



## PATIENT

Kealey Stovenour

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

14 Years 2 Months

## WEIGHT

12.1 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katelyn Mazzochette,  
DVM

## HOSPITAL NAME

Airpark Animal  
Hospital

## REFERRING VET

Kristin Marciszewski,  
DVM

## INVOICE

72657

## DATE

12/17/25

## PRESENTING CLINICAL SIGNS

Hx of progressive weight loss (3.5-4lb over the past 1.5-2yrs) Gr 2/6 parasternal systolic heart murmur on y/d diet

Abnormal PE/Chem/CBC/UA Results: Gr 2/6 parasternal systolic heart murmur BW 12/3/25: CBC mild monocytosis (1.0k) and eosinophilia (1.7k) Chem: SDMA 20, Globulins 6.0, GGT 10 proBNP 1197 however echo from May 2025 showed normal heart size and function. T4 2.6, FT4 1.5 UA: USG 1.016, pH 5.0, mild-mod hematuria and pyuria with possible cocci

## 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 (3.6 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 (3.83 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are two cortical cystic lesions, one at the caudal pole measuring 1.06 cm x 0.59 cm and one towards the cranial aspect measuring 6.84 cm x 0.98 cm. 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 0.49 cm at the cranial pole and 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 right adrenal gland is normal in size measuring 0.34 cm at the cranial pole and 0.28 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 (1.0 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 large and irregular in shape. The visible portions of the vasculature and biliary tract appear normal. There are numerous irregular cystic lesions visualized associated with the parenchyma. Many of these cystic lesions are accompanied by hyperechoic cystic mass lesions. In the left side of the liver there is a cystic lesion measuring 1.11 cm x 1.74 cm and a lesion measuring 1.75 cm x 1.45 cm. In the



## PATIENT

Kealey Stovenour

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

14 Years 2 Months

## WEIGHT

12.1 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katelyn Mazzochette,  
DVM

## HOSPITAL NAME

Airpark Animal  
Hospital

## REFERRING VET

Kristin Marciszewski,  
DVM

## INVOICE

72657

## DATE

12/17/25

cranial aspect of the left liver there is a large, hyperechoic, cystic mass lesion measuring 3.82 cm x 4.82 cm. On the right side of the liver there is a cystic mass lesion measuring 3.35 cm x 3.42 cm, and a hyperechoic mass effect visualized in the caudate lobe measuring 2.0 cm x 2.8 cm.

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 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. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There are numerous sections of small bowel that appear significantly thickened with a prominent muscularis layer. An example measures 0.34 cm. Additionally, in the mid abdomen there is an area of small intestine looping around large, hypoechoic mass effects or lymph nodes with severe thickening and reduced detail of wall layering, focally merging with a mass effect. The bowel in this region measures 0.87 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 pancreas is prominent and hypoechoic focally in the left limb with some mild surrounding reactive mesentery. There is no evidence of nodules or cystic lesions.

### ***Free Abdomen***

There is scant free fluid noted. There is a significant mesenteric lymphadenopathy with a cluster of large, hypoechoic, irregular lymph nodes surrounded by reactive mesentery. Lymph nodes in this area measure 0.49 cm x 0.82 cm and 0.88 cm x 2.06 cm. A large gastric lymph node measures 0.85 cm x 0.68 cm.

In the mid caudal abdomen, around an abnormal bowel loop there are some large, hypoechoic mass effect/lymph nodes. These measure 0.99 cm x 1.14 cm and 2.15 cm x 1.44 cm. These lesions are surrounded by reactive mesentery.

### **ULTRASONOGRAPHIC FINDINGS**

- Decreased corticomedullary distinction in both kidneys with cystic lesions visualized associated with the right kidney.
- Focal hypoechoic reactive pancreas in the left limb caudal to the stomach – Findings are most consistent with mild focal pancreatitis.
- Numerous cystic hyperechoic mass lesions visualized within the liver – Findings are most consistent with cystadenomas or cystadenocarcinomas.



