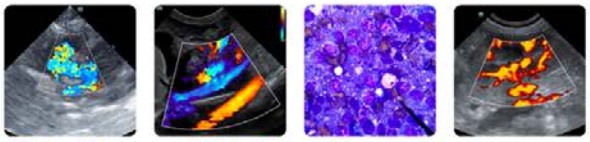


PATIENT

Phineas Cleland

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 6 Months

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Dr. Erika Gallisdorfer

INVOICE

73770

DATE

3/18/26

PRESENTING CLINICAL SIGNS

History of On and Off again appetite - Owner reports She won't eat for a couple days and then one day she will eat. 3/4 lb weight loss in 5 months. History of CKD and hyperthyroid - controlled currently on methimazole and renal diet (k/d + mobility); In 2023 ultrasound stated mild changes in her small intestines that were thought to be a normal variant but could also have been the start of some Gi inflammatory disease

Feb 6 PE - Oral: moderate dental calculus, gingival inflammation on remaining lower premolars, no obvious resorptive lesions. Heart: Murmur grade 3/6

Bloodwork Feb 6 - CBC – nsf. Chem - wnl (SDMA 14, BUN 19, Crea 1.5, Phos 4.9). T4 3.9

Recommended dental - owner wanted to start with ultrasound first to see if anything else underlying.

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 (3.22 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 (3.54 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

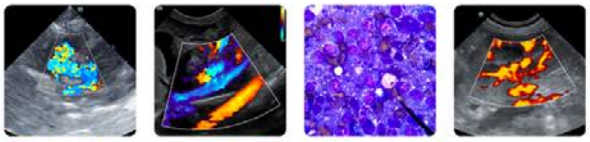
The left adrenal gland is normal in size measuring 0.32 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.31 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 (0.67 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



PATIENT

Phineas Cleland

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 6 Months

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Dr. Erika Gallisdorfer

INVOICE

73770

DATE

3/18/26

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 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. Jejunum wall measures 0.21 cm. Duodenum wall measures 0.27 cm. Visualized peristalsis appears appropriate. The ileum appears prominent and thickened, measuring at 0.43 cm with a prominent muscularis layer.

There is a cranial abdominal mass effect measuring 1.76 cm x 2.79 cm, which is suspected to be the ileocecal junction. It appears associated with the thickened distal aspect of the ileum. In this region there is bowel that appears thickened with loss of layering measuring at 0.62 cm. The distal descending colon appears normal with no evidence of significant 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 are prominent lymph nodes in the region of the ileocecal junction measuring 0.47 cm and 0.46 cm. The omentum is hyperechoic around the cranial abdominal mass lesion.

ULTRASONOGRAPHIC FINDINGS

- Diffusely ropey small intestine with a 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.
- Cranial abdominal bowel mass effect – Findings are most consistent with the ileocecal junction. Likely differentials would include round cell neoplasia, carcinoma, etc. Benign lesions are possible.
- Prominent colonic lymph nodes – Findings are most consistent with highly reactive or metastatic lymph nodes.

PATIENT

Phineas Cleland

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 6 Months

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Dr. Erika Gallisdorfer

INVOICE

73770

DATE

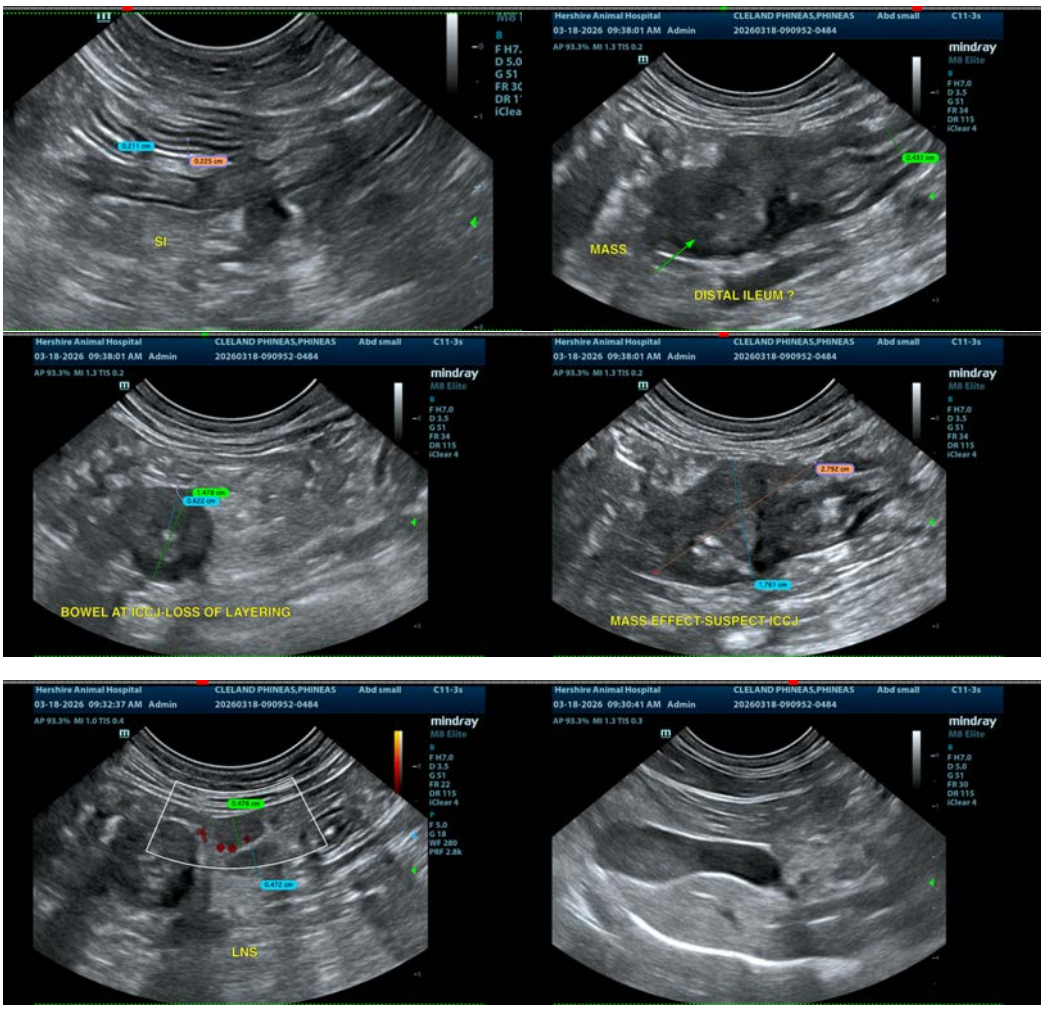
3/18/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a cranial abdominal mass effect that appears to be gastrointestinal in origin. The location and appearance is highly suspect for the ileocecal junction. Recommend a fine needle aspirate for cytologic evaluation. If surgical intervention is considered, recommend either a contrast CT scan to confirm the extent and origins of the mass lesion, or referral to a veterinary surgeon.

