



**PATIENT**

Timmy Berger

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

6.35 lbs lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Massa

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Massa

**INVOICE**

42500

**DATE**

2/1/23

**PRESENTING CLINICAL SIGNS**

History: P vomiting multiple times tonight and seemed painful on abdominal palpation- O concerned for urinary obstruction but patient did urinate small amount at home. Historically healthy otherwise, indoor only; nothing he could have gotten into per O.

Abnormal PE/Chem/CBC/UA Results: PE: QAR, very tense/painful abdomen and vomited bile after palpation; H/L WNL, bladder soft/small CBC: mild hemoconcentration EPOC: metabolic acidosis, moderate/severe hyperkalemia, moderate hypocalcemia/hyperlactatemia Chem: mild hyperphosphatemia, mild hypoproteinemia, mild increased ALT Concerns for mid-abdominal mass on rads. Sent out samples of LN/mass for cytology

**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 (cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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, 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. Th spleen measured 0.65 cm.

**Liver**

The liver is subjectively normal in size, and hypoechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth



**PATIENT**

Timmy Berger

mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**SPECIES**

Feline

**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.

**BREED**

Domestic Shorthair

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with mild/moderate fluid distension. Wall thickness is increased. The jejunum measures at 0.28 cm. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. There is a focal section of small intestine that is severely fluid dilated with severe wall thickening with the bowel wall measuring approximately 1.0 cm with complete loss of layering. This area progresses to develop a very irregular bowel that is most consistent with a mass effect. The mass effect in this region measures 3.2 x 2.4 cm when measuring in cross section.

**SEX**

Neutered male

**AGE**

10 years

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.

**WEIGHT**

6.35 lbs lbs

**Pancreas**

The region 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.

**INTERPRETED BY**

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

**Free Abdomen**

There is a small amount of free abdominal fluid. There are occasional, prominent mesenteric lymph nodes. One lymph node near the bowel mass measures at 0.6 cm. The omentum is hyperechoic around the abnormal bowel and liver.

**IMAGING PERFORMED BY**

Dr. Massa

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

- Hypoechoic, heterogenous liver with surrounding hyperechoic mesentery. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Diffusely thickened, irregular small intestine with prominent muscularis layer as well as focal areas of severe bowel wall thickening and irregularity forming a mass effect. The mass effect is most concerning for possible infiltrative disease/neoplasia (round cell neoplasia, carcinoma, etc) although other differentials are possible.

**REFERRING VET**

Dr. Massa

**INVOICE**

42500

- Small volume of free abdominal fluid.
- Prominent, hypoechoic mesenteric lymph nodes. Moderate lymphadenopathy – The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease,

**DATE**

2/1/23



**PATIENT**

Timmy Berger

infectious disease (tick born disease such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

**SPECIES**

Feline

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bowel appears diffusely thickened and irregular, but there is a focal area where the bowel thickening progresses dramatically and becomes very irregular. There is complete loss of wall layering creating a mass effect. This area is fairly extensive and involves over 6.0 cm of bowel. Consider a FNA of the bowel wall. Additionally there are prominent mesenteric lymph nodes and the liver is very hypoechoic with surrounding hyperechoic mesentery. FNA of the liver or mesenteric lymph node should be considered if aspiration of the mass effect is not diagnostic.

**BREED**

Domestic Shorthair

**SEX**

Neutered male

Three view thoracic radiographs are recommended.

If a cytologic diagnosis cannot be obtained then consider obtaining surgical biopsies.

