



PATIENT

October Christensen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

5.68 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

VCA Salem Animal
 Hospital

REFERRING VET

Dr. Stoehr

INVOICE

73576

DATE

3/11/26

PRESENTING CLINICAL SIGNS

Recovered 480 mls of fluid from abdomen yesterday 3/9
 Abnormal PE/Chem/CBC/UA Results: None

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 (3.7 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 (4.42 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 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.

Spleen

The spleen is subjectively normal in size (1.08 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. On one sagittal view there is a slightly rounded, mottled area in the mid caudal region of the liver suspected to be a rounded liver lobe/adjacent tissue. A subtle mass effect cannot be ruled out. This area measures 2.27 cm x 2.02 cm. This lesion is not visible on all subsequent views.

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.



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Gastrointestinal

The stomach contains mild gas and shadowing ingesta. 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 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 0.18 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 visible/mildly hypoechoic in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a large amount of slightly echogenic free fluid. There is no significant lymphadenopathy. The omentum is diffusely mottled and hyperechoic, and appears somewhat irregular and nodular in some regions.

Other

There is a large, rounded "mass effect" visualized in the cranial abdomen ventral to the liver in the region of the falciform fat, measuring 4.73 cm x 5.98 cm. This likely represents falciform fat but is slightly more echogenic and distinct in this individual. The appearance could be more pronounced secondary due to the abdominal fluid. Consider a fine needle aspirate to rule out a true mass lesion.

Some areas of the body wall/peritoneum appear somewhat thickened, possibly due to peritonitis (inflammation/abnormal tissue).

ULTRASONOGRAPHIC FINDINGS

- Slightly rounded, mottled area near the mid caudal liver. I suspect this represents adjacent abnormal omental tissue. A rounded liver lobe/subtle mass effect cannot be ruled out.
- Pancreatic changes consistent with mild pancreatic remodeling.
- Discrete echogenic solid mass effect visualized in the cranioventral abdomen – The location and appearance are suggestive of falciform fat, although it is somewhat more prominent than normal. Consider a fine needle aspirate.
- Thickened, irregular/almost nodular mottled omentum with a thickened body wall and large volume of mildly echogenic free fluid – Findings are most consistent with peritonitis (inflammatory/sterile versus inflammatory). Carcinomatosis cannot be ruled out.



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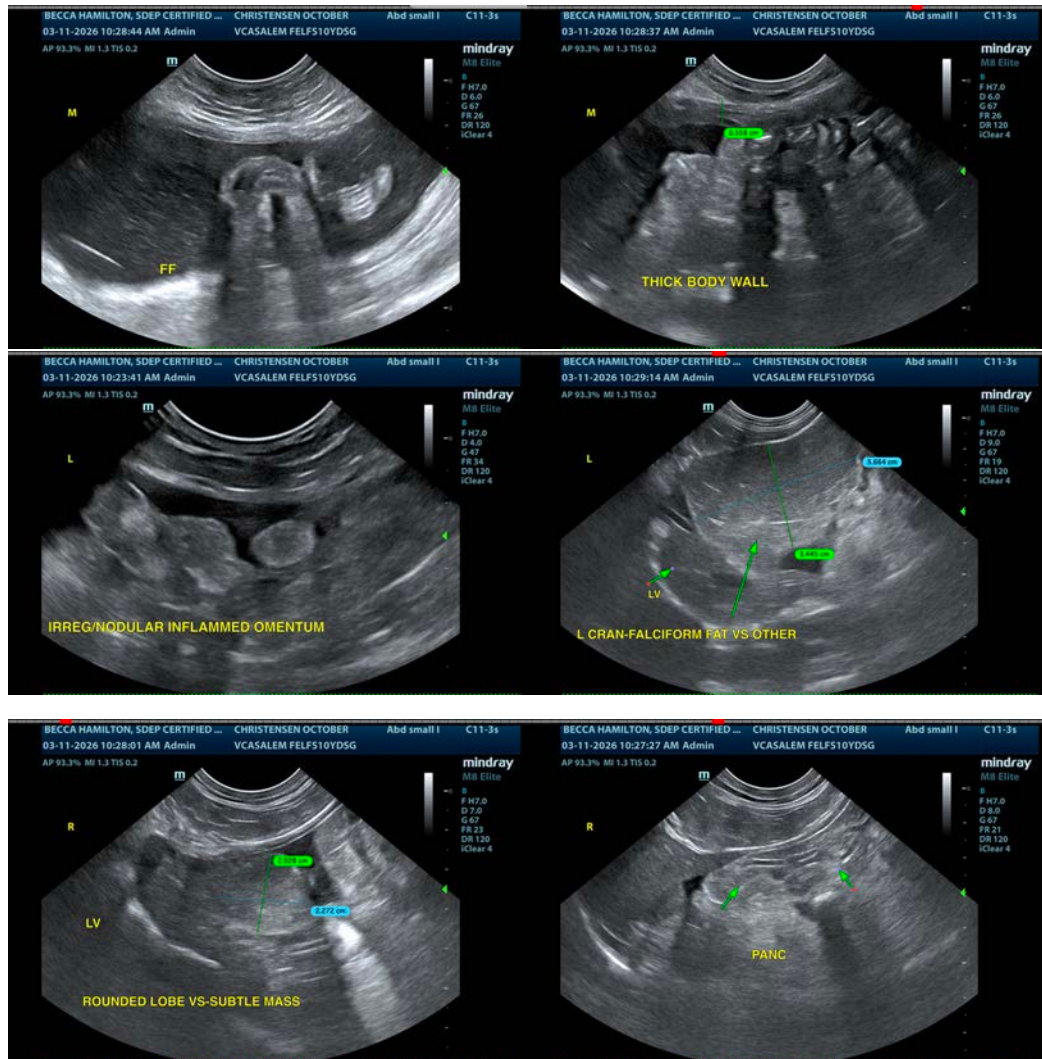
3/11/26

