



PATIENT

Miss Vivian McCarn

PRESENTING CLINICAL SIGNS

P presented for US due to weight loss.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.13 cm). Overall echogenicity is slightly hyperechoic with poor 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.

AGE

15 Years 7 Months

The right kidney has a normal shape and size (3.32 cm). Overall echogenicity is slightly hyperechoic with poor 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.

WEIGHT

7 lbs

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.45 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 0.46 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.

IMAGING PERFORMED BY

Kathleen Byrnes

Spleen

The spleen is subjectively normal in size (0.82 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.

HOSPITAL NAME

Pet Care Clinic of the
 High Country

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.

REFERRING VET

Dr. Sturgill

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.

INVOICE

73383

Gastrointestinal

DATE

3/4/26

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.



PATIENT

Miss Vivian McCarn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years 7 Months

WEIGHT

7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Sturgill

INVOICE

73383

DATE

3/4/26

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. The descending colon wall appears severely thickened with reduced detail of wall layering, measuring at 0.47 cm in thickness.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy, but there is a prominent, hypoechoic sublumbar lymph node visualized measuring 0.53 cm. The omentum is hyperechoic around the thickened distal colon.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Mild pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Prominent/mildly thickened/ropey small intestine – Findings could be normal for this individual or consistent with mild inflammatory type change.
- Focal thickening and loss of layering at the distal colon – Findings are concerning for infiltrative disease (round cell neoplasia, carcinoma, other). Other differentials are possible.
- Enlarged sublumbar lymph node – Findings are concerning for possible metastatic lymph node or highly reactive lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The distal colon appears severely thickened with reduced detail/loss of layering. These changes are concerning for possible infiltrative neoplasia, although severe granulomatous disease, colitis, etc. can have a similar appearance. Recommend a fine needle aspirate of the distal colon wall (I believe this was done during today's exam). If a diagnosis cannot be made off cytologic evaluation, colonoscopy could be considered to try to obtain biopsies.

Subjectively, the small intestine appears somewhat "ropey". The significance of this is uncertain. Further evaluation could include a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the small intestinal and pancreatic changes observed.

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



PATIENT

Miss Vivian McCarn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years 7 Months

