



PATIENT

Kitty McRae

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12

WEIGHT

12.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet
Clinic

REFERRING VET

Dr. Reyes

INVOICE

74657

DATE

4/21/26

PRESENTING CLINICAL SIGNS

Pet presented for second opinion, history of anemia and distension of abdomen. Pet is currently on Doxycycline, Pet Tinic and Selarid.

Abnormal PE/Chem/CBC/UA Results: CBC from today RBC: 4.73 Hct: 16.1%, 22.4 03/17/26 Hgb: 5.3 Ret: 86.3 WBC: 21.55 Neut: 17.57 Mono: 1.07 Chem

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 (3.42 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (3.88 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 not clearly visualized.

Spleen

The spleen is subjectively normal in size (1.07 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 normal in size but irregular in shape. The visible portions of the vasculature and biliary tract appear normal. There is an irregular, hypoechoic mass effect visualized in the cranial abdomen measuring 4.35 cm x 7.3 cm, which appears to be arising from the liver. An association with the spleen cannot be definitively ruled out. Additionally, there is a hypoechoic nodule in the liver measuring 1.94 cm in diameter.

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 proximal bile duct appears mildly dilated and tortuous, measuring 0.39 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 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. Jejunum wall measures 0.19 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is visible/mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small to moderate amount of anechoic free fluid. No significant lymphadenopathy. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, solid cranial abdominal mass – Findings are most consistent with a hepatic mass lesion. Splenic origin cannot be ruled out.
- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling or mild chronic pancreatitis in the left limb.
- Hypoechoic nodule in the liver – Findings are concerning for a possible metastatic lesion. A benign lesion is possible.
- Prominent/mildly dilated 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).
- Small to moderate free abdominal fluid – Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a solid mass effect visualized in the cranial abdomen. This appears to be associated with the liver, although an association with the spleen cannot be definitively ruled out. Recommend a fine needle aspirate of the mass effect and sampling of the free abdominal fluid for fluid analysis and cytology.



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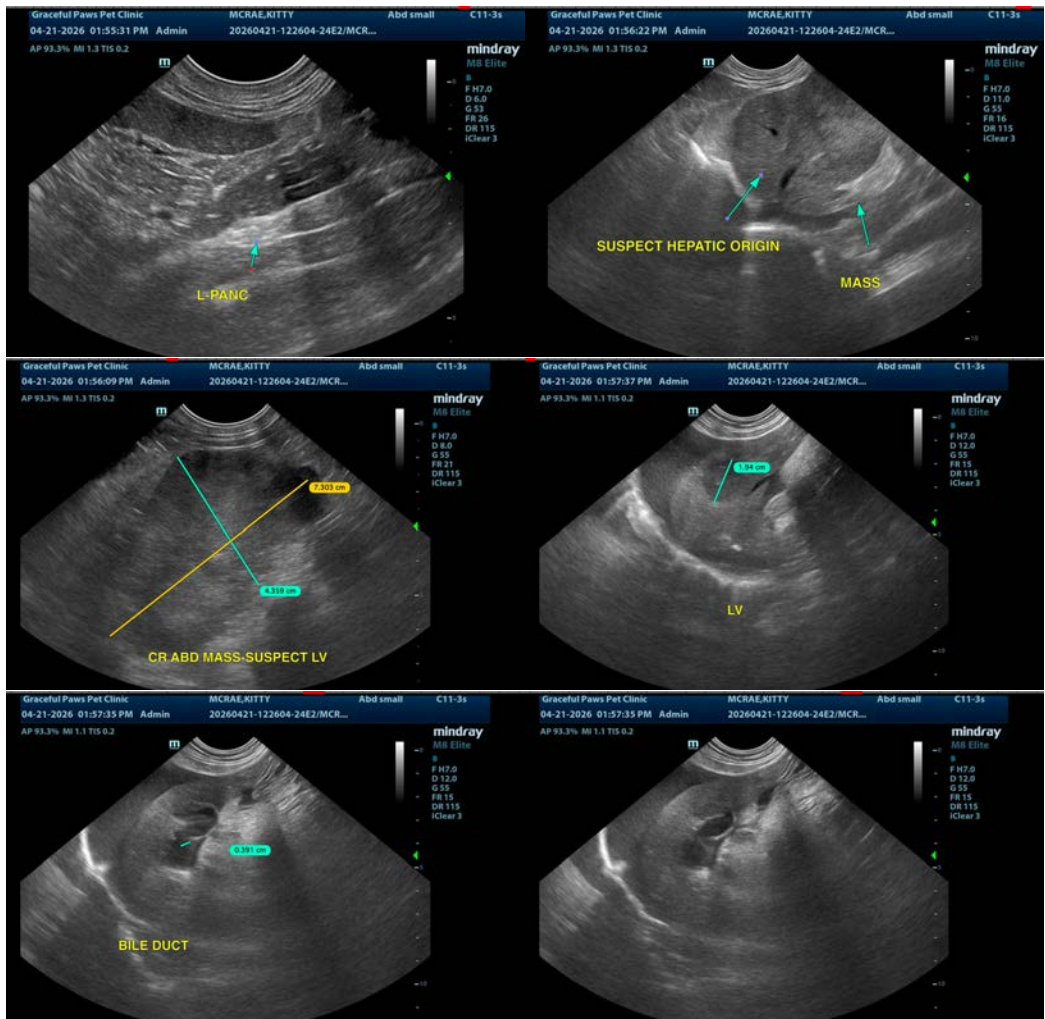
DATE

