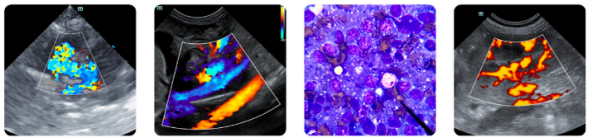


PATIENT

Mowgli Cesarano

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

7.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Emily Brydon

INVOICE

11251

DATE

2/5/2026

PRESENTING CLINICAL SIGNS

- Seen 1/22/26 at Rossmoyne ER for decreased appetite, vomiting, and decreased defecation. On PE P was tense in abdomen. blood work done and radiographs performed. Rads concern for a left sided intrabdominal space occupying effect displacing abdominal contents to right of midline. no prior significant medical history. recommended for abdominal ultrasound for further evaluation of abdomen.
- 2/5: Owner reports continued hyporexia. P also defecating only small amounts and is straining with defecation. no vomiting. discomfort/pain, does not want to be pet or picked up.
- Concern for decreased defecation r/o secondary to decreased appetite vs other; left sided abdominal mass effect r/o lipoma, cyst, neoplasia vs other.

Abnormal PE/Chem/CBC/UA Results: PE: abdomen tense on palpation 1/22 cbc: nsf, chem: nsf, epoc: nsf rads: left sided intrabdominal space occupying effect displacing abdominal contents to right of midline.

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 (3.79 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 (3.97 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 an irregular, hypoechoic cortical structure visualized measuring 2.04 cm x 1.67 cm in the mid region of the kidney. Most consistent with a hypoechoic cystic structure or anechoic nodule. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

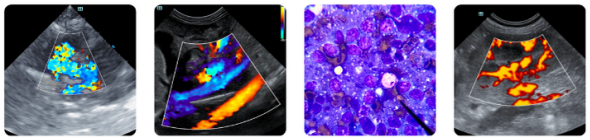
The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

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 (0.77 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



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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. 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 is moderately dilated with gas and irregular shadowing material most consistent with normal ingesta and 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 layering 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 mild fluid and gas distension. 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 (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (0.25 cm.) Visualized peristalsis appears appropriate. Displacement of bowel by the mass effect interferes with full evaluation.

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 area 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Free

There's a poorly defined large, homogenous, isoechoic mass effect visualized caudal ventral to the left side of the liver. This has an appearance similar to falciform fat and measures 6.17 cm x 8.47 cm in the transverse view. Possibly consistent with an intraabdominal lipoma?

ULTRASONOGRAPHIC FINDINGS

- Moderate gas visualized within the stomach and small intestine. Findings could be secondary to stress/vocalization or gastric ileus.
- Hypoechoic cortical lesion in the right kidney. Findings are generally suggestive of a cystic lesion but power doppler could not rule out the possibility of an anechoic soft tissue nodule.
- Large, space occupying structure visualized in the left abdomen. Findings are concerning for possible intraabdominal lipoma?

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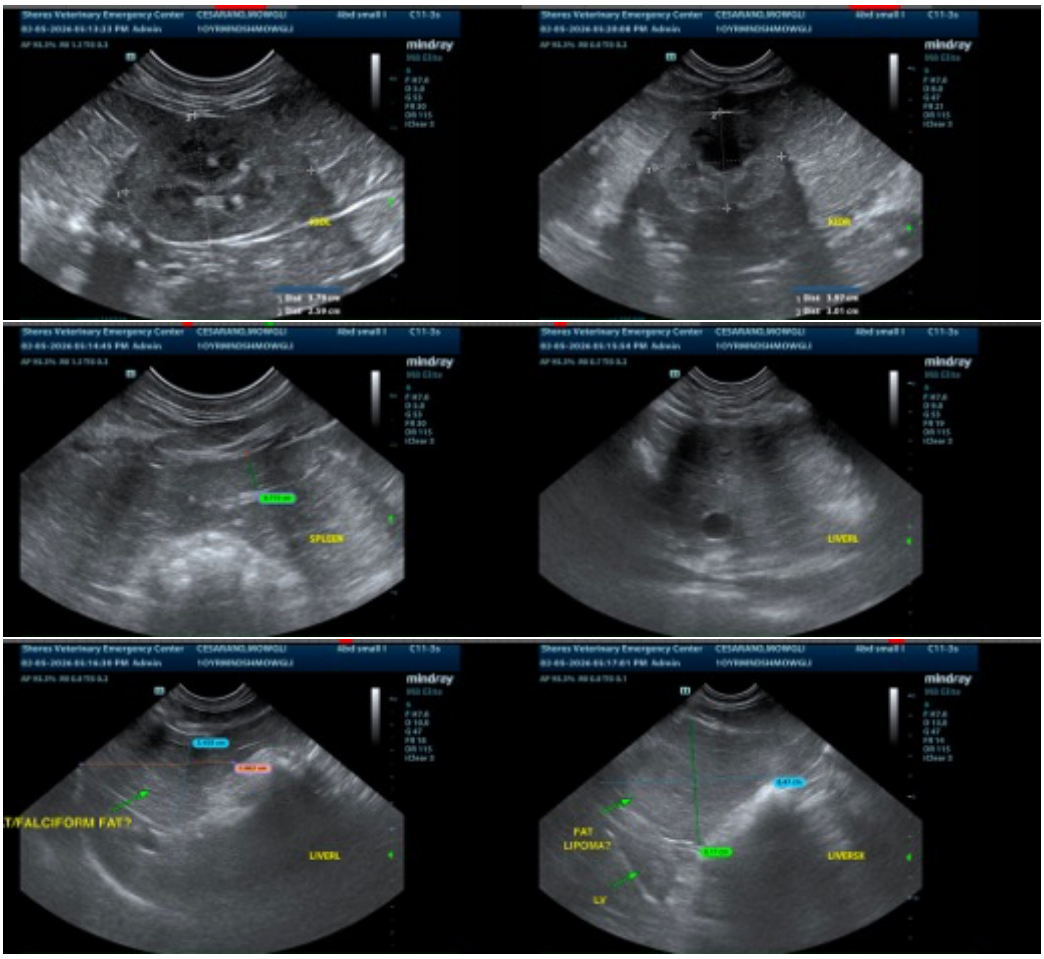
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Caudal ventral to the liver there's a large, homogenous, isoechoic, poorly defined mass effect. This could represent prominent falciform fat but given the appearance of the radiographs, there could be concern for an intraabdominal lipoma. Some of the abdominal structures, most notably the small intestine, etc., appear deviated and in an abnormal position, making complete assessment challenging. It's uncertain if the "mass effect" is the source of the current symptoms described.

