



PATIENT

Simba Lux

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

17.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

73801

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Simba presented for recurrence of clinical signs previously seen in October 2025, including straining to urinate and defecate. The owner reports these signs began approximately two days ago. The patient has been observed posturing in the litterbox frequently. His appetite has decreased significantly today, and he was noted to not drink water last night. The owner reports that with previous treatment, the signs resolved within a few days and he had been doing well until this recent episode.

Abnormal PE/Chem/CBC/UA Results: Problem List//Differentials 1. Stranguria/Dyschezia - R/O: Feline lower urinary tract disease (FLUTD), urinary tract infection (UTI), constipation, colitis, gastrointestinal inflammation (IBD), neoplasia. The urinary bladder on ultrasound is intact and not distended for signs of an obstruction for me. 2. Hyporexia - R/O: Secondary to primary issue (GI vs urinary discomfort), systemic disease. 3. ****Abnormal abdominal POCUS**** - R/O: ****Significant mesenteric inflammation (mesenteric panniculitis), gastrointestinal lymphoma, inflammatory bowel disease (IBD), other intra-abdominal neoplasia.**** Bladder wall intact. Will be sending labs from previous visit

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall appears mildly thickened (likely due to lack of distention), generally with a smooth mucosal surface. The region of the trigone appears normal with no evidence of mass lesions or calculi. The urethra is not clearly visualized.

The left kidney has a normal shape and size (4.13 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 (4.08 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 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 is visualized.

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.



PATIENT

Simba Lux

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

17.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

73801

DATE

3/18/26

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 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 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. Duodenum wall measures 0.25 cm. Jejunum wall measures 0.18 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

In the mid abdomen the colon is largely obscured by intraluminal gas. Dorsal to the urinary bladder on the transverse view there is a hypoechoic structure with a hyperechoic center possibly consistent with a transverse view of a thickened colon, with wall thickening measuring at 1.15 cm with reduced detail of wall layering.

Pancreas

The left limb of the pancreas is prominent and mildly mottled compared to the surrounding isoechoic mesentery. In the left cranial abdomen in the region of the left limb of the pancreas there is some poorly defined mixed echogenicity hypoechoic tissue with surrounding inflammation measuring 1.8 cm x 2.4 cm, possibly consistent with a pancreatic lesion (inflammation, mass, abscess, etc.). An association with the bowel or mesentery in this region cannot be ruled out.

Free Abdomen

There is a small amount of free fluid noted. No significant lymphadenopathy. The omentum is generally highly irregular and hyperechoic. There is an area of abnormal tissue in the caudal abdomen that is poorly defined and of mixed echogenicity, possibly consistent with focal mesenteric inflammation (abnormal caudal right limb of the pancreas, omental mass lesion, etc.), measuring 4.5 cm x 2.04 cm.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened urinary bladder wall with lack of urine distention – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Prominent, hypoechoic, mottled left limb of the pancreas with regional abnormal mesenteric tissue – Findings could be consistent with a pancreatic lesion (mass, abscess, inflammation, etc.). Other differentials are possible (mesenteric or bowel lesion, etc.).



PATIENT

Simba Lux

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

17.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

73801

DATE

3/18/26

- Hypochoic structure visualized dorsal to the urinary bladder – The appearance on the transverse view is suspicious for a severely thickened colon with loss of layering.
- Focal poorly defined, mixed echogenicity caudal abdominal mesenteric tissue – The nature of this tissue is uncertain. It appears inflammatory, although neoplastic differentials cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is generalized abdominal inflammation with hyperechoic mesentery and some free fluid. Generally, the urinary bladder appears relatively normal with lack of urine distention, which impairs full evaluation. The urethra is not clearly visualized.

The left limb of the pancreas is visualized caudally. Cranially in the region there is focal abnormal hypochoic/mixed echogenicity tissue possibly consistent with a poorly defined pancreatic mass lesion or similar. An association with the bowel or mesentery in this region cannot be ruled out.

Similarly, in the right mid caudal abdomen there is an area of poorly defined mixed echogenicity hyperechoic mesentery that is highly inflammatory and abnormal in appearance. This could be a neoplastic lesion (carcinomatosis, omental metastasis, etc.) or even been associated with the caudal right limb of the pancreas. Recommend a fine needle aspirate of these two poorly defined areas of inflamed mesentery as well as sampling of the free abdominal fluid for fluid analysis and cytology.

On the transverse view of the urinary bladder there is the appearance of a hypochoic structure dorsal to the urinary bladder, most consistent with a severely thickened colon with loss of wall layering, concerning for possible colonic neoplasia (LSA, MCT, carcinoma, possibly FIP). This cannot be clearly confirmed in the sagittal view. Consider correlating with abdominal radiographs, a digital rectal exam, etc. (may need heavy sedation) and an FNA.

Overall, there is multicentric poorly defined hyperechoic abnormal mesentery. An underlying neoplastic process is very high on the differential list. If sampling and imaging (possibly with sedation) is not helpful, a contrast CT scan may be necessary to further evaluate. Additionally, recommend 3-view thoracic radiographs to look for any effusion, metastatic lesions, etc.