WEIGHT

7 lbs

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

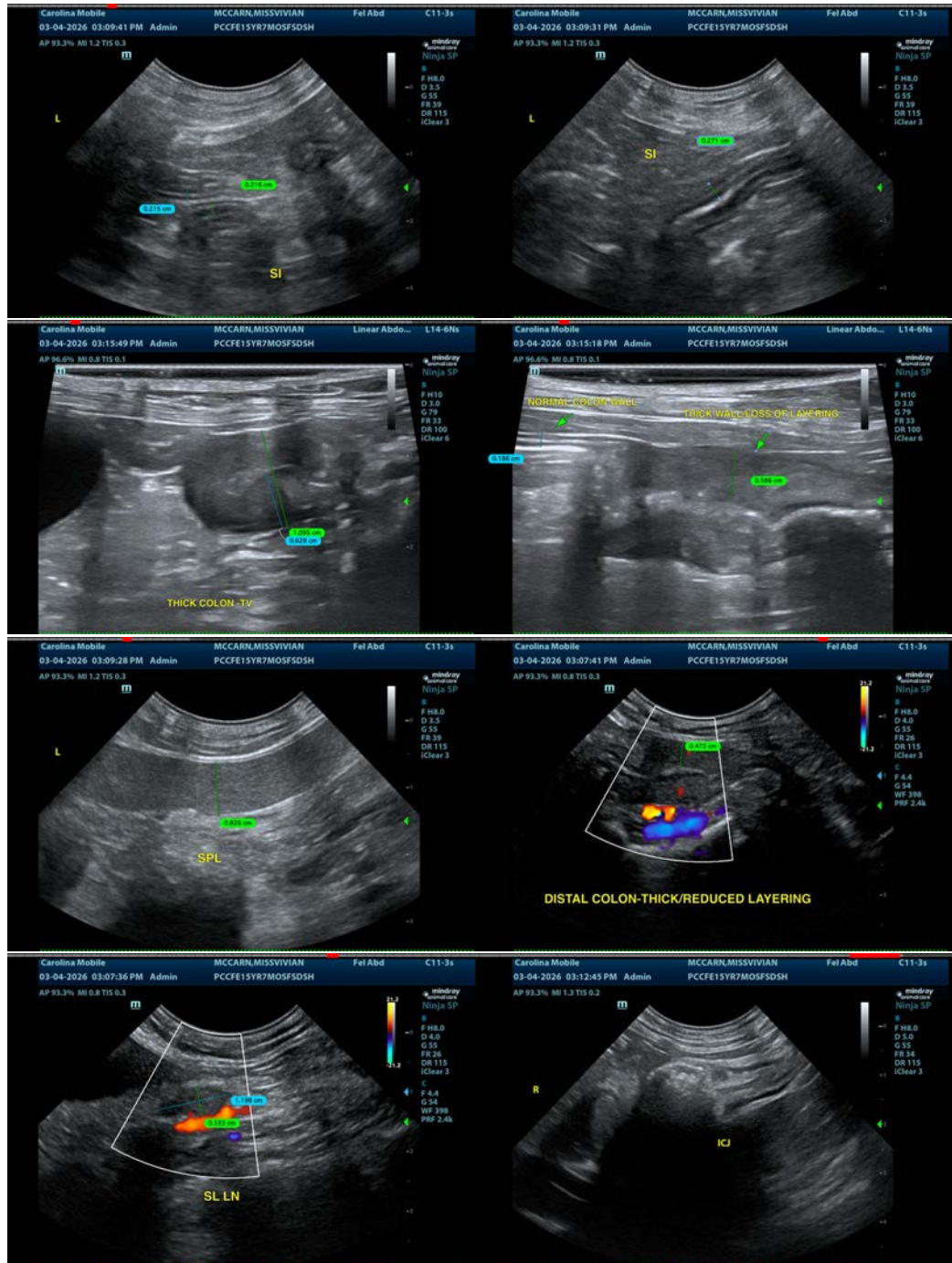
Dr. Sturgill

INVOICE

73383

DATE

3/4/26





PATIENT

Miss Vivian McCarn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years 7 Months

WEIGHT

7 lbs

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

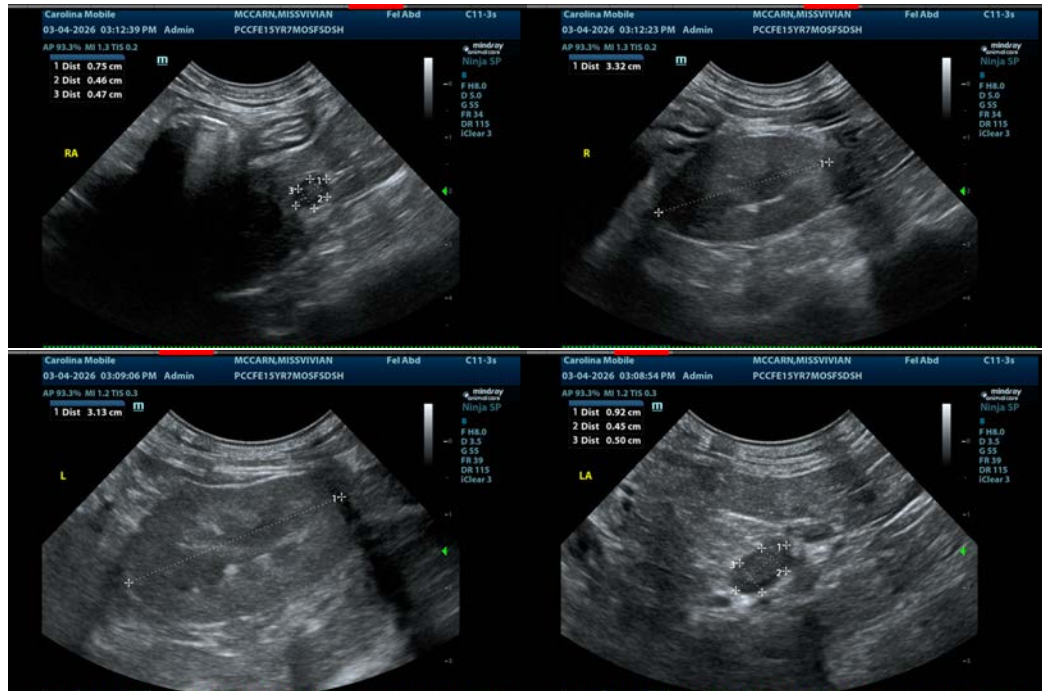
Dr. Sturgill

INVOICE

73383

DATE

3/4/26



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