



PATIENT

Kasia Gauld

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

13 years 4 months

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Alpine 24/7 – ER
Doctor

INVOICE

11278

DATE

2/10/2026

PRESENTING CLINICAL SIGNS

- 2-month history of progressive right forelimb lameness, currently non-weight bearing on RF limb. Recurrent fever and lethargy.
- November 2025: Presented for lethargy/inappetence; febrile and neutropenic, treated as outpatient with rapid recovery.
- January 2026: Evaluated by rDVM; repeat bloodwork and radiographs performed. Radiology interpretation noted mild hepatomegaly and inflammatory enteritis; no orthopedic abnormalities identified.
- Recently treated with a 5-day course of meloxicam.
- Current concerns: worsening lethargy, weakness, reluctance to ambulate; eating and drinking, no bowel movement in 2 days.
- Indoor-only cat. Previously healthy prior to November.

Abnormal PE/Chem/CBC/UA Results: QAR, febrile (T up to 40.2°C) Mild-moderate dehydration (5-7%) Right forelimb non-weight bearing, pain localized to metacarpal pad/base of digit 3 No cervical, thoracic, or lumbosacral spinal pain Cardiopulmonary exam unremarkable Severe dental disease No peripheral lymphadenopathy Bloodwork (2/9/26): CBC: HCT 36%, monocytosis (1.29), eosinopenia Chemistry: Hyperglobulinemia (56 g/L), remainder WNL Prior FeLV/FIV negative Previous Imaging (Jan 2026): No traumatic, degenerative, or aggressive bone changes Mild generalized hepatomegaly Inflammatory enteritis noted Normal geriatric thorax POCUS (today): No free abdominal fluid Liver appears heterogeneous with suspected nodules.

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 (3.46 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 (4.07 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 0.22 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 0.35 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.



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Spleen

The spleen is borderline large in size (1.02 cm), the 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 shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There are numerous well defined, slightly heterogenous, hyperechoic nodules in the hepatic parenchyma. One is near the gallbladder, measuring 0.89 cm in diameter. Other examples measure 0.8 cm, 0.95 cm, and 0.88 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 relatively uniform diameter with minimal to mild fluid/chyme. 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 (0.2 cm in wall thickness) and the jejunum measured as normal (0.2 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 visible/mildly mottled. 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 did not reveal any evidence of effusion. There are some large mesenteric lymph nodes noted. A large hypoechoic jejunal lymph node is visualized measuring 0.67 cm, and a lymph node medial to the spleen measuring 0.89 cm x 0.55 cm. The omentum is mildly hyperechoic.

PRIMARY FINDINGS

- Prominent/borderline large, 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.



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- Hyperechoic nodules in the liver. The nature of these nodules is uncertain. This could represent a benign or neoplastic process.
- Occasional prominent/large mesenteric lymph nodes. Findings are most consistent with highly reactive or early neoplastic lymph nodes.

SECONDARY FINDINGS

- Changes consistent with mild pancreatic remodeling.

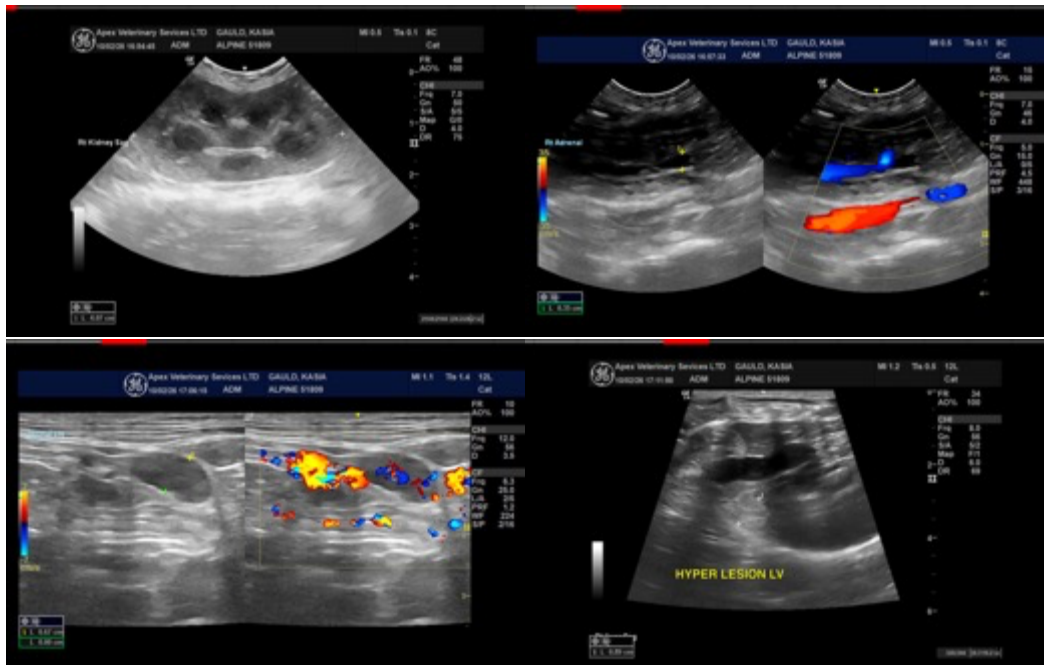
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are numerous well defined hyperechoic nodules in the liver. The nature of these lesions is uncertain. These could represent benign or metastatic lesions. Consider a fine needle aspirate for further evaluation.