PATIENT

Simba Lux

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

17.7 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

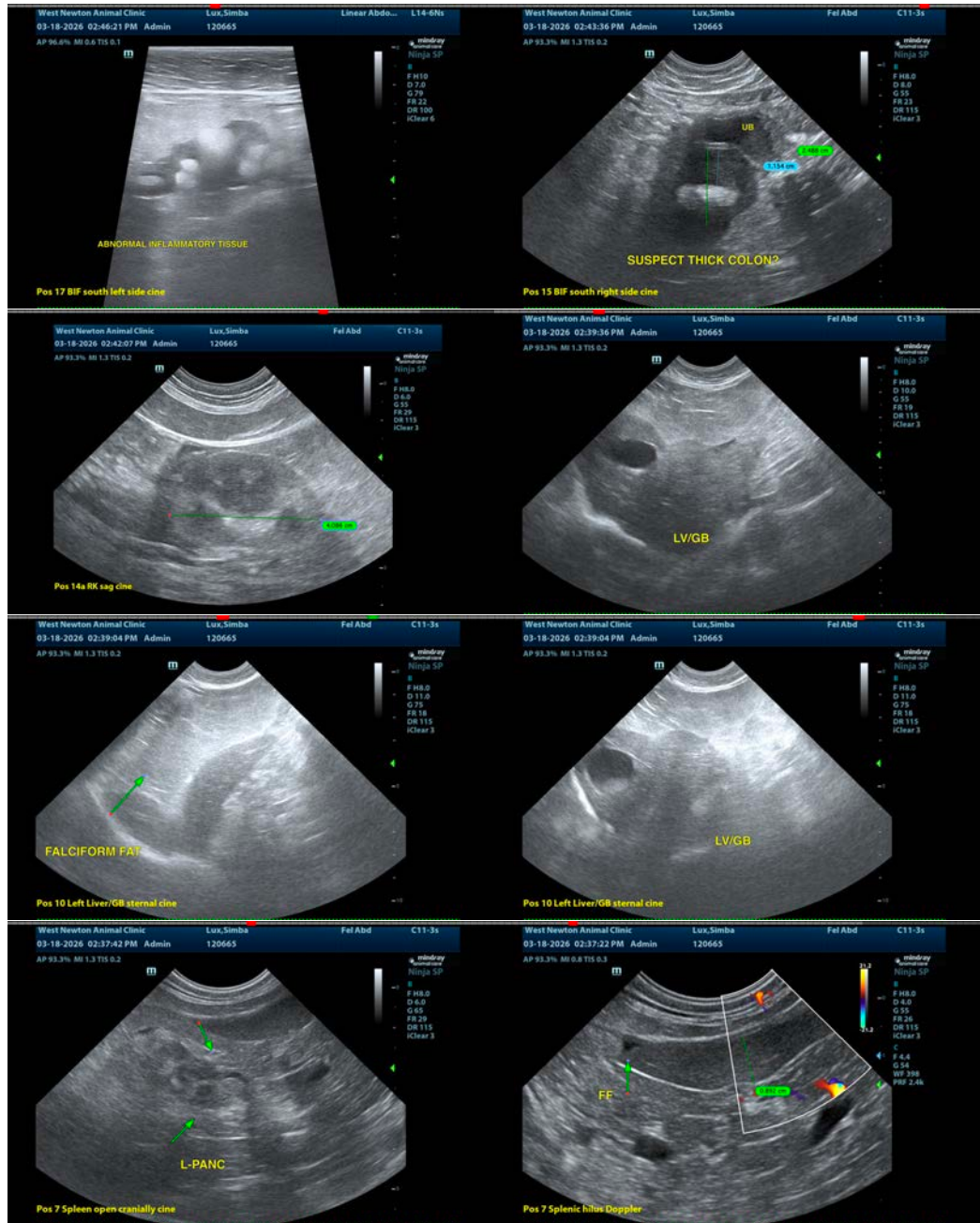
Dr. Shane Stafford

INVOICE

73801

DATE

3/18/26





PATIENT

Simba Lux

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

17.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

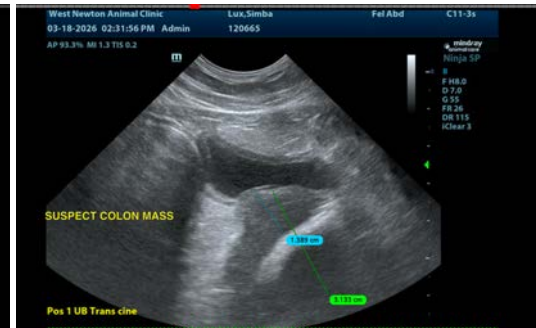
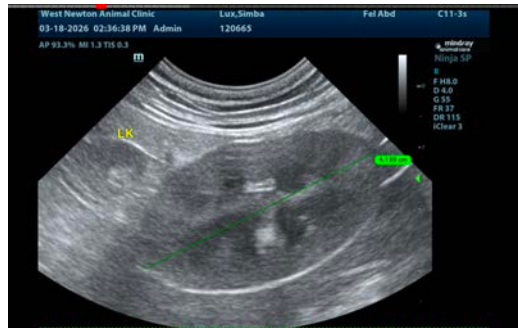
Dr. Shane Stafford

INVOICE

73801

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