## PATIENT

Kealey Stovenour

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

14 Years 2 Months

## WEIGHT

12.1 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katelyn Mazzochette,  
DVM

## HOSPITAL NAME

Airpark Animal  
Hospital

## REFERRING VET

Kristin Marciszewski,  
DVM

## INVOICE

72657

## DATE

12/17/25

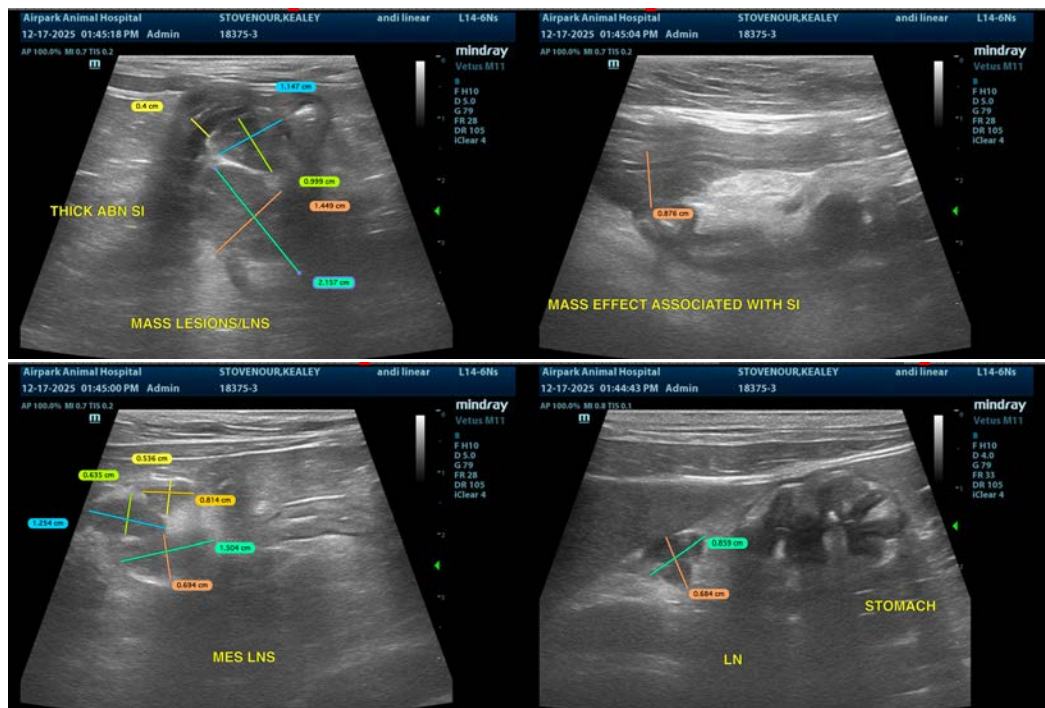
- Diffusely thickened small intestine with a prominent muscularis layer in addition to focal areas exhibiting more significant thickening and a focal area exhibiting complete loss of layering and expansile thickening consistent with a bowel mass lesion – Primary differential would be diffuse round cell neoplasia or infiltrative neoplasia. Other differentials are possible.
- Significant mesenteric lymphadenopathy with large, hypoechoic mass lesions or lymph nodes visualized adjacent to abnormal bowel – Findings are most concerning for metastatic lymph nodes.

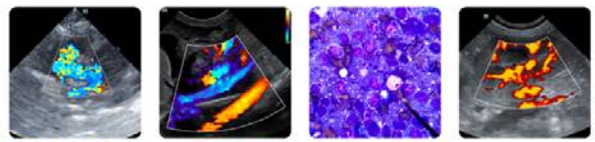
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver has numerous hyperechoic cystic mass lesions. These are most consistent with cystadenomas or cystadenocarcinomas. A fine needle aspirate of a solid region could be considered. Although this is concerning, I think the primary mass lesion associated with the symptoms described is likely the bowel mass lesion where there is diffuse thickening and a focal section with reduced detail of wall layering and the appearance of an expansile mass lesion. This is adjacent to two larger lymph nodes/mass lesions. Recommend a fine needle aspirate of the large, hypoechoic lymph nodes/mass lesions for further evaluation.

