



## PATIENT

Jiji Dandekar

## SPECIES

Feline

## BREED

American Shorthair

## SEX

Spayed Female

## AGE

1

## WEIGHT

11.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Dubos

## INVOICE

73074

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

Intermittent vomiting no known fb ingested inappetence.  
Abnormal PE/Chem/CBC/UA Results: Eosinopenia

## 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 (3.47 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 (3.4 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 is visualized.

### Spleen

The spleen is subjectively normal in size (0.88 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 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 mild gas. 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.



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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. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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.

### ***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild/moderate mesenteric lymphadenopathy with clusters of slightly irregular hypoechoic lymph nodes. Examples measure 0.69 cm x 2.86 cm, 0.56 cm, and 0.78 cm in diameter. The omentum is normal in echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

- Clusters of prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes. Early metastatic lymph nodes cannot be ruled out.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed on today's scan are relatively mild. The most prominent change is some clusters of large, slightly irregular mesenteric lymph nodes. These have the appearance most consistent with reactive lymph nodes, although an early neoplastic process, infectious process, etc. cannot be ruled out. No evidence of an obstructive pattern is visualized, and no focal lesions were visualized associated with the gastrointestinal tract, although small partially obstructive or a small focal lesion cannot be definitively ruled out. Consider the following:

- Consider a hydrolyzed protein prescription diet in the event of a possible dietary sensitivity or similar.
- If not already done, recommend parasite screening and empirical deworming.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- Consider chronic probiotic therapy.

If symptoms are persistent despite making these changes, eventually biopsies of the GI tract may be warranted. Prior to this you could consider repeat imaging, looking for the progression of today's findings. A fine needle aspirate of a mesenteric lymph node could be considered, although I suspect this would be challenging at their current size.



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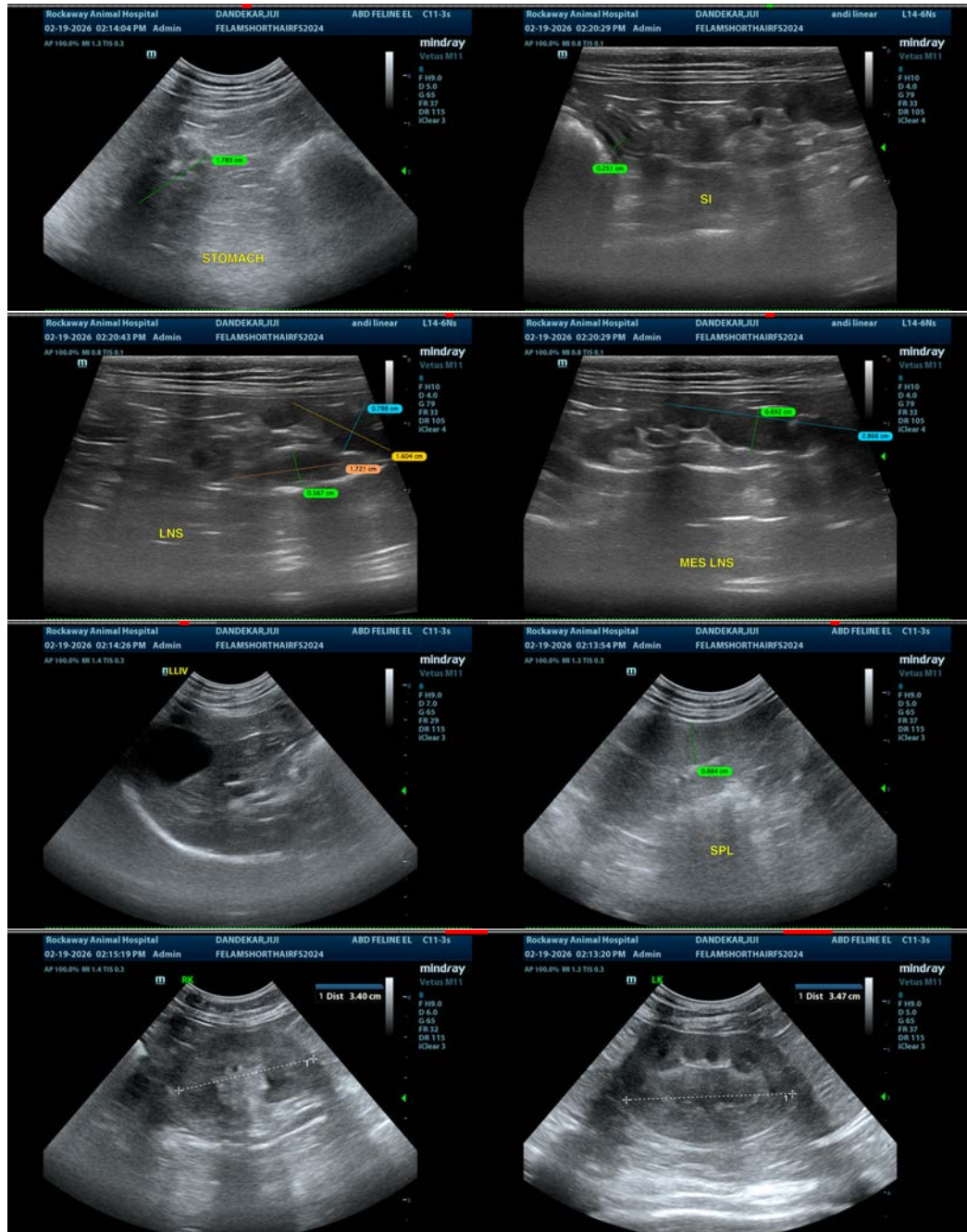
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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