PATIENT

Bibs Sutherland

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

6.78 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Roundhill Animal Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

10839

DATE

12/2/2025

PRESENTING CLINICAL SIGNS

Was given 4mg of Xylazine and 0.6cc ketamine IM prior to ultrasound, was getting a dental after ultrasound. Presented today (12/1/25) for emesis of bloody mucous 1/5weeks ago. Has had a reduced appetite since then. Patient is overweight, ideal weight should be less than 10 pounds. Dental done today No current medications, although we did give 6.8mg of cerenia post anesthesia to assist with vomiting/appetite.

Abnormal PE/Chem/CBC/UA Results: LABs attached

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 (4.06 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 (4.06 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 0.48 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 0.49 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 borderline large in size (1.16 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There's a very small hyperechoic foci visualized towards the periphery of the spleen, measuring 0.36 cm in diameter, most consistent with a benign myelolipoma.

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

Bibs Sutherland

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

6.78 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Roundhill Animal Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

10839

DATE

12/2/2025

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. At the pyloroduodenal junction there is isoechoic echogenic material visualized within the lumen of the bowel. This is generally poorly vascular but is concerning for possible soft tissue mass effects/polypoid-like lesion, focal ingesta in the region is also possible. The isoechoic lesion visualized associated with the pyloroduodenal junction measures 1.59 cm x 1.25 cm.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured 0.3 cm in diameter and the jejunum measured 0.25 cm in diameter. Visualized peristalsis appears appropriate. There are some sections of small intestine/jejunum which appear more focally thickened. There is one such area where the jejunal wall measures at 0.5 cm with a prominent and somewhat asymmetrical muscularis layer. There is generalized inflammation in this region.

The ileocecal junction was visualized and there is a poorly defined hypoechoic lesion measuring 1.07 cm x 0.87 cm which is concerning for a possible mass effect, possibly associated with the cecum or ascending colon. The descending colon appears normal with no evidence of wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled, particularly in the left limb. There are some poorly defined hypoechoic nodules visualized in the left limb of the pancreas most consistent with lymphoid nodules. Examples measure 0.21, and 0.23 cm. 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 are occasional prominent mesenteric lymph nodes, particularly in the mid abdomen. Theres a region of hyperechoic mesentery and hypoechoic lymph nodes. On some views this appears adjacent to the ileocecal junction. In others it is near the thickened loop of jejunum. A prominent lymph node near the ileocecal junction measures 0.64 cm x 1.16 cm. A lymph node near the thickened jejunum measures 0.41 cm x 1.08 cm.

PRIMARY FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling and lymphoid hyperplasia, chronic pancreatitis cannot be ruled out.
- Intraluminal isoechoic material visualized at the level of the pyloroduodenal junction. Findings could be consistent with abnormal tissue (mass, polyp, etc) or focal ingesta. An obstructive pattern is not noted in this region.

PATIENT

Bibs Sutherland

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

6.78 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Roundhill Animal Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

10839

DATE

12/2/2025

- Segmental thickening of the jejunum with some areas exhibiting a prominent muscularis layer. One focal area exhibits asymmetrical thickening of the muscularis layer. Findings are consistent with significant focal inflammation or early neoplastic change.
- Focal hyperechoic area visualized associated with the ileocecal junction. The cecal mass lesion is the primary concern. Other lesions are possible.
- Focal mid-abdominal inflammation and reactive mesentery. Findings are most consistent with highly reactive or early neoplastic lymph nodes.

SECONDARY FINDINGS

- Suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Borderline large spleen with a small hyperechoic lesion. Possible differentials include anatomic variation (large cat), splenitis, lymphoid hyperplasia, congestion, less likely neoplastic infiltration. The hyperechoic lesion is most consistent with a benign myelolipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some isoechoic, poorly vascular material visualized within the lumen at the pyloroduodenal junction. This could represent atypical ingesta or a poorly vascular mass effect. Options moving forward could include repeat imaging with a more prolonged fast or upper GI endoscopy to further investigate and obtain biopsies.

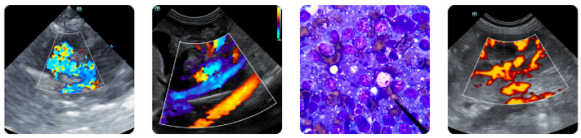
There's focal hypoechoic tissue associated with the ileocecal junction. The appearance is most consistent with a mass effect involving the cecum, but other differentials are possible. IF a safe window for sampling is available consider a fine needle aspirate. Otherwise, options would likely include surgical biopsy or possibly colonoscopy to further evaluate. Additionally, repeat imaging could be considered looking for progression of this lesion in the future (recheck in 8 to 12 weeks – sooner if concerned.)