If a diagnosis can be obtained, then consultation with a veterinary oncologist regarding the best treatment options and prognosis would be recommended.

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





**PATIENT**

Kealey Stovenour

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years 2 Months

**WEIGHT**

12.1 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Katelyn Mazzochette,  
DVM

**HOSPITAL NAME**

Airpark Animal  
Hospital

**REFERRING VET**

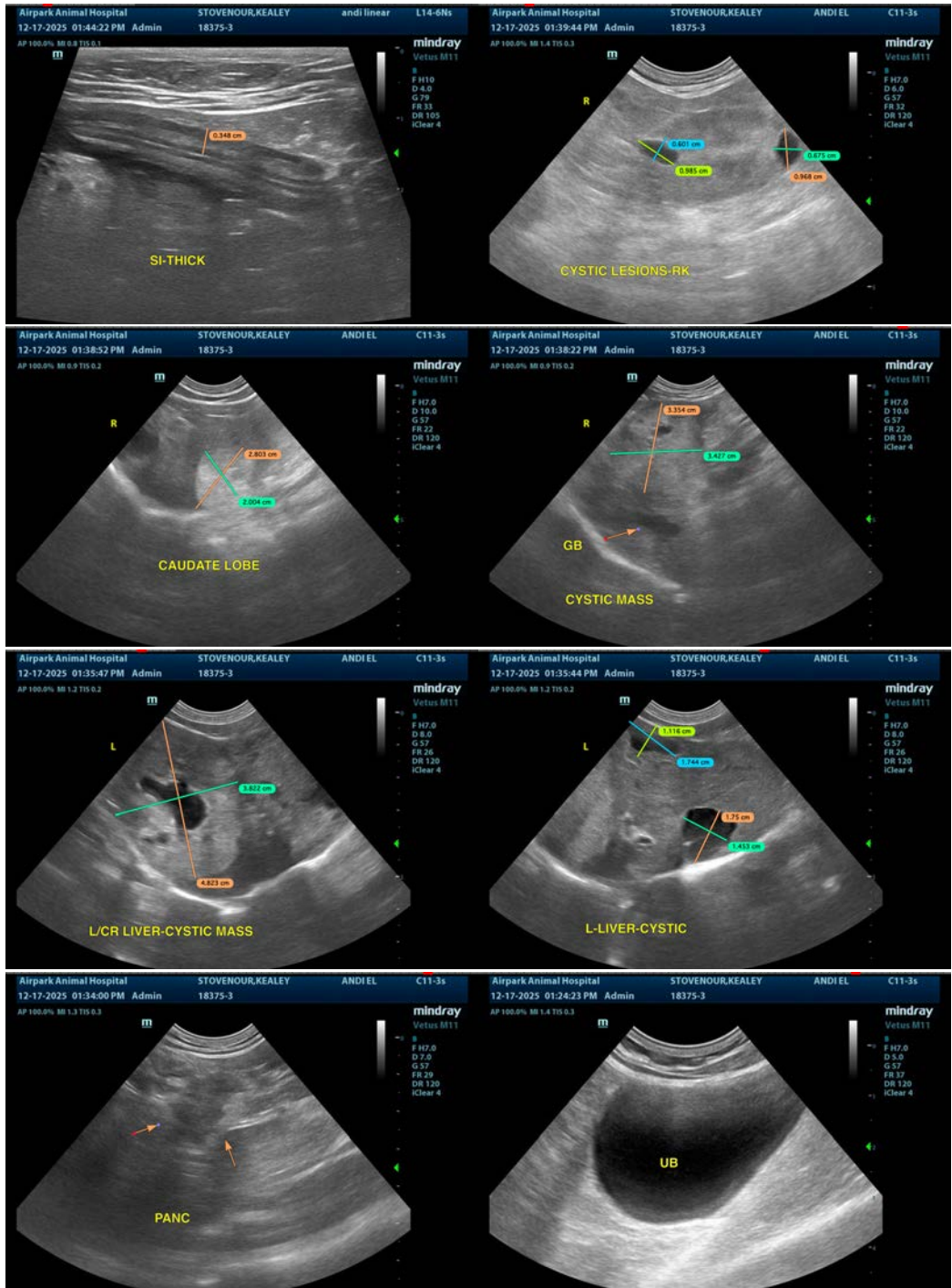
Kristin Marciszewski,  