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There is a hypochoic nodule in the liver. This could represent a benign or neoplastic lesion, but given the mass effect observed, there could be concern for a possible metastatic lesion. If a safe window for sampling is available, you could consider a fine needle aspirate.

If surgical removal is considered, strongly recommend a contrast CT scan to further evaluate the origins of the lesion and to look for any additional lesions that are concerning for metastatic lesions.

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





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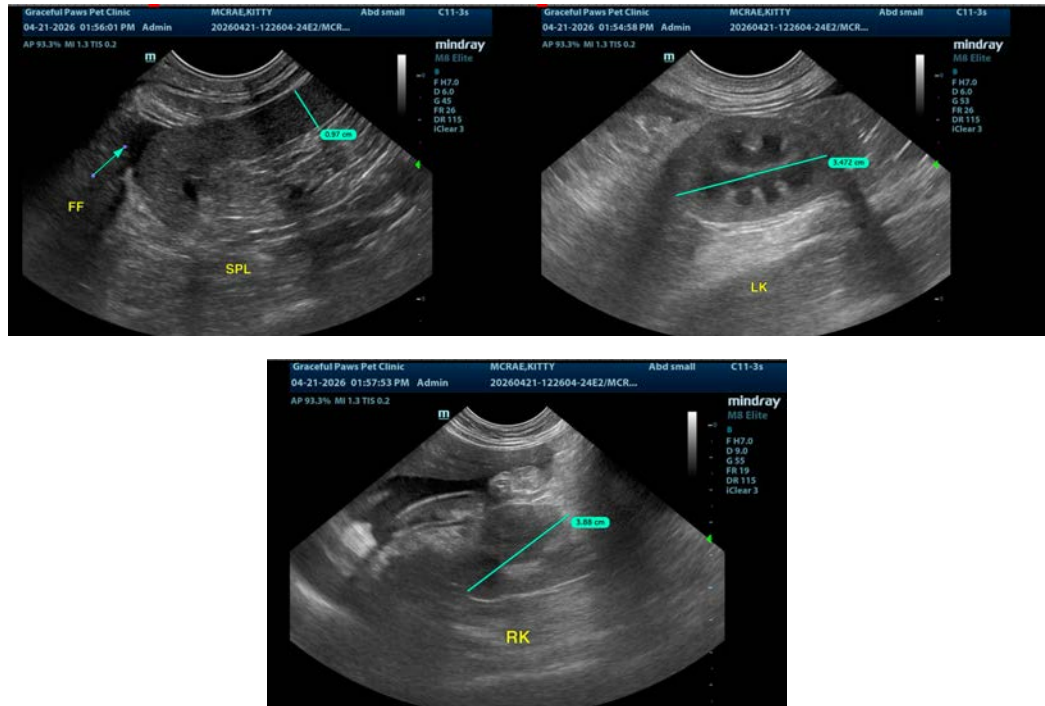
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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