PATIENT

Hank Kline

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

4 years

WEIGHT

8.10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Best Friends Animal Clinic

REFERRING VET

Dr. Phoebe Weaver

INVOICE

10980

DATE

12/18/2025

PRESENTING CLINICAL SIGNS

Fever since Saturday & losing weight, ADR.

Abnormal PE/Chem/CBC/UA Results: Performed brief abd u/s d/t mass structure felt in abdomen.

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 (4.0 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 (3.91 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 0.37 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.68 cm in width at the hilus), irregular in shape. The parenchyma is hypoechoic and mottled.

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 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

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adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.22 cm in wall thickness) and the jejunum measured as normal (0.19 cm.) Visualized peristalsis appears appropriate. Some areas of the small intestine appear more significantly thickened. The distal jejunum/proximal ileum is severely thickened with focal loss of layering, creating a bowel mass measuring approximately 1.87 cm. In this area the diameter of the bowel is 2.4 cm. Bowel wall thickness is 1.28 cm. This leads to the ileum, which is mildly thickened with a prominent muscularis layer measuring at 0.41 cm.

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.

Pancreas

The pancreas is prominent and mottled in the left limb. 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 revealed scant free fluid. There is a severe lymphadenopathy in the region of the bowel mass/ileocecal junction. A lymph node measures 1.62 cm x 2.28 cm. Additional lymph nodes in the area measure 1.0 cm and 0.49 cm in diameter. The omentum is diffusely hyperechoic, particularly around the bowel mass lesion.

ULTRASONOGRAPHIC FINDINGS

- Irregular, hypoechoic 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.
- Pancreatic changes consistent with chronic pancreatic remodeling.
- Focal bowel mass lesion with complete loss of wall layering. Findings are most concerning for an infiltrative lesion (round cell neoplasia, carcinoma, eosinophilic infiltrates, etc.)
- Severe regional lymphadenopathy. Findings are most consistent with metastatic lymph nodes. Other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a focal mass effect visualized at the distal jejunum which has severe wall thickening and complete loss of layering. There's a significant lymphadenopathy around this lesion, and at the ileocecal junction most consistent with a metastatic lymphadenopathy. Recommend a fine needle aspirate of the bowel mass and the mesenteric lymph nodes.

The changes in the spleen are concerning for infiltrative disease (round cell neoplasia, other benign

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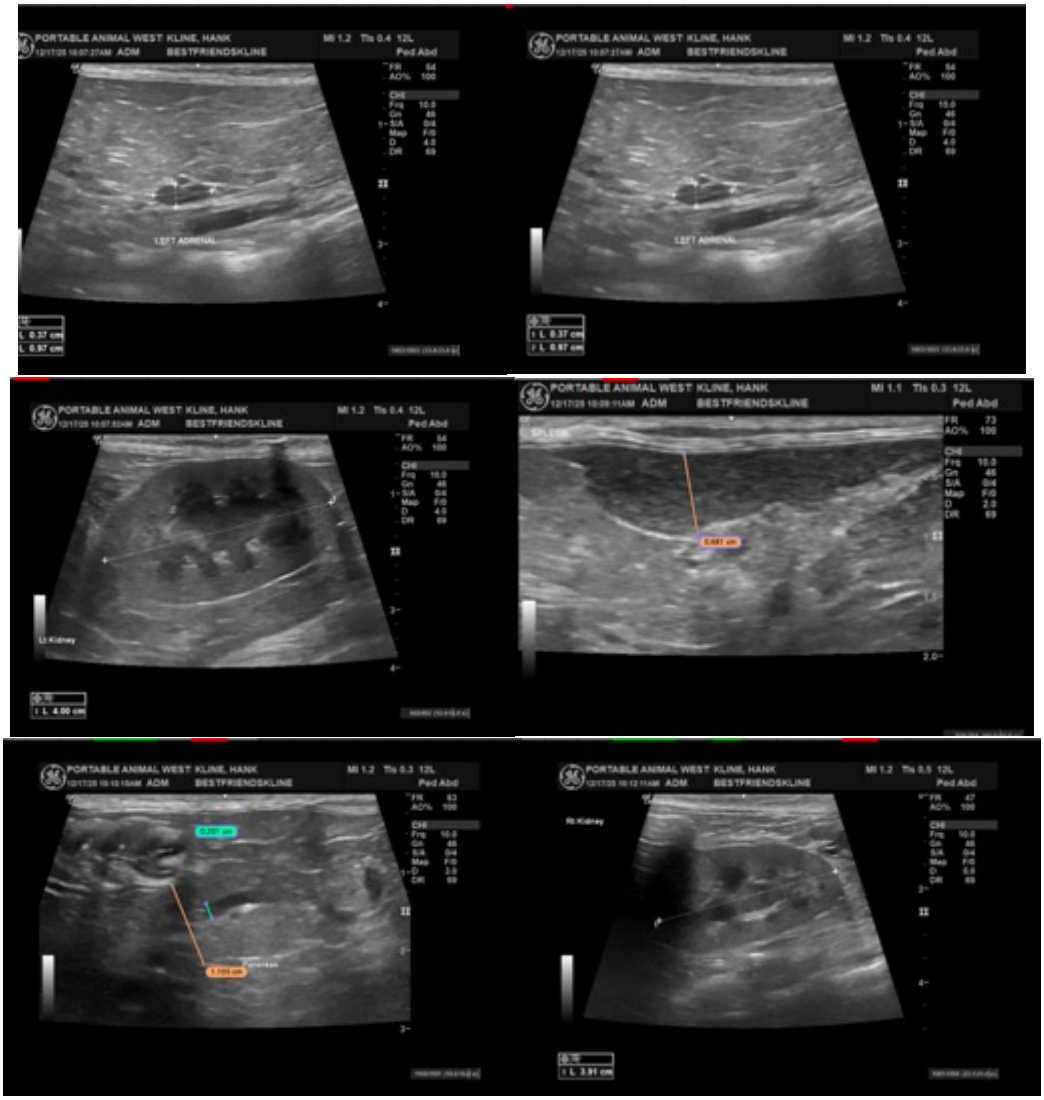
process is possible.)