**AGE**

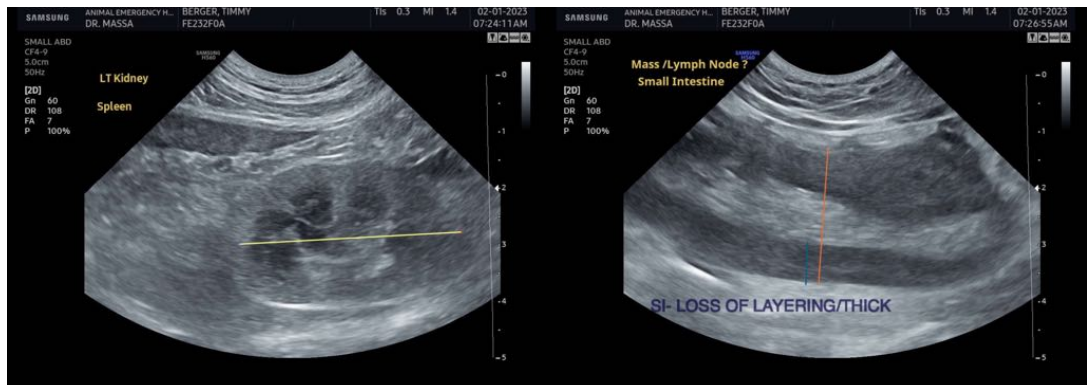
10 years

**WEIGHT**

6.35 lbs lbs

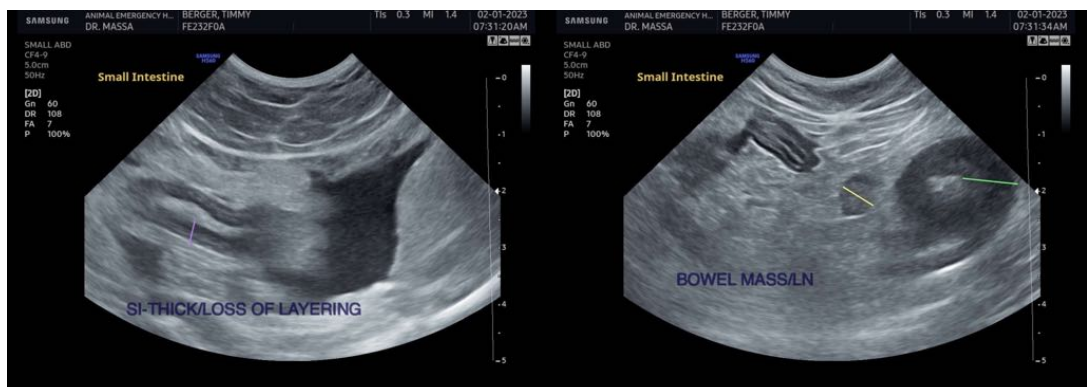
**INTERPRETED BY**

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



**IMAGING PERFORMED BY**

Dr. Massa



**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

Dr. Massa

**INVOICE**

42500

**DATE**

2/1/23



**PATIENT**

Timmy Berger

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

6.35 lbs lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Massa

**HOSPITAL NAME**

Animal Emergency  
Hospital Volusia

**REFERRING VET**

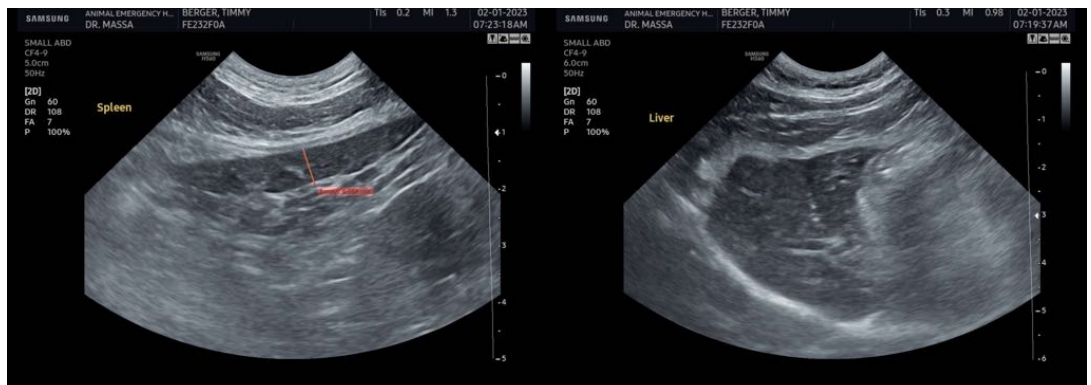
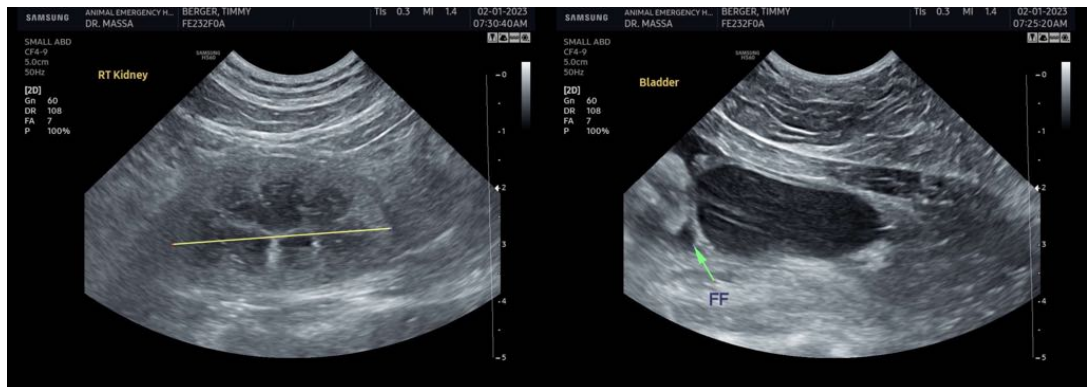
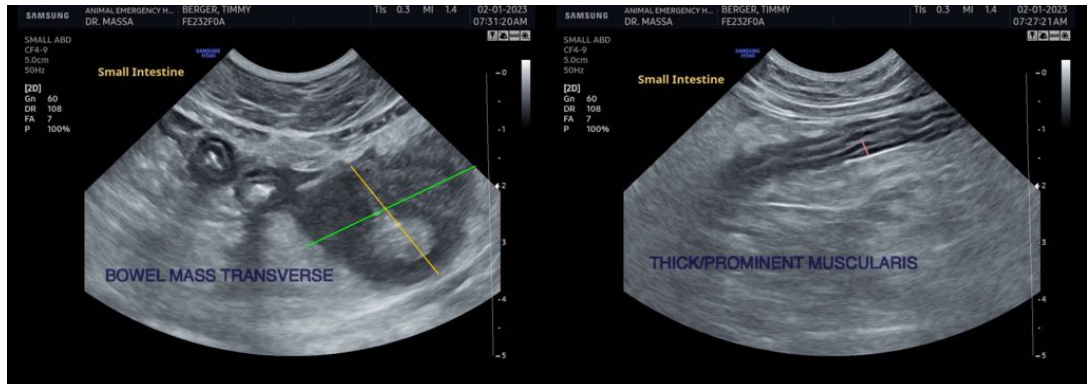
Dr. Massa

**INVOICE**

42500

**DATE**

2/1/23



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)  
kathleen.sennello@sonopath.com