



PATIENT

Ken Solano

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered Male

AGE

11 Years 5 Months

WEIGHT

11.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Ridge Road Animal
Hospital

REFERRING VET

Dr. Pathak

INVOICE

72514

DATE

12/11/25

PRESENTING CLINICAL SIGNS

Weight loss, inappetence past month. Painful Cranial Abdomen. MEDS: Pet-tinic supplement, Clavamox
Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia/ mild

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 (4.3 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.65 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.34 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 0.39 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 large in size, measuring 1.13 cm in width at the level of the hilus. The spleen echotexture is heterogenous and mottled, 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 bile duct appears mildly dilated and tortuous, measuring 0.35 cm. It is lost to visualization distally.



PATIENT

Ken Solano

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered Male

AGE

11 Years 5 Months

WEIGHT

11.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Ridge Road Animal
Hospital

REFERRING VET

Dr. Pathak

INVOICE

72514

DATE

12/11/25

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 0.25 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There are several loops of bowel that have reduced detail of wall layering. One segment in the caudal abdomen has significantly reduced detail of wall layering and focal thickening. In this area the bowel wall measures at 0.34 cm.

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 area of the pancreas is normal and isoechoic to surrounding 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. There is a mild to moderate mesenteric lymphadenopathy with a cluster of large mesenteric lymph nodes. Examples measure 0.46 cm x 1.53 cm and 1.33 cm x 1.4 cm. A large lymph node in the caudal abdomen near the abnormal section of bowel with reduced detail of wall layering measures 0.84 cm x 1.49 cm. Another lymph node is visualized measuring 0.79 cm x 1.48 cm. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mild age related changes visualized associated with both kidneys.
- Large, mildly 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.
- Prominent, mildly dilated/tortuous 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).
- Diffusely thickened small intestine with some areas exhibiting reduced detail of wall layering.
- Clusters of prominent/enlarged mesenteric lymph nodes – Findings are concerning for early metastatic lymph nodes or highly reactive lymph nodes.



PATIENT

Ken Solano

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered Male

AGE

11 Years 5 Months

WEIGHT

11.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Ridge Road Animal
Hospital

REFERRING VET

Dr. Pathak

INVOICE

72514

DATE

12/11/25

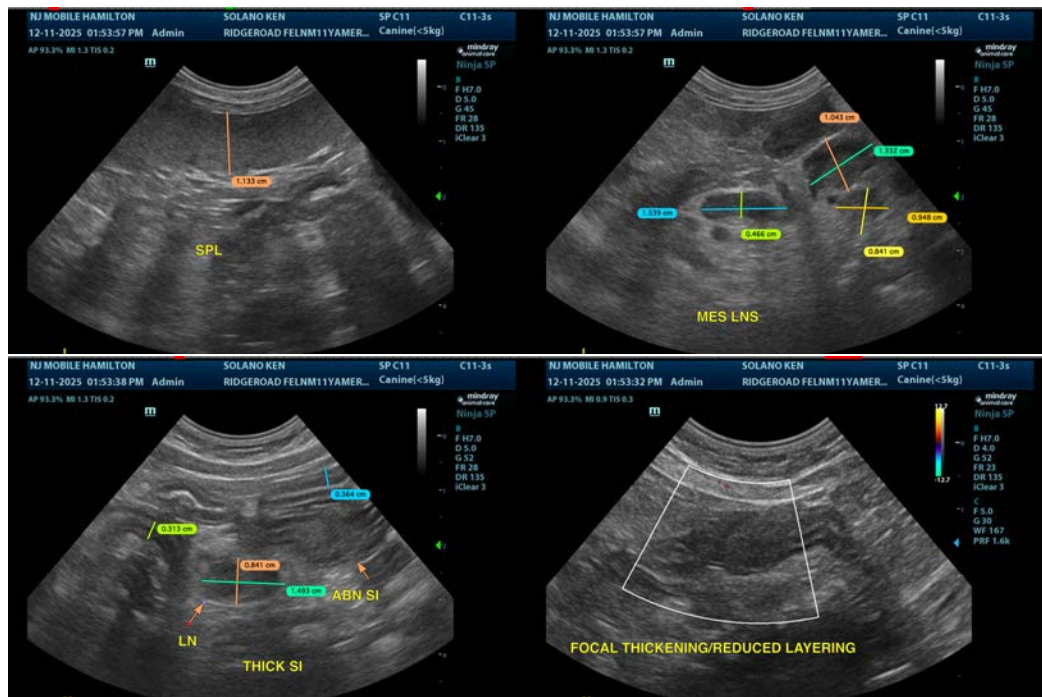
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is general thickening of the small intestine with mildly reduced detail of wall layering. There are some focal sections of bowel that appear irregular with more significant loss of layering, bordering on early mass lesions. Additionally, there are clusters of prominent mesenteric lymph nodes. Findings are concerning for early infiltrative disease, but highly inflammatory disease cannot be ruled out.

