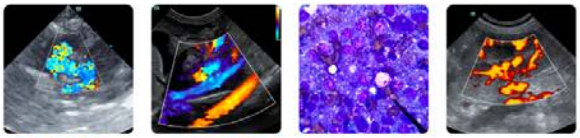


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Bat Troya

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Novel Vet

REFERRING VET

Dr. Gibbs

INVOICE

72512

DATE

12/11/25

PRESENTING CLINICAL SIGNS

Renal lymphoma dx via FNA last month -This is a recheck ultrasound Current Medications CHOP protocol at MOVEH, Cerenia PRN, ondansetron PRN, tylosin PRN, gabapentin PRN

Abnormal PE/Chem/CBC/UA Results: On Nov 18th, he was azotemic (CREA 226 and BUN 19.4) but less so than previously. Primary Question to Be Answered in This Exam Compare kidneys and urinary tract to previous ultrasound results. Look for evidence of lymphoma metastasis throughout abdomen.

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 is normal in size but rounded in shape with slightly irregular undulating capsular margins, measuring at 4.18 cm (previous measurement 10/2025 was 6.56 cm). The cortex is of increased echogenicity with poorly defined, hypoechoic, patchy/mottled regions and significant pyelectasia at 0.50 cm.. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.57 cm, previous measurement 10/2025 was 6.63 cm) but is somewhat rounded with irregular, slightly undulating margins and a thin, hypoechoic rim. The cortex is of increased echogenicity with poorly defined hypoechoic mottling. There is pyelectasia at 0.27 cm. 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 0.40 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.

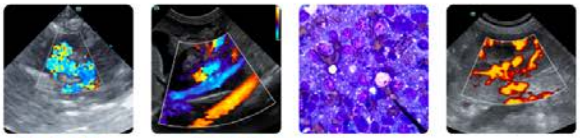
The right adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.86 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.



PATIENT

Bat Troya

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Novel Vet

REFERRING VET

Dr. Gibbs

INVOICE

72512

DATE

12/11/25

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

The stomach contains large ingesta. 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. The large amount of intraluminal shadowing ingesta interferes with full evaluation of the stomach.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid/chyme. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.18 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 right limb of the pancreas is prominent and mottled 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is slightly hyperechoic around both kidneys.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Rounded hyperechoic kidneys with hypoechoic, poorly defined mottling and bilateral pyelectasia – Significant renal changes are still present, but both kidneys appear smaller than the previous exam.
- Significant fluid/chyme distention of the stomach and small intestine – Findings are most consistent with a non-fasted patient. If the patient was adequately fasted, consider the possibility of diffuse ileus.
- Pancreatic changes most consistent with chronic pancreatic remodeling or mild chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have persistent changes noted associated with the cortical tissue, significant pyelectasia, and a thin, hypoechoic ring outside the cortex of the right kidney. Although these changes are

