



PATIENT

Sam Parlette

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

8.63 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Orchard Animal
Hospital

REFERRING VET

Dr. Barlow

INVOICE

73577

DATE

3/11/26

PRESENTING CLINICAL SIGNS

2/18/26 presented for loose stools, not using litterbox, inc. appetite. Generalized muscle loss. Caudal abd. mass, lumpy approx 3 X 3 cm, poss. GI origin, seems cranial to area of bladder no bladder palpable

Abnormal PE/Chem/CBC/UA Results: Unremarkable

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 (4.27 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 (4.11 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 borderline "plump" at 0.57 cm. 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.

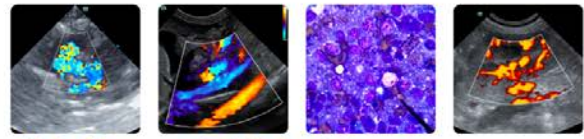
Spleen

The spleen is subjectively normal in size (0.89 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 bile duct appears mildly dilated and tortuous proximally measuring 0.35 cm.



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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 normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and appeared within normal limits. In the caudal abdomen there is a focal section of bowel that appears severely thickened with a diameter of 2.14 cm and wall thickness of 1.2 cm. In the sagittal view the mass effect measures 3.26 cm x 4.77 cm. This is suspected to represent a colonic mass lesion. A caudal small intestinal loop is less likely. There is significant loss of layering associated with the mass effect.

Pancreas

The left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Prominent pancreatic duct noted.

Free Abdomen

There is scant free fluid noted. No significant lymphadenopathy. The omentum is hyperechoic around the caudal abdominal mass lesion.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic active pancreatitis.
- Mildly dilated/tortuous bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).
- Diffusely mildly thickened small intestine 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.
- Caudal abdominal bowel mass with severe wall thickening and loss of layering – Findings are strongly suggestive of a colonic mass lesion, although a caudal small intestinal mass cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large bowel mass in the caudal abdomen exhibiting severe wall thickening and loss of wall layering, concerning for infiltrative neoplasia, although other differentials are possible. This is strongly suspected to involve the colon, although this cannot be definitively confirmed. Recommend a fine



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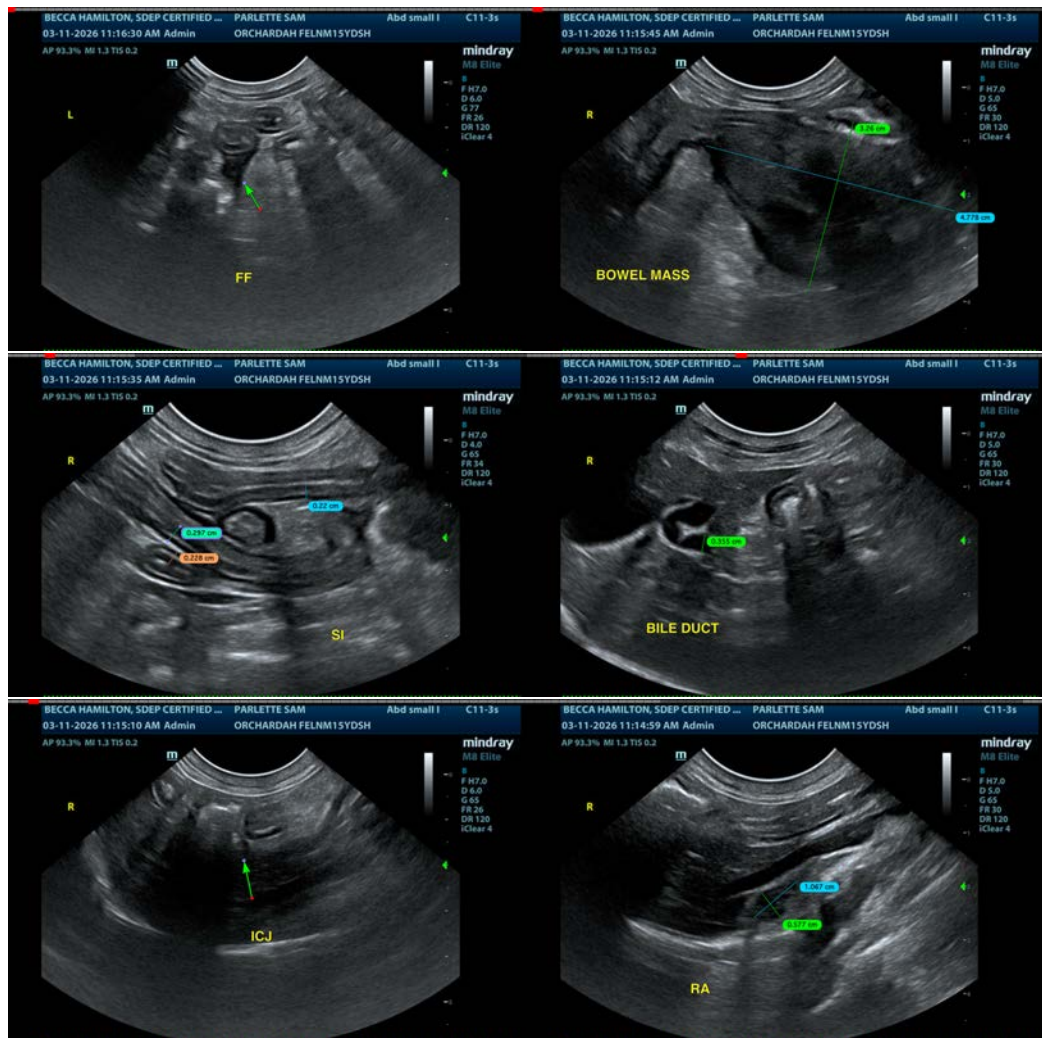
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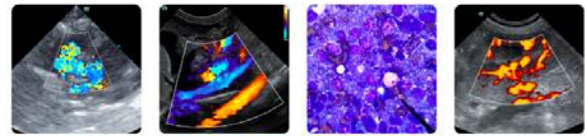
needle aspirate for cytologic evaluation.