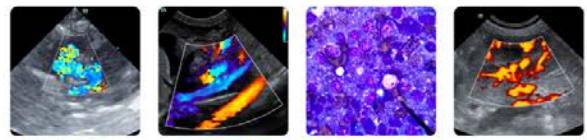
The spleen is mildly mottled and measures as borderline large. Recommend a fine needle aspirate of the spleen, and if a safe window is available to try to sample one of the larger lymph nodes, this could be considered.

Initial therapy for inflammatory type change could be considered with a hydrolyzed protein prescription diet, probiotic therapy, and a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate could be considered to see if B12 supplementation, exocrine pancreatic insufficiency, etc. are contributing factors.

If cytologic diagnosis cannot be obtained and symptoms are persistent, surgical biopsies of the GI tract and lymph nodes may be warranted.



Dr. Pathak



PATIENT

Ken Solano

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered Male

AGE

11 Years 5 Months

WEIGHT

11.2 lbs

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Ridge Road Animal
 Hospital

REFERRING VET

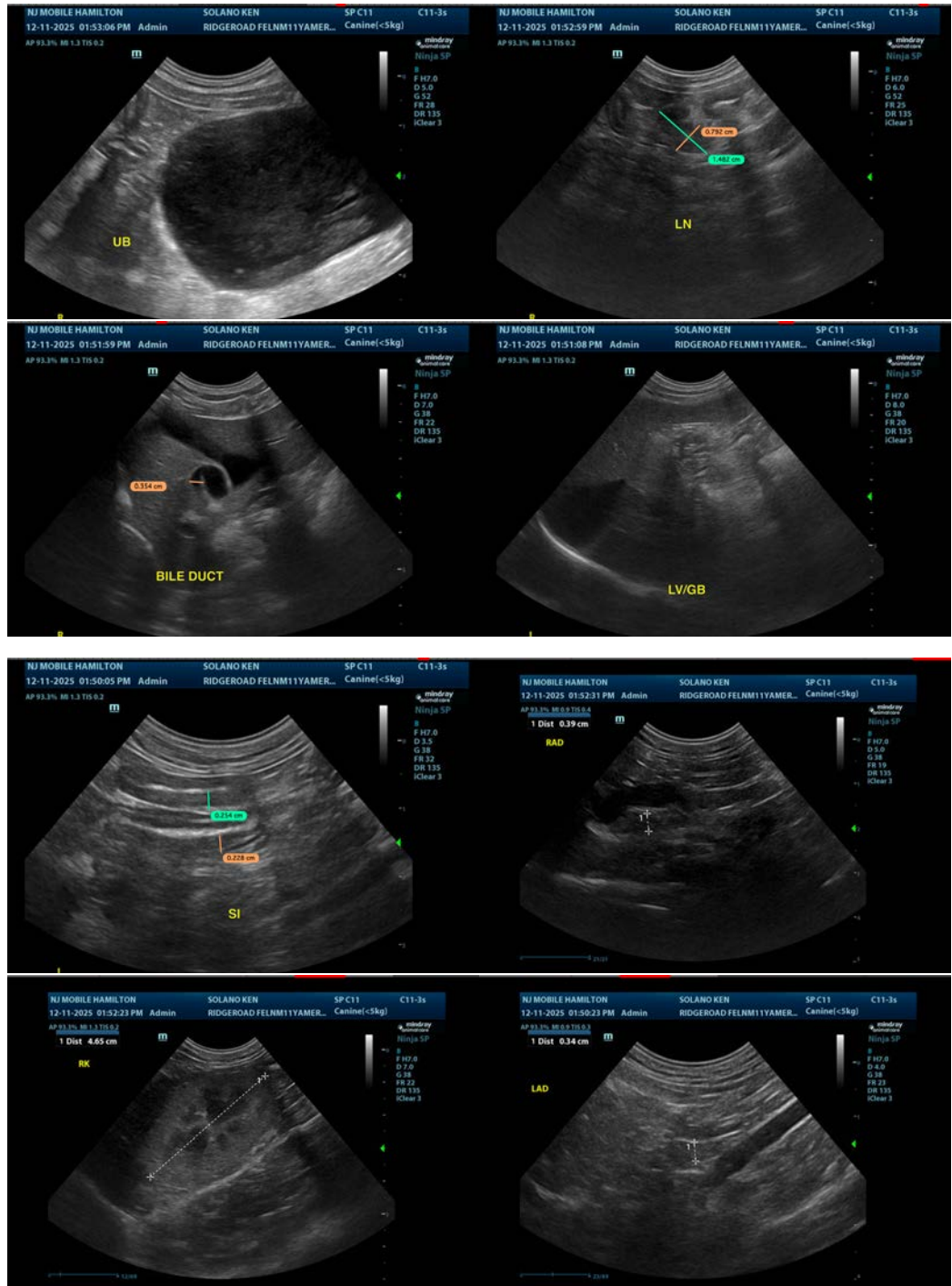
Dr. Pathak

INVOICE

72514

DATE

12/11/25





PATIENT

Ken Solano

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered Male

AGE

11 Years 5 Months

WEIGHT

11.2 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

Ridge Road Animal
Hospital

REFERRING VET

Dr. Pathak

INVOICE

72514

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