



PATIENT

Man Cat Renick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Howard Small, DVM

INVOICE

72518

DATE

12/11/25

PRESENTING CLINICAL SIGNS

P has intermittent vomiting and weight loss.

Abnormal PE/Chem/CBC/UA Results: Labwork shows very mild low total protein

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 (3.9 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.

The right kidney has a normal shape and size (3.8 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 0.34 cm at the cranial pole and 0.37 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 0.45 cm at the cranial pole and 0.32 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 (0.62 cm). 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



PATIENT

Man Cat Renick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Howard Small, DVM

INVOICE

72518

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 0.34 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There is diffuse thickening of the small intestine with a very prominent muscularis layer. Many areas appear to have focal thickening with reduced detail of wall layering, and there is a very large, extensive bowel mass lesion suspected to be small intestine/jejunum where the bowel wall changes from 0.70 cm in diameter to 1.32 cm with complete loss of layering. This is expansile, creating a true mass effect measuring >3.45 cm x 6.0 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

There is a small amount of free fluid present. There is a significant lymphadenopathy adjacent to the mass lesion with large, hypoechoic, rounded lymph nodes. Examples measure 1.62 cm x 1.43 cm and 1.1 cm x 2.53 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Diffuse thickening of the small intestine with many areas exhibiting reduced detail of wall layering and a prominent muscularis layer – Findings are most consistent from a diffuse enteropathy and likely neoplastic change.
- Large, expansile bowel mass lesion with complete loss of layering and severe wall thickening – Findings are most consistent with a neoplastic process (round cell neoplasia, carcinoma, other).
- Prominent lymph nodes adjacent to the bowel mass – Findings are most consistent with a metastatic lymph node.
- 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. This appearance favors a neoplastic process. Consider the additional abdominal lesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is evidence of diffuse small intestinal disease with a large, extensive, expansile bowel mass lesion exhibiting complete loss of layering and severe wall thickening. Additionally, there are other areas of bowel that exhibit reduced detail of wall layering and significant thickening, suggestive of a diffuse process. Recommend a fine needle aspirate of the bowl wall and a large mesenteric lymph node for