The small bowel in general appears somewhat "ropey". Some areas exhibit a prominent muscularis layer. These are most typical of inflammatory type change, but early neoplastic change can have a very similar appearance.

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



PATIENT

Phineas Cleland

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years 6 Months

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

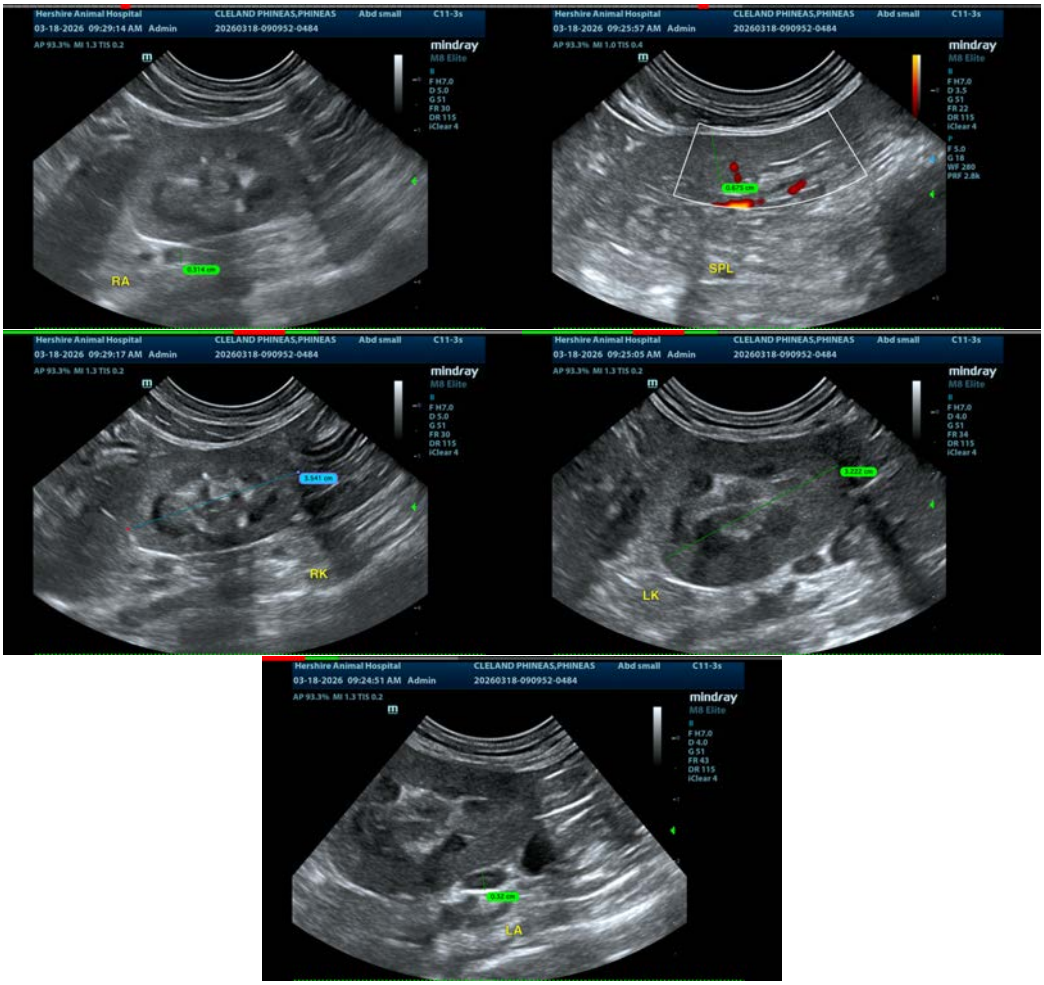
Dr. Erika Gallisdorfer

INVOICE

73770

DATE

3/18/26



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