There's a hypoechoic lesion in the cortex of the right kidney. This has the appearance of an anechoic cystic lesion but power doppler indicates mild vascularity. This could represent imaging artifact. Continued monitoring of this lesion is warranted.

Further evaluation would likely involve a contrast CT scan to get a more global view of the abdomen and this lesion. The right renal lesion could be evaluated. Based on the results of this study, consultation with a surgeon could be considered as it is possible that this represents a benign lesion.



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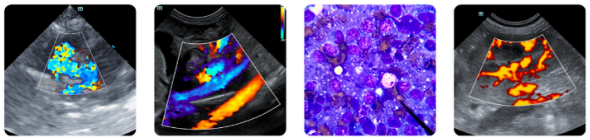

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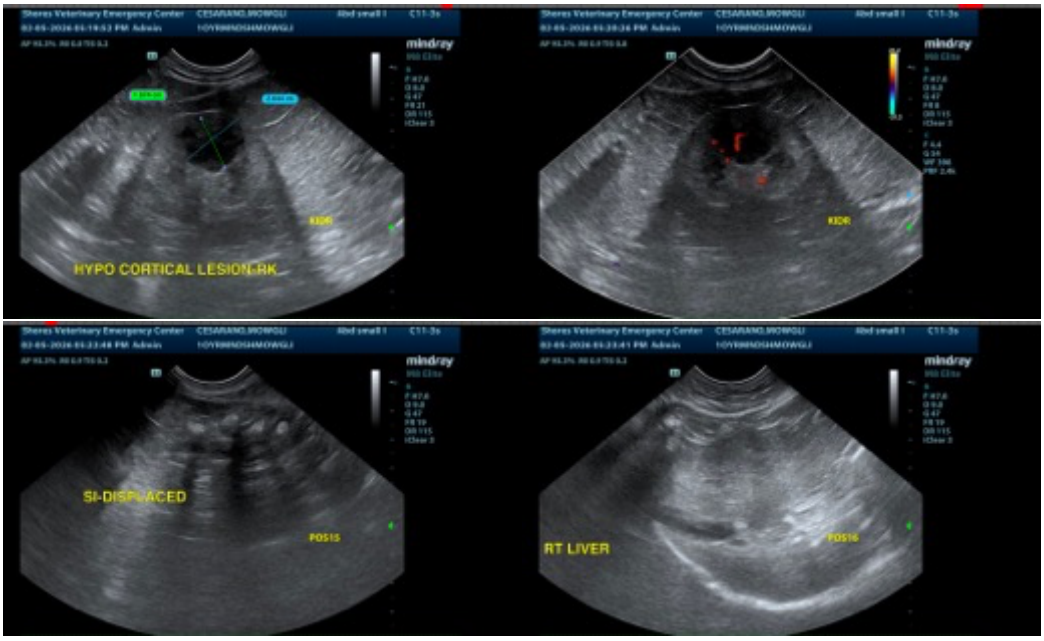

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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