



**PATIENT**

Peaches Wright

**SPECIES**

Feline

**BREED**

Domestic Medium Hair

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

11 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Rondout Valley  
Veterinary Associates

**REFERRING VET**

Dr. Hartelius

**INVOICE**

74134

**DATE**

4/1/26

**PRESENTING CLINICAL SIGNS**

3 days inappetence and no bowel movement. Excessive gas in GI, colon full of stool. Pt had high grade MCT in colon resected 1 year ago. Current meds: Prednisolone 2.5mg daily

Abnormal PE/Chem/CBC/UA Results: TP 8.6, WBC 15.8K, rest WNL

**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 (3.49 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 (3.27 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.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.34 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 0.25 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.

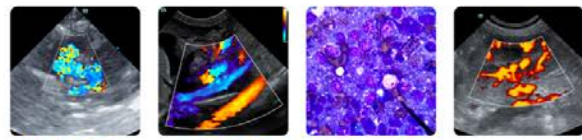
**Spleen**

The spleen is subjectively normal in size (0.75 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. There is a hyperechoic nodule visualized towards the caudal aspect of the liver measuring 1.04 cm x 1.09 cm.

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 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 0.27 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Visualization of the descending colon is largely obscured by shadowing gas and some fecal material.

***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 is no evidence of a diffuse lymphadenopathy. A prominent sublumber lymph node is visualized measuring 0.55 cm x 0.67 cm. The omentum is of normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- Hyperechoic nodule in the liver – This bright hyperechoic nodule has the appearance most consistent with a myelolipoma, although other differentials are possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An obvious cause for the inappetence reported is not visualized on today's exam. Unfortunately, evaluation of the colon, particularly areas with gas and stool is difficult with ultrasound. Correlate with abdominal radiographs +/- contrast study, looking for a stricture, obstruction, etc. If there is concern for constipation, consider a stool softener such as Miralax, hydration, supportive care, and close continued monitoring. Additionally, you could consider a PLI level, looking for any evidence of pancreatitis. If a colonic lesion is strongly suspected, a contrast CT scan could be considered to further evaluate.

There is a hyperechoic nodule in the caudal aspect of the liver. This is very bright and has the appearance similar to a myelolipoma. Options include continued monitoring with ultrasound or a fine needle aspirate.

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

A sublumber lymph node appears somewhat prominent. The significance of this currently is unclear (could be reactive, metastatic, etc.). Recommend continued monitoring.