Cytologic diagnosis can be obtained. Recommend consultation with a veterinary oncologist regarding the best treatment options and prognosis. While surgical resection could be possible, the lymph nodes are concerning for a metastatic disease process.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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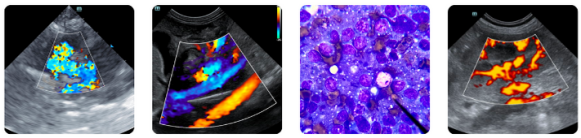

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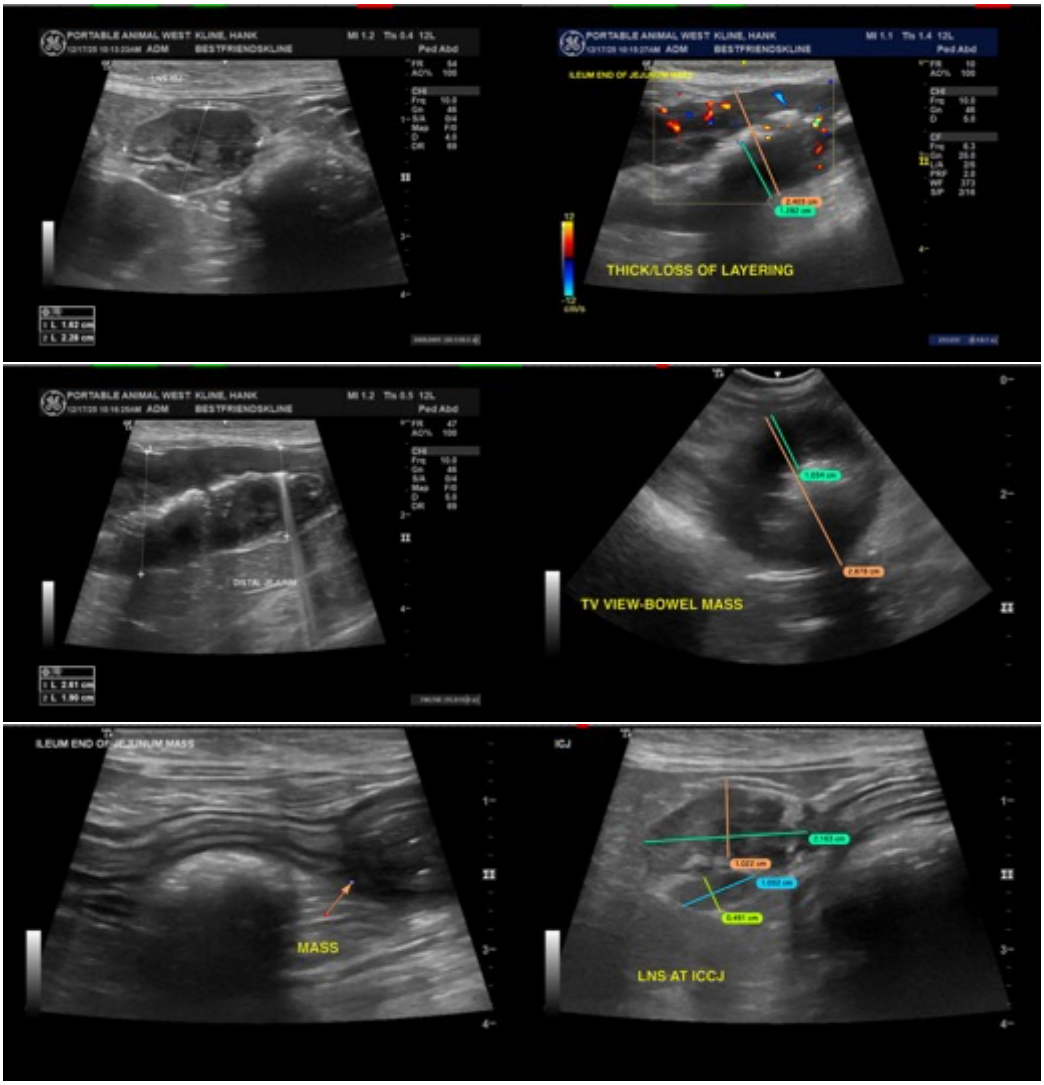

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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