The spleen appears prominent/mildly enlarged and slightly mottled. Consider a fine needle aspirate for further evaluation.

There are occasional prominent hypoechoic mesenteric/jejunal lymph nodes. If a safe window for sampling is available, consider cytologic evaluation.

If a focus/lesion associated with the lame limb is evident, you could consider a fine needle aspirate with samples for cultures and cytology. Additionally, a joint tap in the region could be considered.





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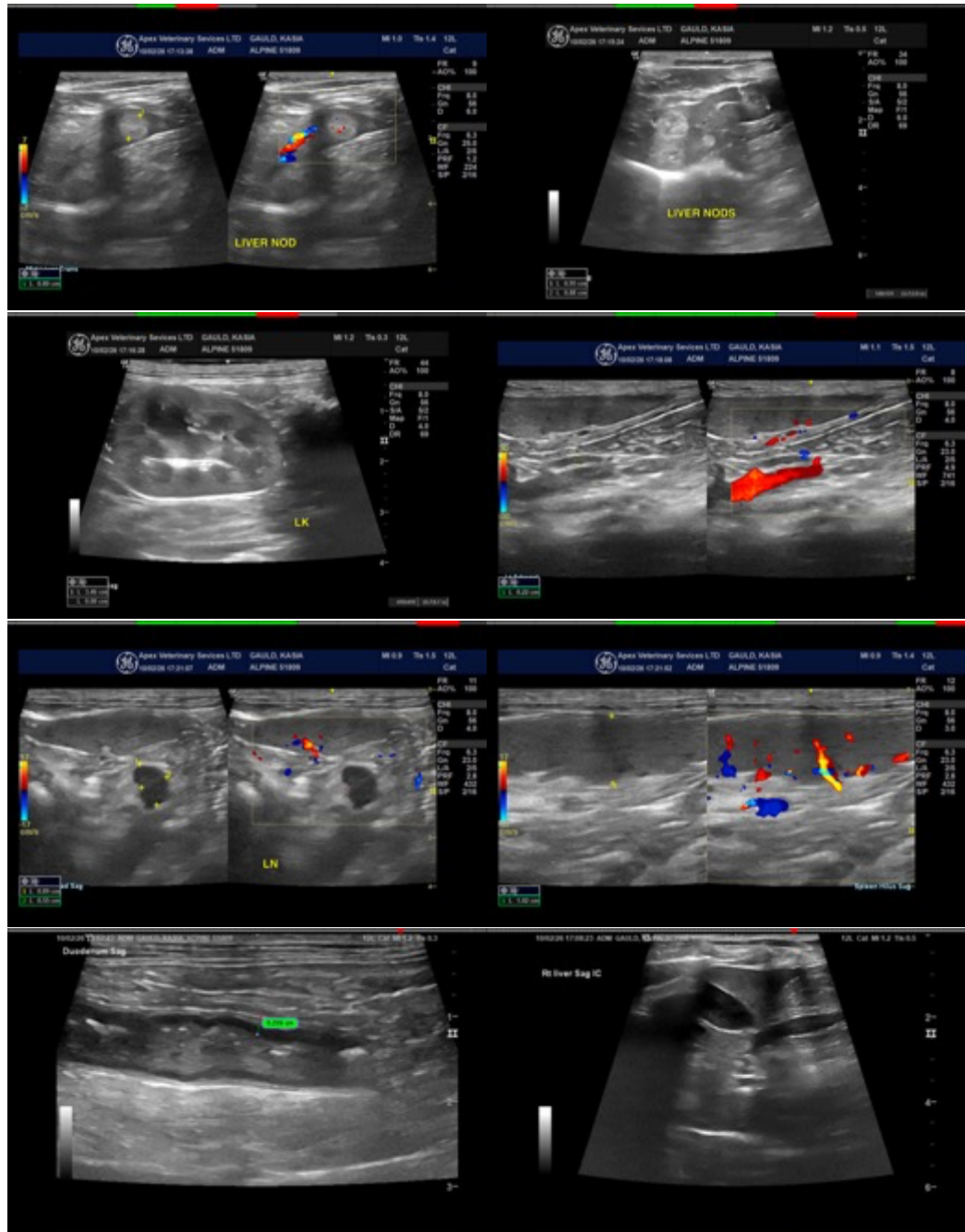
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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