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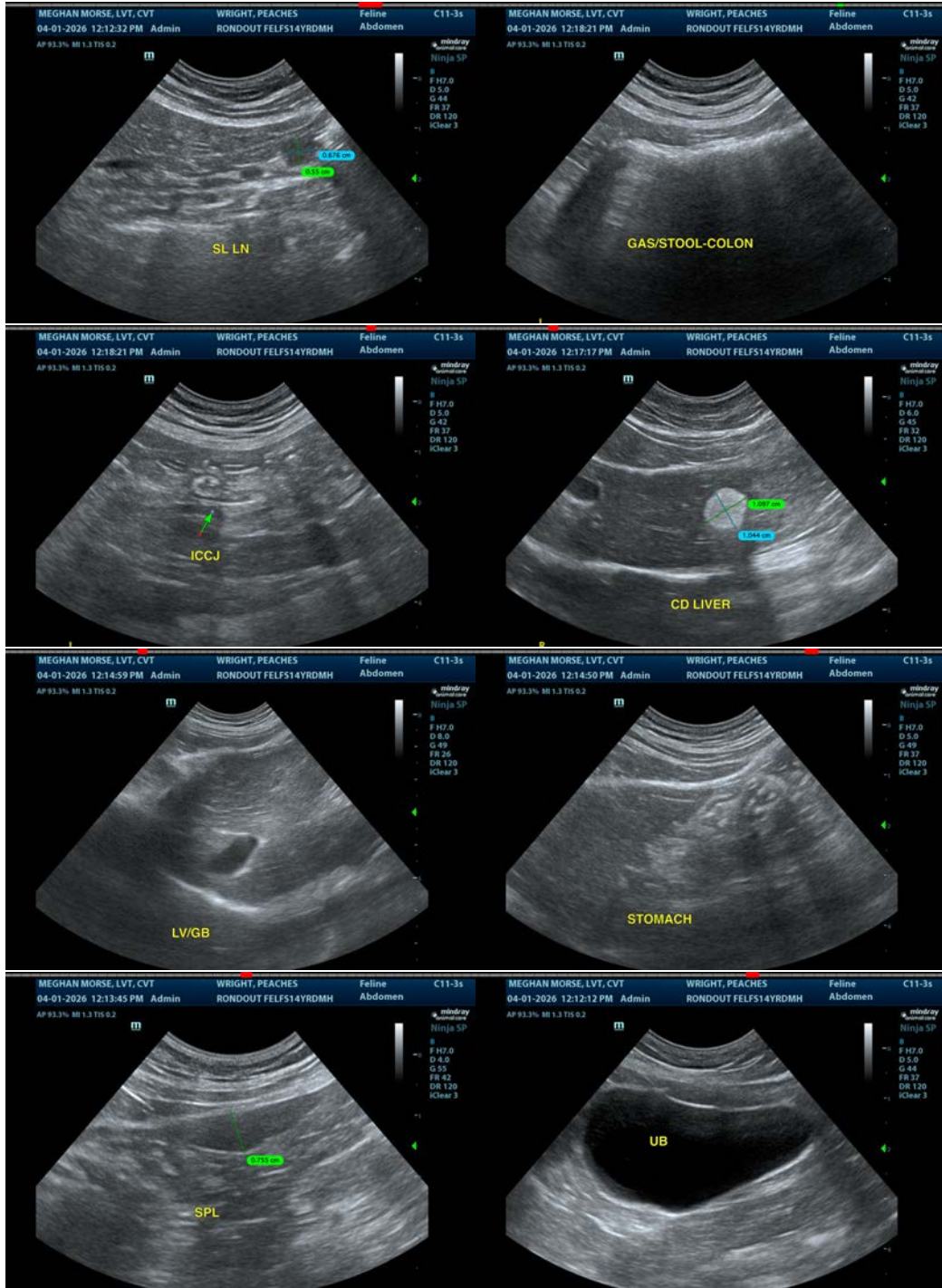
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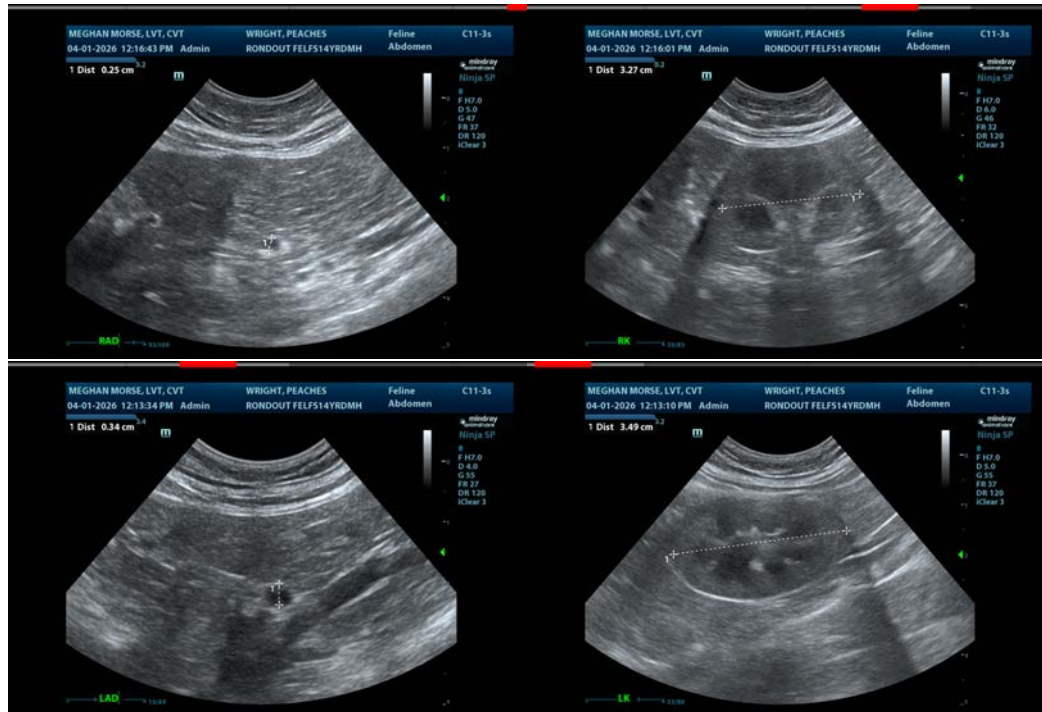
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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