DVM

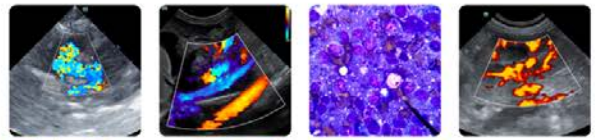
**INVOICE**

72657

**DATE**

12/17/25





## PATIENT

Kealey Stovenour

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

14 Years 2 Months

## WEIGHT

12.1 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katelyn Mazzochette,  
DVM

## HOSPITAL NAME

Airpark Animal  
Hospital

## REFERRING VET

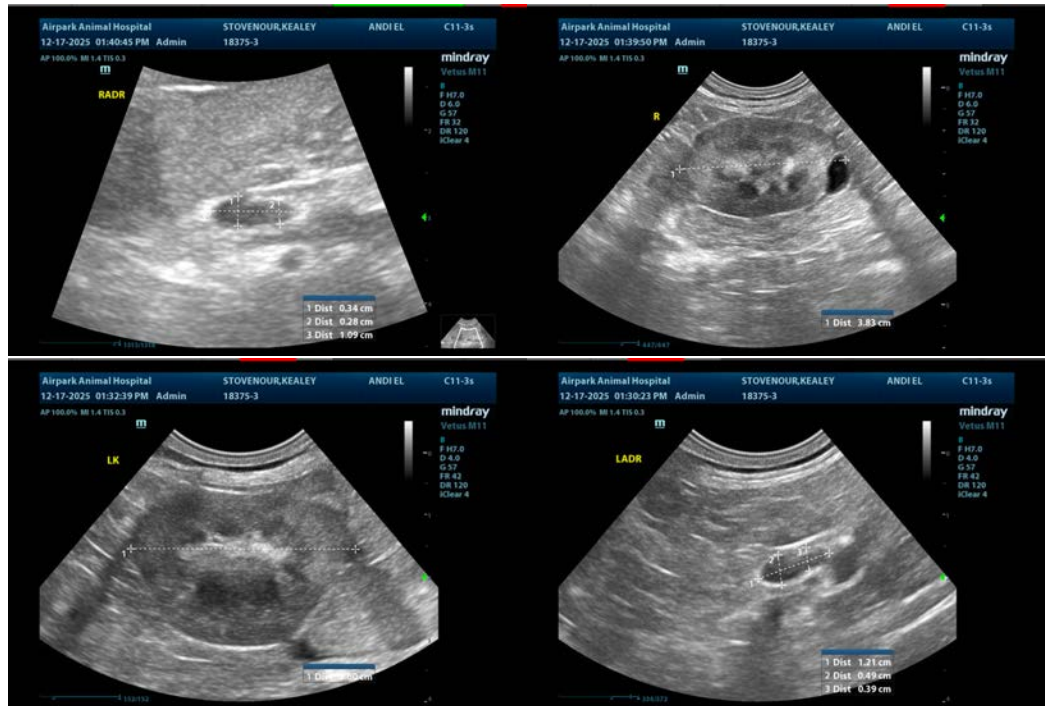
Kristin Marciszewski,  
DVM

## INVOICE

72657

## DATE

12/17/25



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