There's diffuse segmental thickening of the jejunum with some areas exhibiting a prominent muscularis layer. There's one focal section of bowel with asymmetrical thickening which could be concerning for an early neoplastic lesion. In this region there is also some reactive mesentery and prominent lymph nodes. Options moving forward would include surgical evaluation, a fine needle aspirate of a large lymph node (if a safe window for sampling is available), or a fine needle aspirate of the bowel wall could be considered (may be challenging as wall thickening is not severe.)

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

Imaging
performed by

pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Bibs Sutherland

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

6.78 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Roundhill Animal Hospital

REFERRING VET

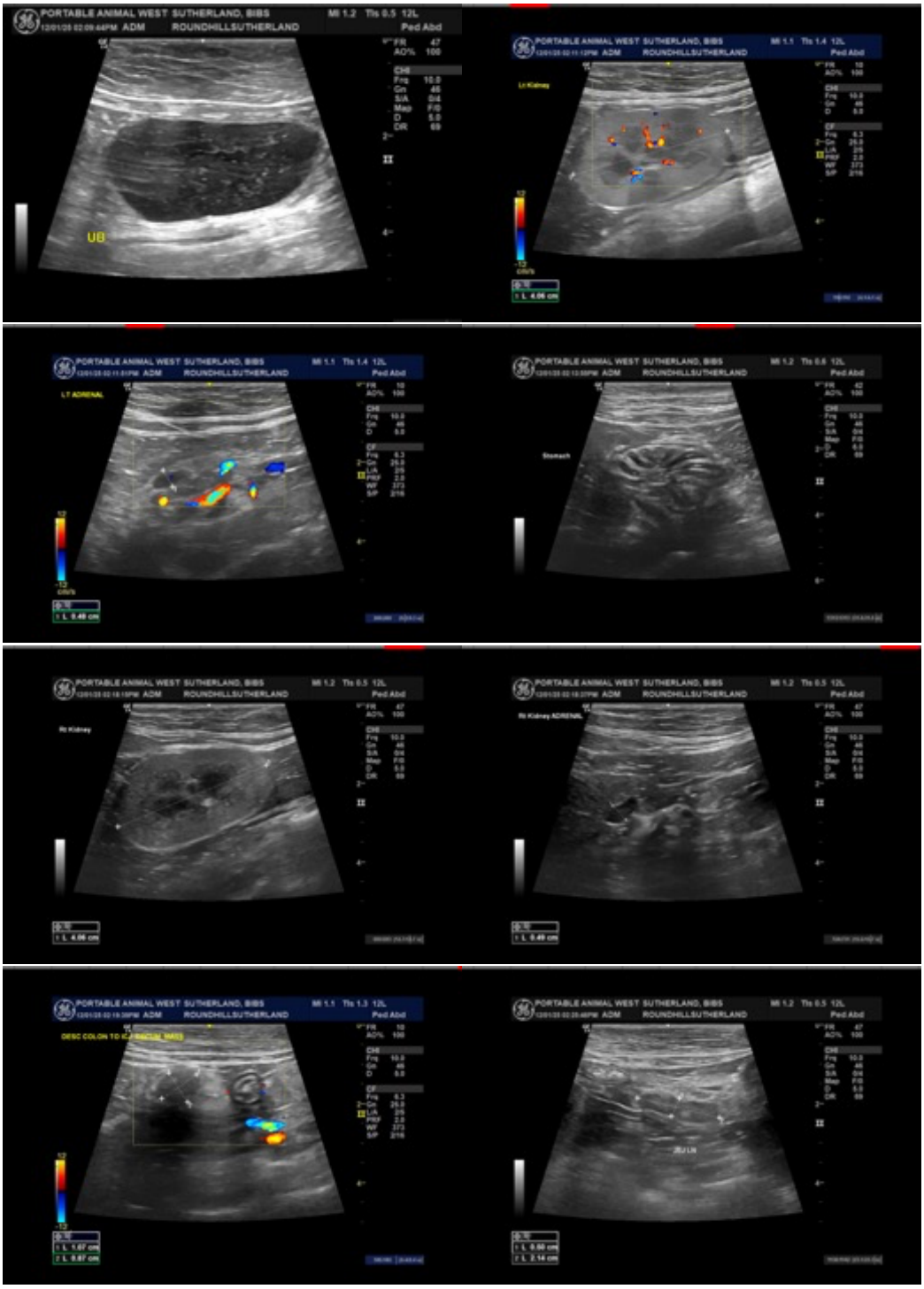
Dr. Carl Kelly

INVOICE

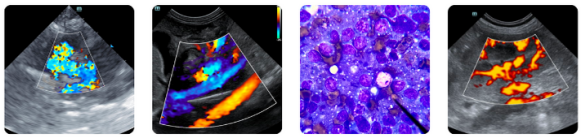
10839

DATE

12/2/2025



Imaging performed by
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bibs Sutherland

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

6.78 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Roundhill Animal Hospital

REFERRING VET

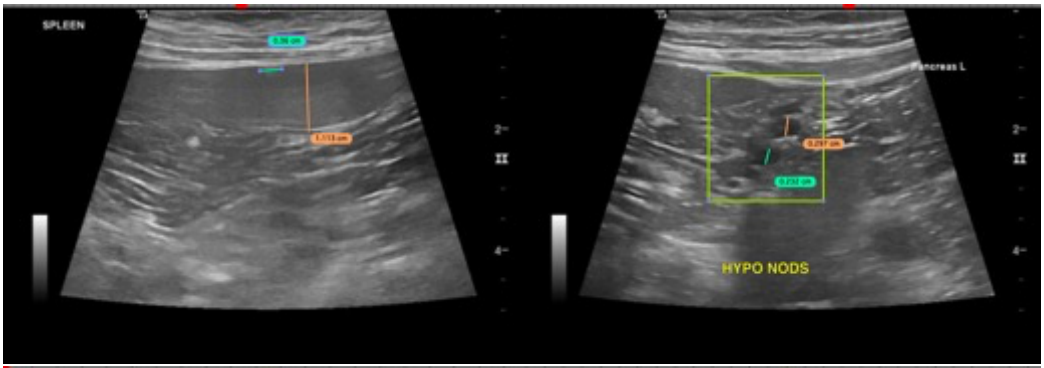
Dr. Carl Kelly

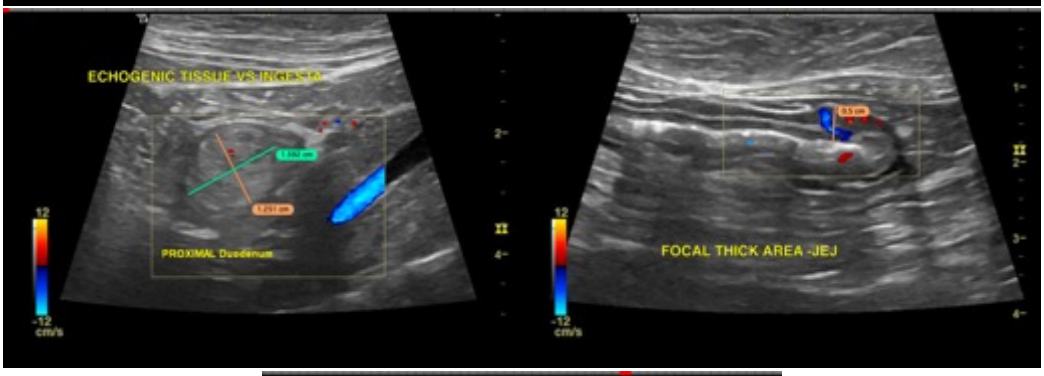
INVOICE

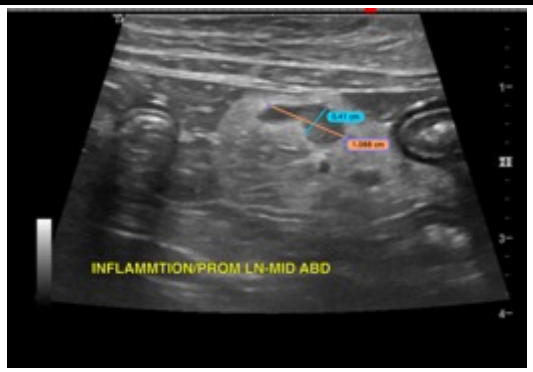
10839

DATE

12/2/2025







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