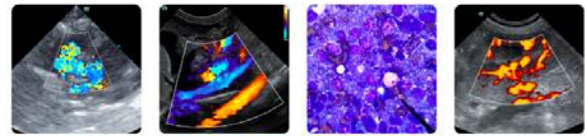
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive abdominal mass is not visualized. In the region of the falciform fat, there is a large mass effect, which I suspect is prominent, irregular falciform fat. Fine needle aspirate could be considered to definitively differentiate. Additionally, there are some areas of body wall that appear more significantly thickened, and a rounded area of liver. These changes could represent abnormal tissue or abnormal appearance of the tissue secondary to the fluid and inflammation present.

Recommend fluid analysis and cytology as well as full lab work to rule out low albumin levels or other metabolic causes for ascites. Recommend a cardiac ultrasound to rule out significant cardiovascular disease. If the effusion is not a neoplastic effusion (carcinomatosis a concern), and sampling of the tissue with fine needle aspirates is not helpful, a contrast CT scan may need to be considered to further evaluate, as surgical biopsies may eventually be warranted.

If not already done, recommend 3-view thoracic radiographs.





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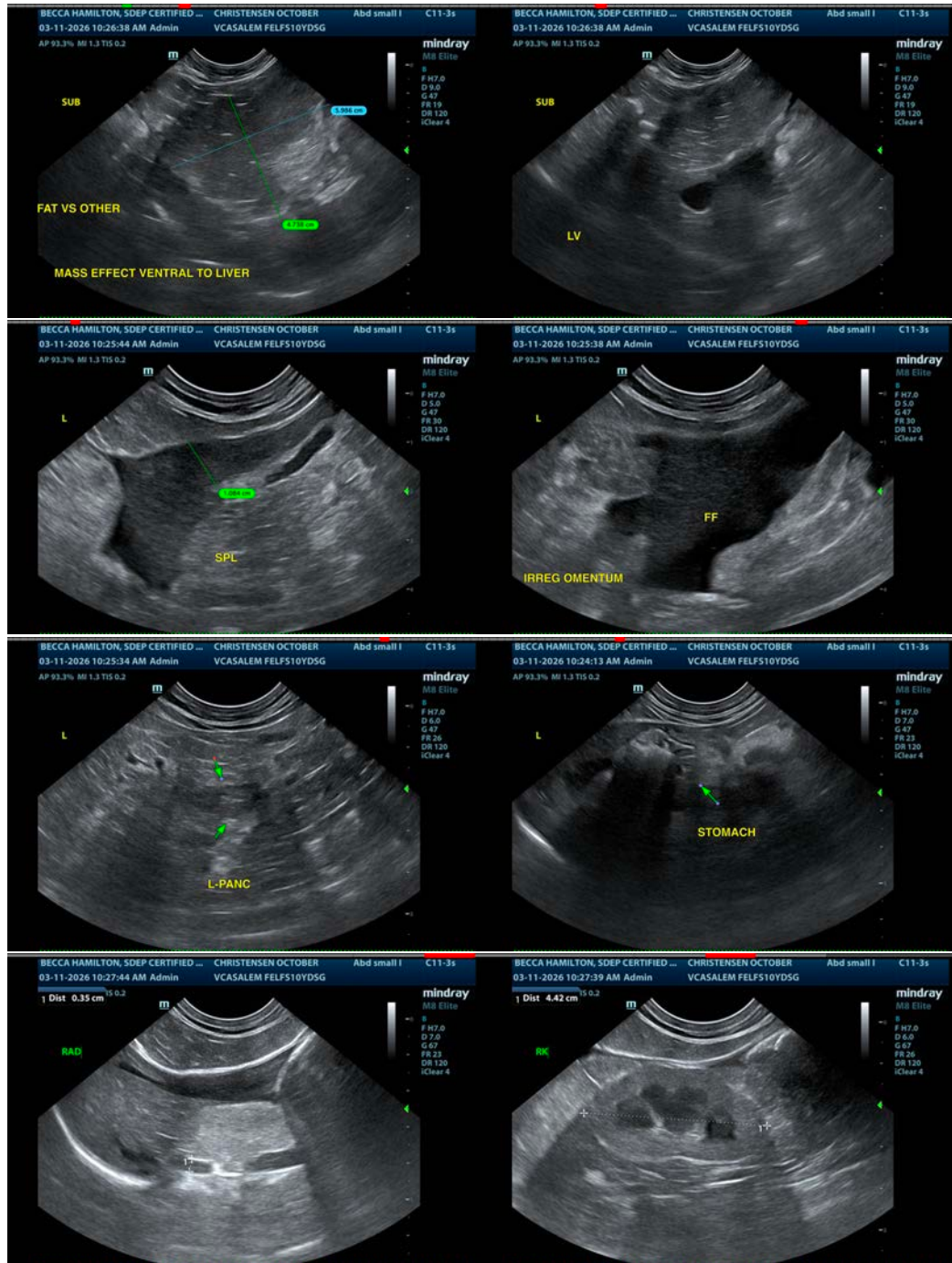
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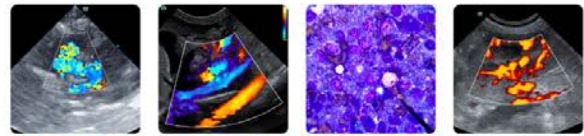
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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