PATIENT

Bat Troya

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Novel Vet

REFERRING VET

Dr. Gibbs

INVOICE

72512

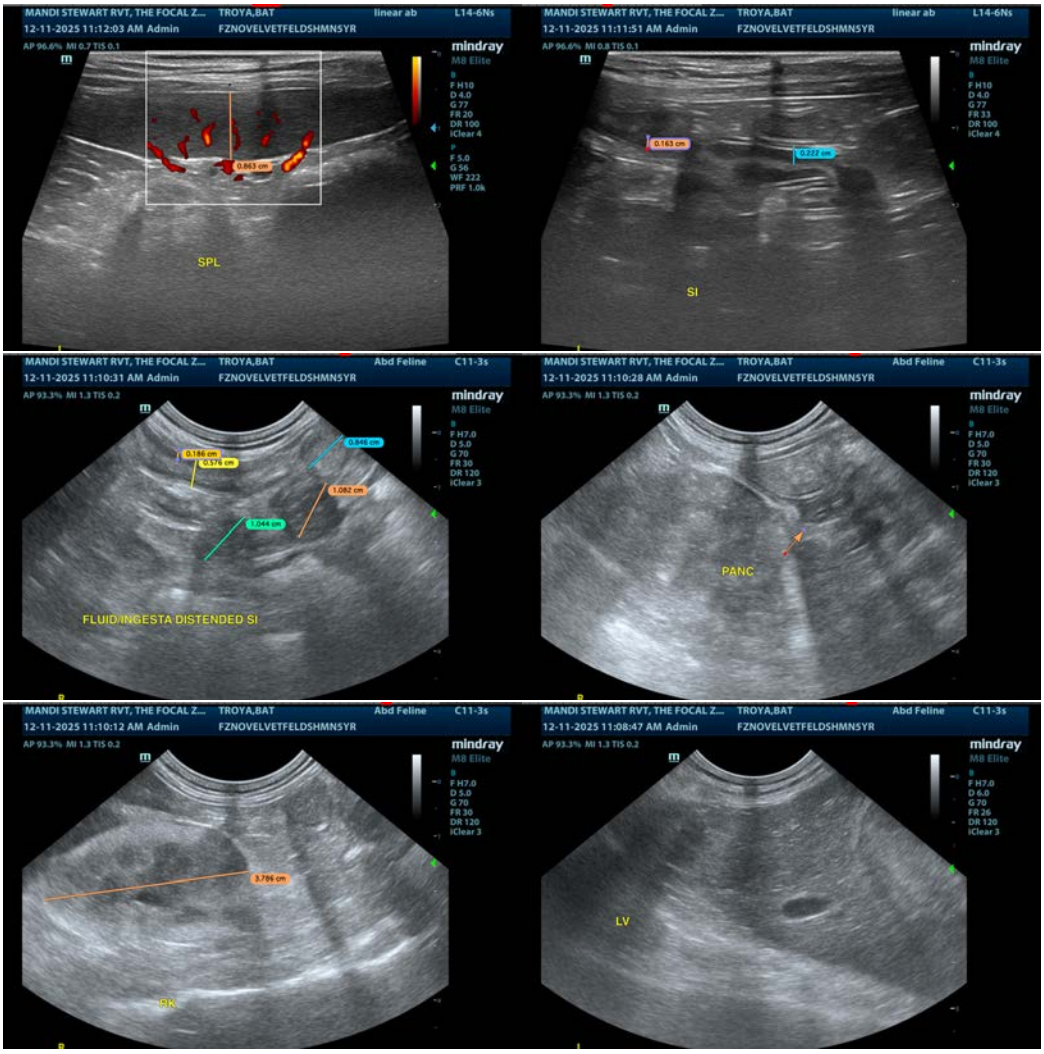
DATE

12/11/25

persistent, both kidneys measure as significantly smaller than the previous exam, likely indicative of a partial response to therapy(?).

The previously described changes visualized associated with the spleen are not readily apparent on today's exam. If there is concern for persistent neoplastic infiltration, a fine needle aspirate could be considered.

There is no evidence of a significant diffuse lymphadenopathy, and no new mass lesions are observed on today's exam.



PATIENT

Bat Troya

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Novel Vet

REFERRING VET

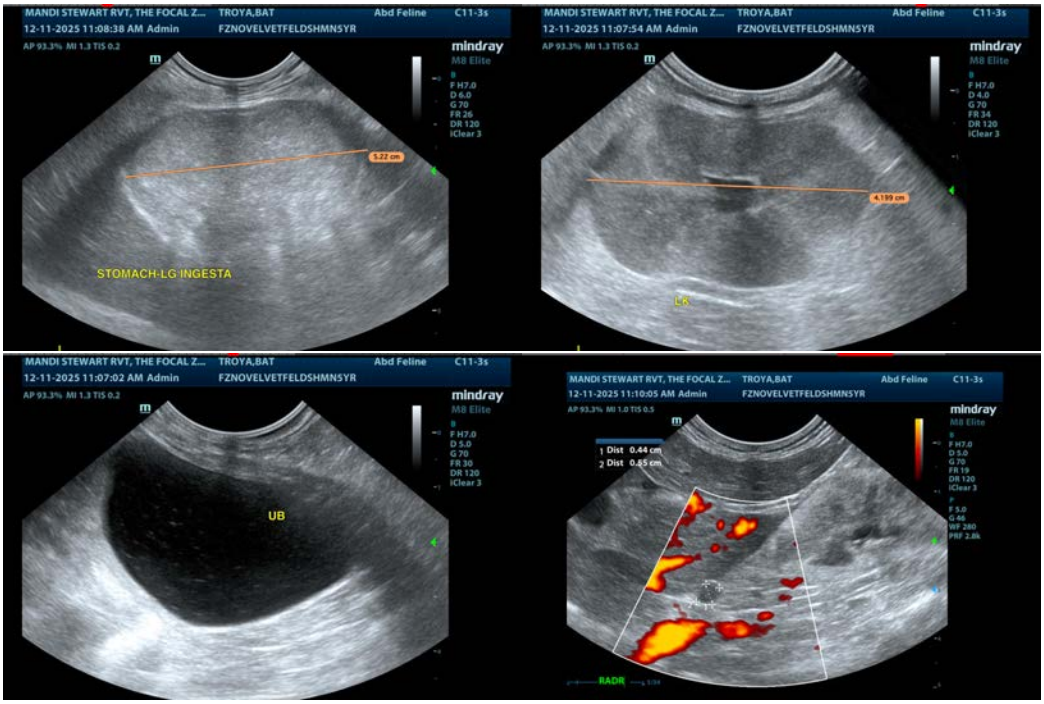
Dr. Gibbs

INVOICE

72512

DATE

12/11/25



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