



PATIENT

Jackamo Adams

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12.5 years

WEIGHT

4.2 kg

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

11369

DATE

2/24/2026

PRESENTING CLINICAL SIGNS

- 12 year old male neutered Domestic Shorthair presented for weight loss.
- Previous visit 2 months ago with lab work showing significant thrombocytosis.
- Owner reports significant decrease in appetite; previously ate 2 cans a day, now only eating about half a can a day.
- Continued weight loss noted since last visit.
- Abdominal mass found on brief u/s - owner is interested in finding out whether this could be a surgical issue, whether oncology consult is recommended, etc.
- Working diagnosis: Neoplasia.

Abnormal PE/Chem/CBC/UA Results: Thrombocytosis (748,000).

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 (4.35 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 (4.26 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 0.38 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 0.54 cm at the caudal pole. There are pinpoint mineralizations noted. 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 subjectively normal in size (1.04 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.

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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. There's a hyperechoic nodule visualized in the right side of the liver measuring 1.3 cm x 1.03 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 uniform diameter with minimal fluid distension. Wall thickness is increased (duodenum measures 0.34 cm, jejunum measures 0.28 cm). Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering (+/- enter with mucosal speckling). Visualized peristalsis appears appropriate. The small intestine is diffusely thickened with a very prominent muscularis layer. Additionally, there is a focal jejunal mass lesion exhibiting expansile wall thickening and complete loss of layering. This mass effect measures 4.4 cm x 3.41 cm. The bowel wall in this region measures 1.45 cm in 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 in the right 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 a small amount of free abdominal fluid. There is a severe lymphadenopathy with large, rounded, hypoechoic lymph node in the mid-abdomen visualized measuring 4.83 cm x 4.53 cm. The omentum is diffusely hyperechoic, particularly around the mass effect and the large mid-abdominal lymph node.

PRIMARY FINDINGS

- Severe, diffuse small intestinal thickening with prominent muscularis layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Focal jejunal mass lesion with severe wall thickening and complete loss of layering. Findings are most consistent with a neoplastic lesion (round cell neoplasia, carcinoma, other.) Other differentials are possible.
- Severely enlarged mid-abdominal lymph node creating a mass effect. Findings are most concerning for a metastatic lymph node.



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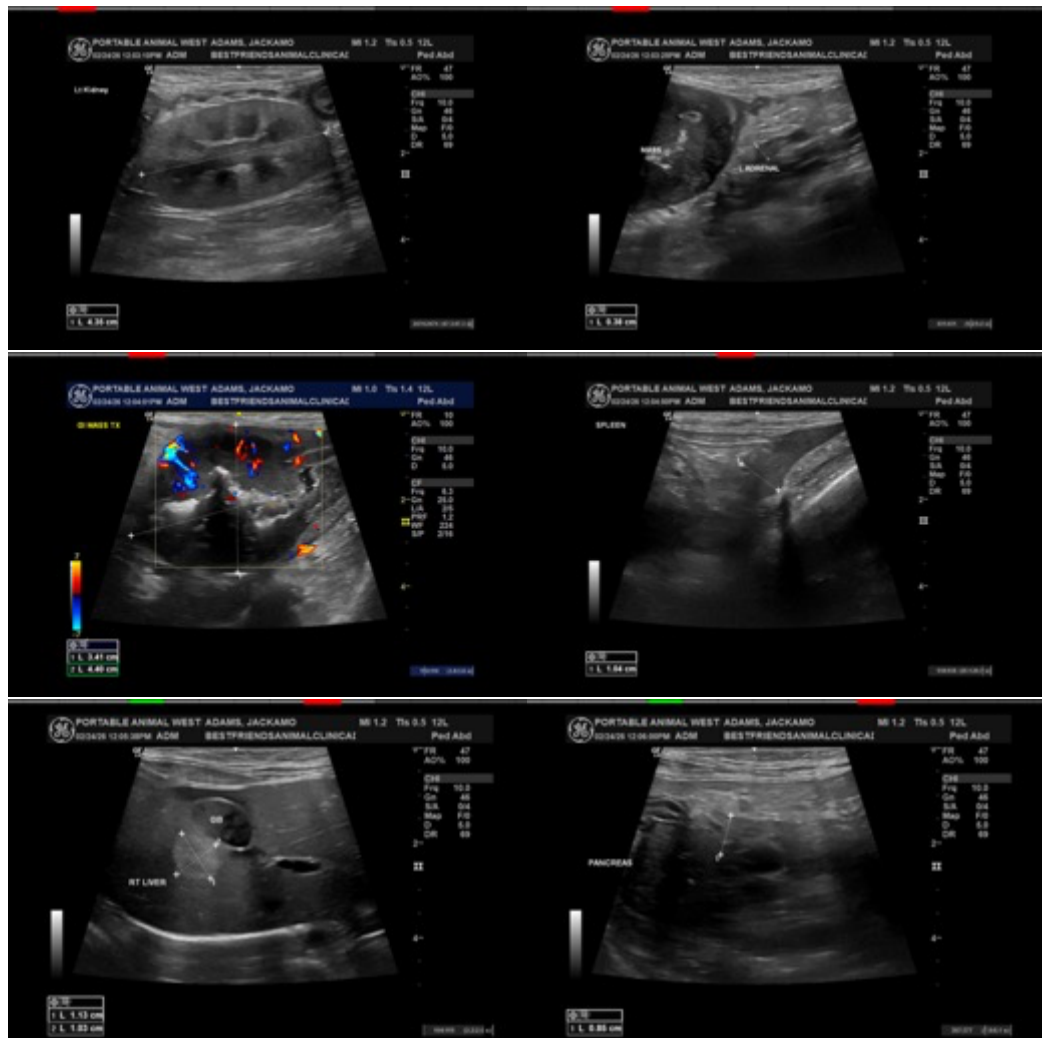
2/24/2026