The small intestine appears mildly diffusely thickened with prominent muscularis layer. These changes are most consistent with inflammatory type change, although early neoplastic change cannot be ruled out.

If surgical options are considered, recommend referral to a veterinary surgeon either for surgical explore and/or a contrast CT scan to further delineate the extent of the lesion and to look for any evidence of metastatic disease not evident on today's exam. Recommend consultation with a veterinary oncologist prior to this based on cytology results to try and determine the best course of action for this individual.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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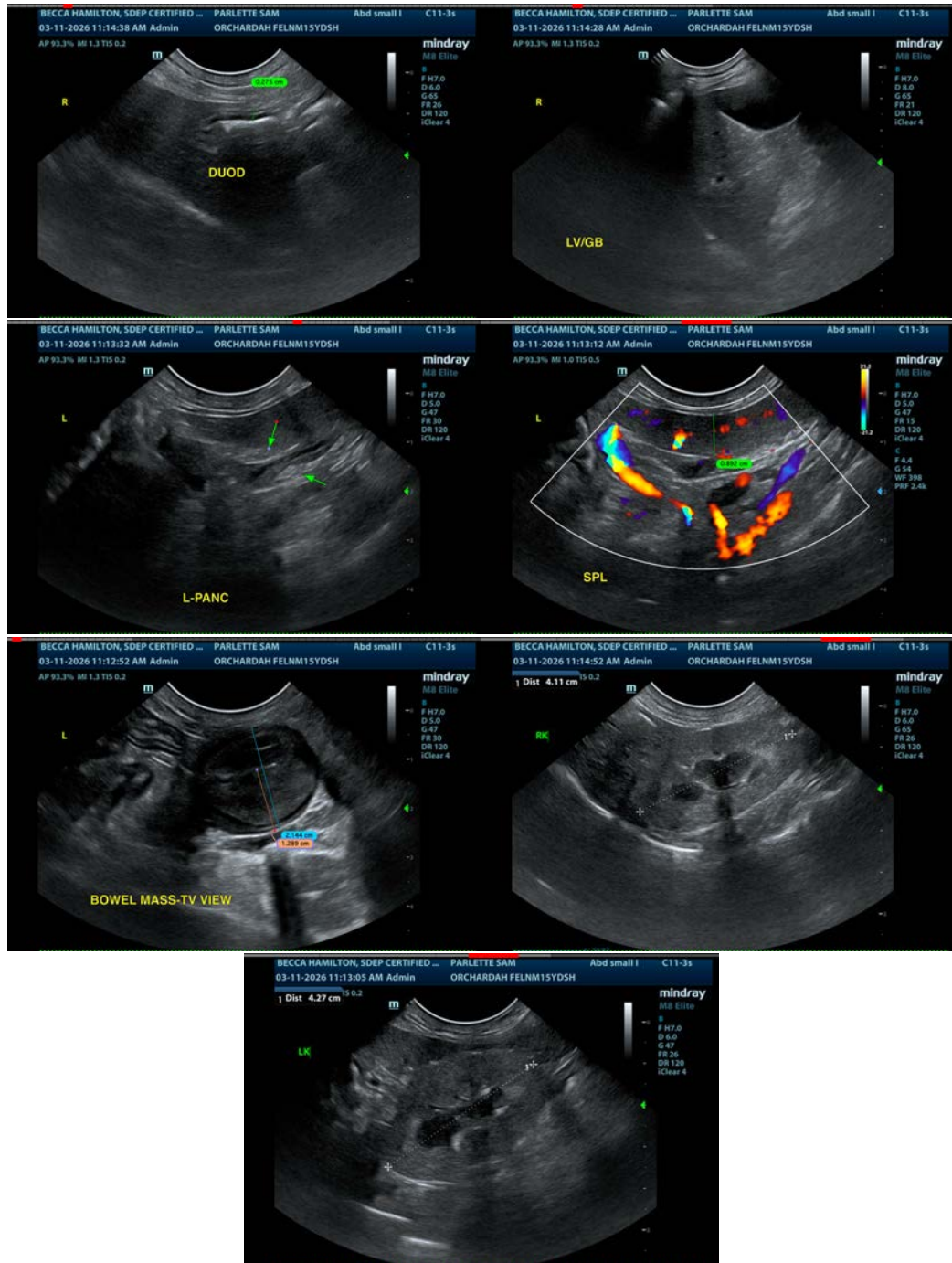
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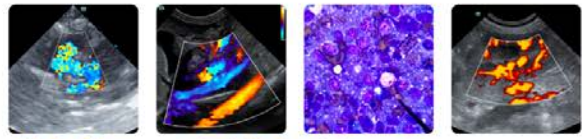
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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