PATIENT

Man Cat Renick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

15 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Howard Small, DVM

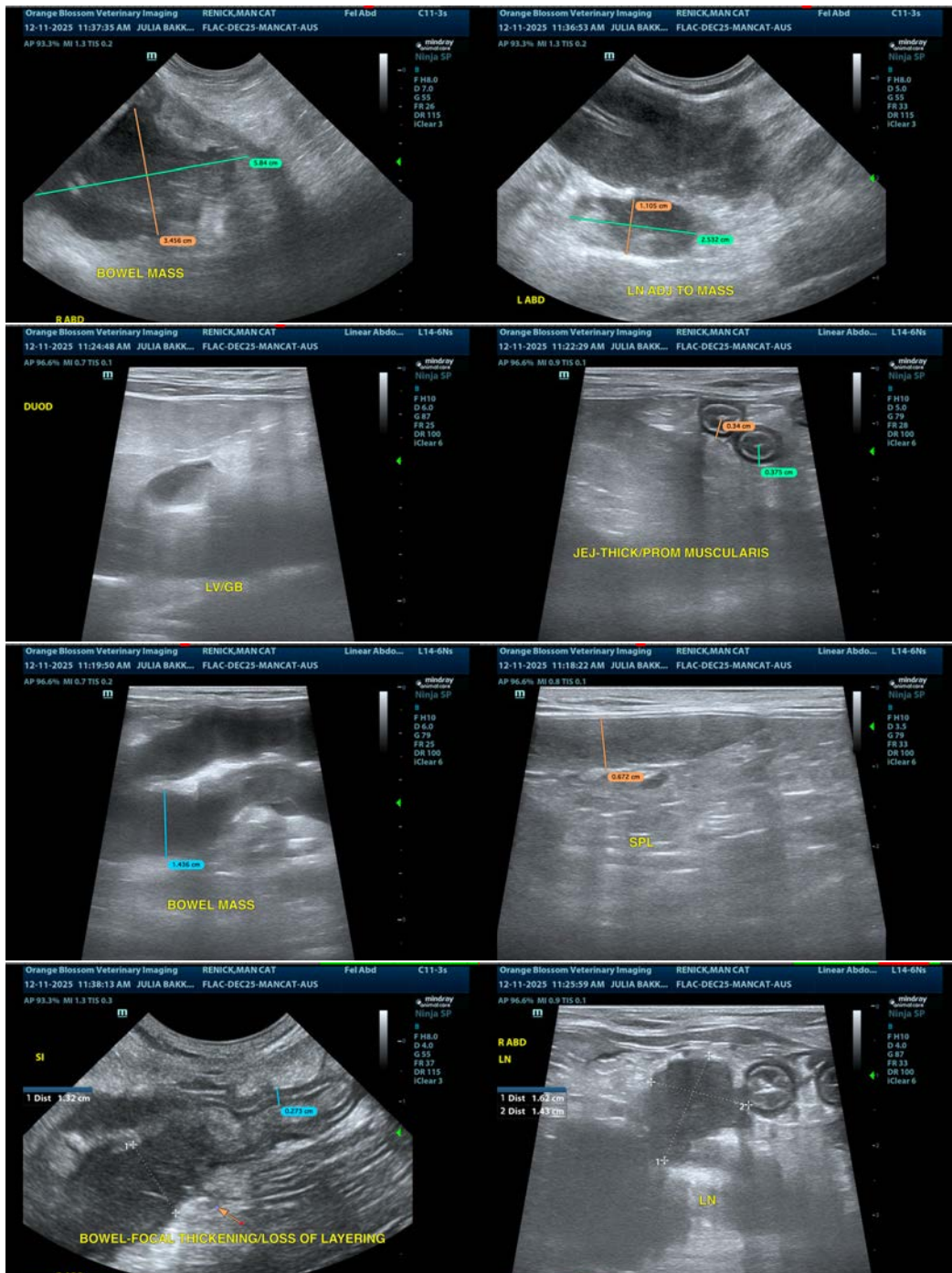
INVOICE

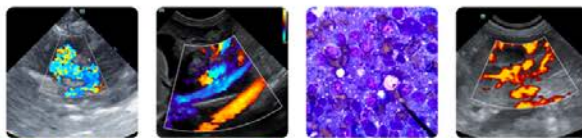
72518

DATE

12/11/25

cytologic evaluation. If a diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding the best treatment options and prognosis. Based on the appearance of today's scan, surgical options would be limited due to the multicentric nature of this lesion.





PATIENT

Man Cat Renick

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

15 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

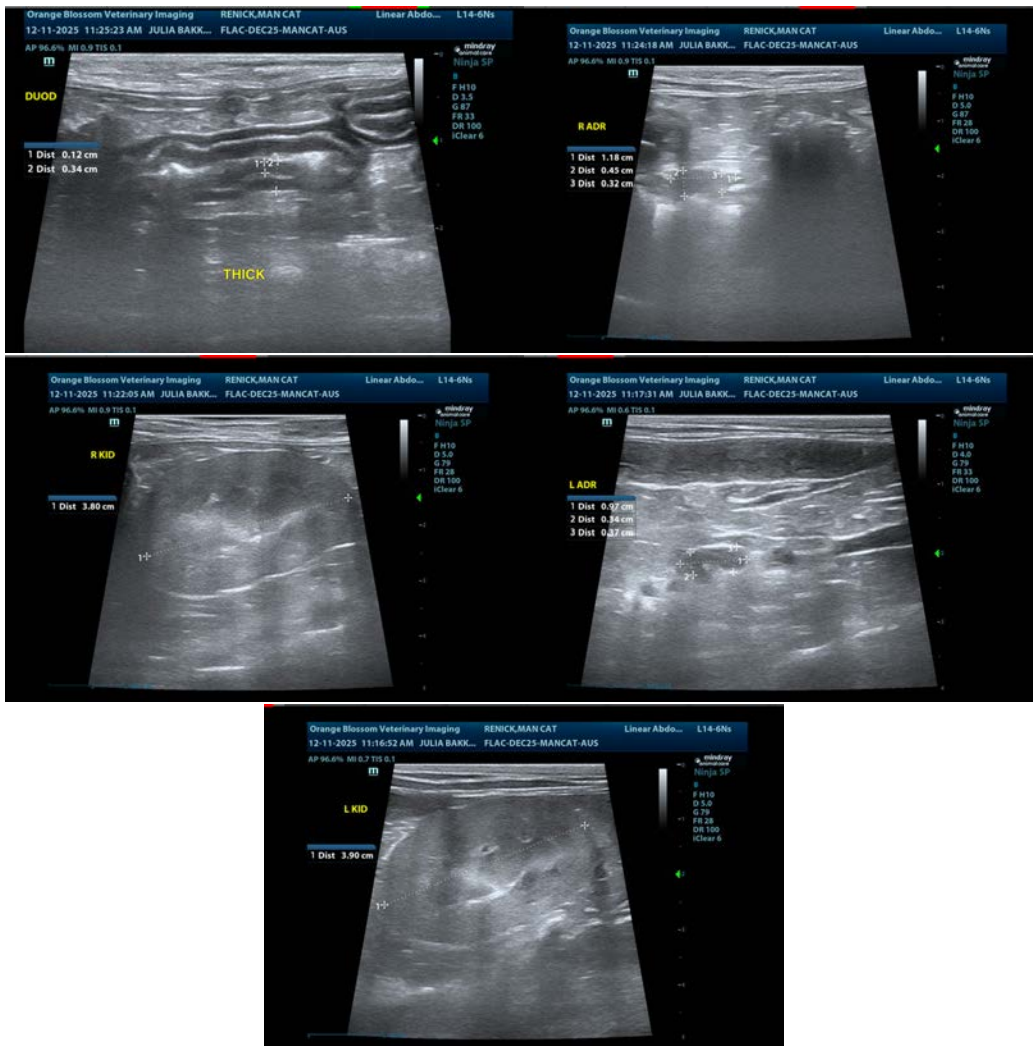
Howard Small, DVM

INVOICE

72518

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