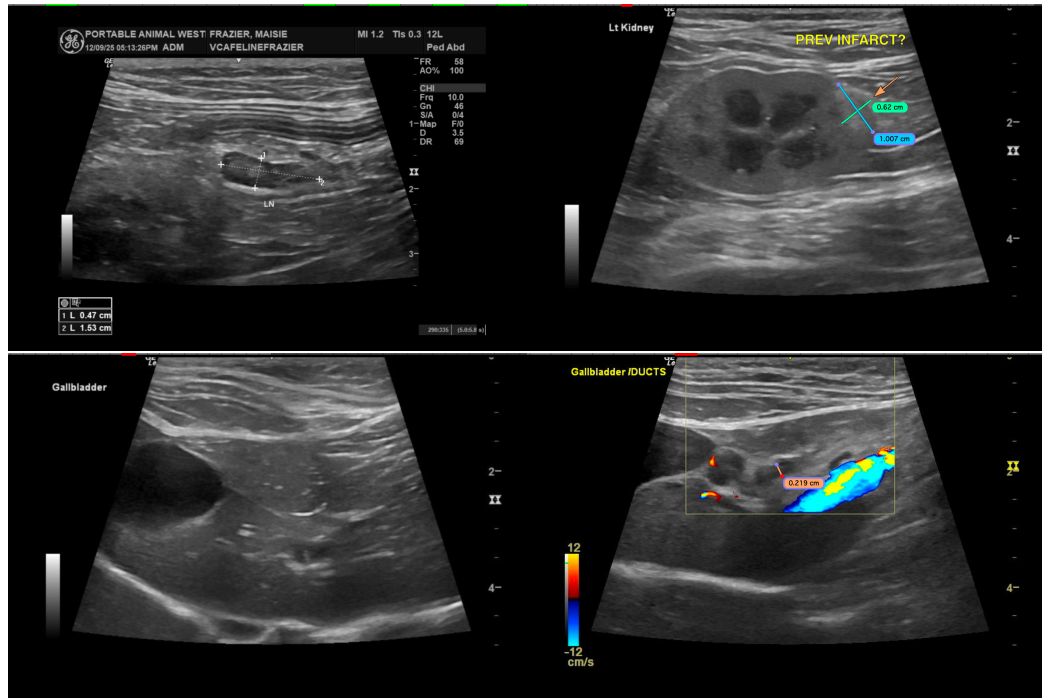
Dr. Smith

**INVOICE**

10916

**DATE**

12/10/2025



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