SECONDARY FINDINGS

- Small, hyperechoic nodule in the right side of the liver. The appearance favors a benign lesion. An early neoplastic lesion is possible.
- Mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a large, jejunal mass effect visualized as well as a large mid-abdominal mass effect most consistent with a metastatic lymph node. Consider a fine needle aspirate of the lymph node and bowel mass lesion. If a cytologic diagnosis can be obtained, recommend consultation with veterinary oncologist regarding the best treatment options and prognosis. An obstructive pattern is not visualized on today's exam.





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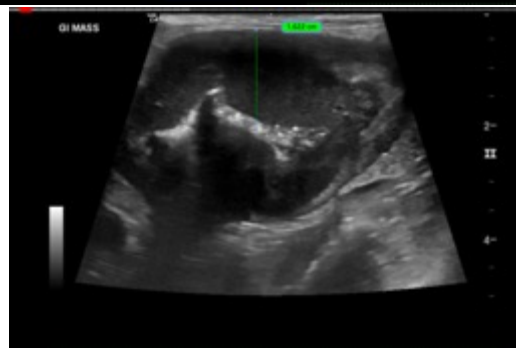
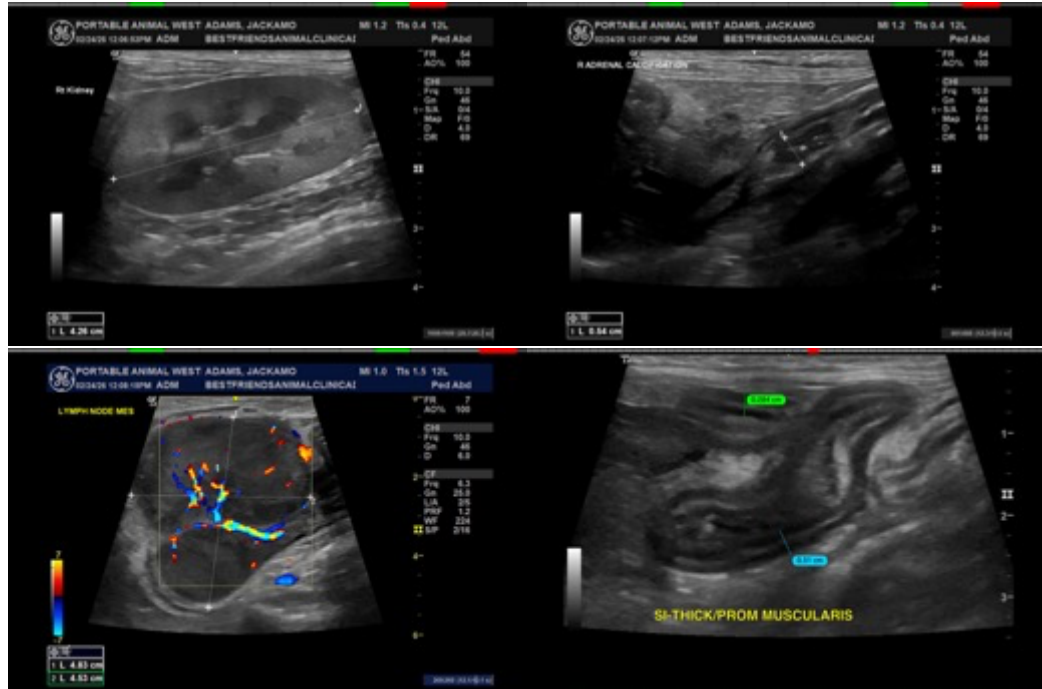
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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