



PATIENT

Mango Shanahan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

6.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Northwood Animal
 Hospital

REFERRING VET

Dr. Slivka

INVOICE

74246

DATE

4/7/26

PRESENTING CLINICAL SIGNS

P presented for US due to abnormalities on bloodwork

Abnormal PE/Chem/CBC/UA Results: HCT 20.2, mono 0.4, Eos 0.1, PLT decreased, clumping seen, no fel hemotrophic organisms seen Na 143, K 3.4, TP 14.2, Alb 2.3, Glob 11.9, Amylase 3250

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 (4.04 cm) with pyelectasia at 0.39 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.02 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 0.44 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 0.38 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 normal/borderline "plump", measuring up to 1.13 cm in width at the level of the hilus, and is hypoechoic and mottled. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large, rounded and subjectively hyperechoic (as compared to the spleen). The visible portions of the vasculature and biliary tract appear normal. There is a small cystic structure visualized in the mid region of the liver measuring 0.65 cm x 0.59 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 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. Duodenum wall measures 0.29 cm. Jejunum wall measures 0.23 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. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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 occasional prominent, slightly irregular mesenteric lymph nodes. Examples measure 0.31 cm and 0.44 cm. The omentum is generally normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild left-sided pyelectasia – Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Borderline large, mildly mottled/hypoechoic spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, rounded, mildly hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Small intestinal changes consistent with mild inflammatory type change (early neoplastic change cannot be definitively ruled out).
- Prominent mesenteric lymph nodes – These have an appearance most consistent with reactive lymph nodes. Early metastatic lymph nodes cannot be ruled out.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions are visualized on today's exam, and the lymphadenopathy is very mild.

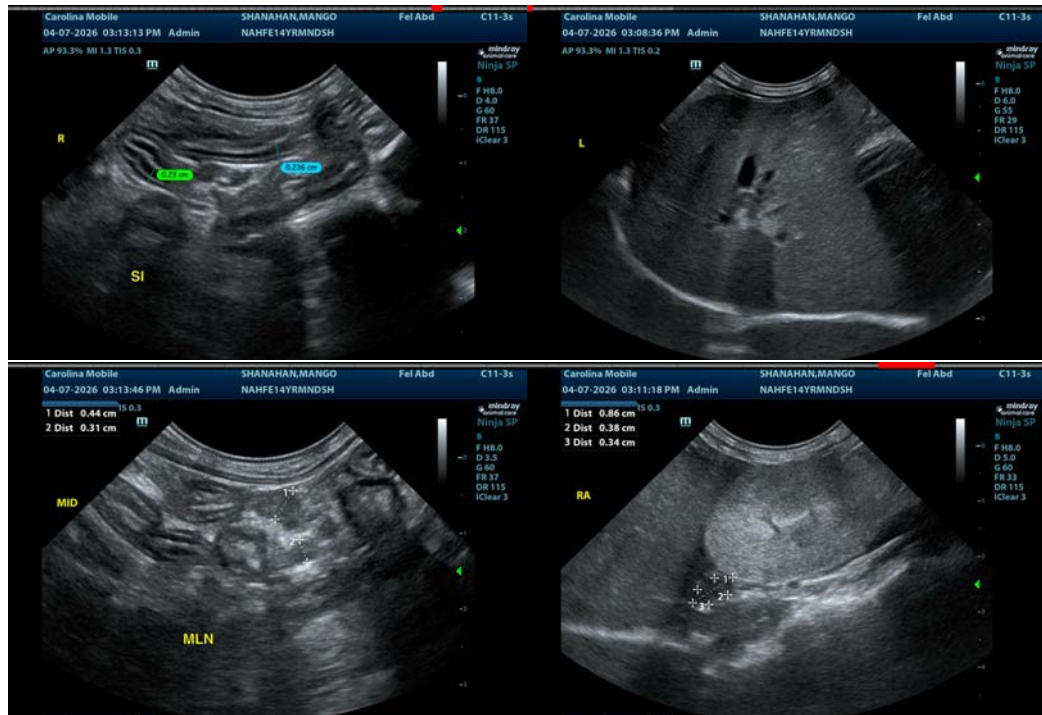
The spleen appears prominent, hypoechoic, and mildly mottled. Consider a fine needle aspirate for further evaluation.

Additionally, the liver is rounded and hyperechoic. Consider a fine needle aspirate (provided coagulation parameters are normal).

The elevation in globulin is significant. Consider protein electrophoresis to further evaluate. Initial primary differentials would include a neoplastic process (round cell neoplasia, multiple myeloma, etc.), although chronic inflammatory disease or FIP are also differentials.

The left kidney has mild pyelectasia. Correlate with urinalysis +/- urine culture.

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





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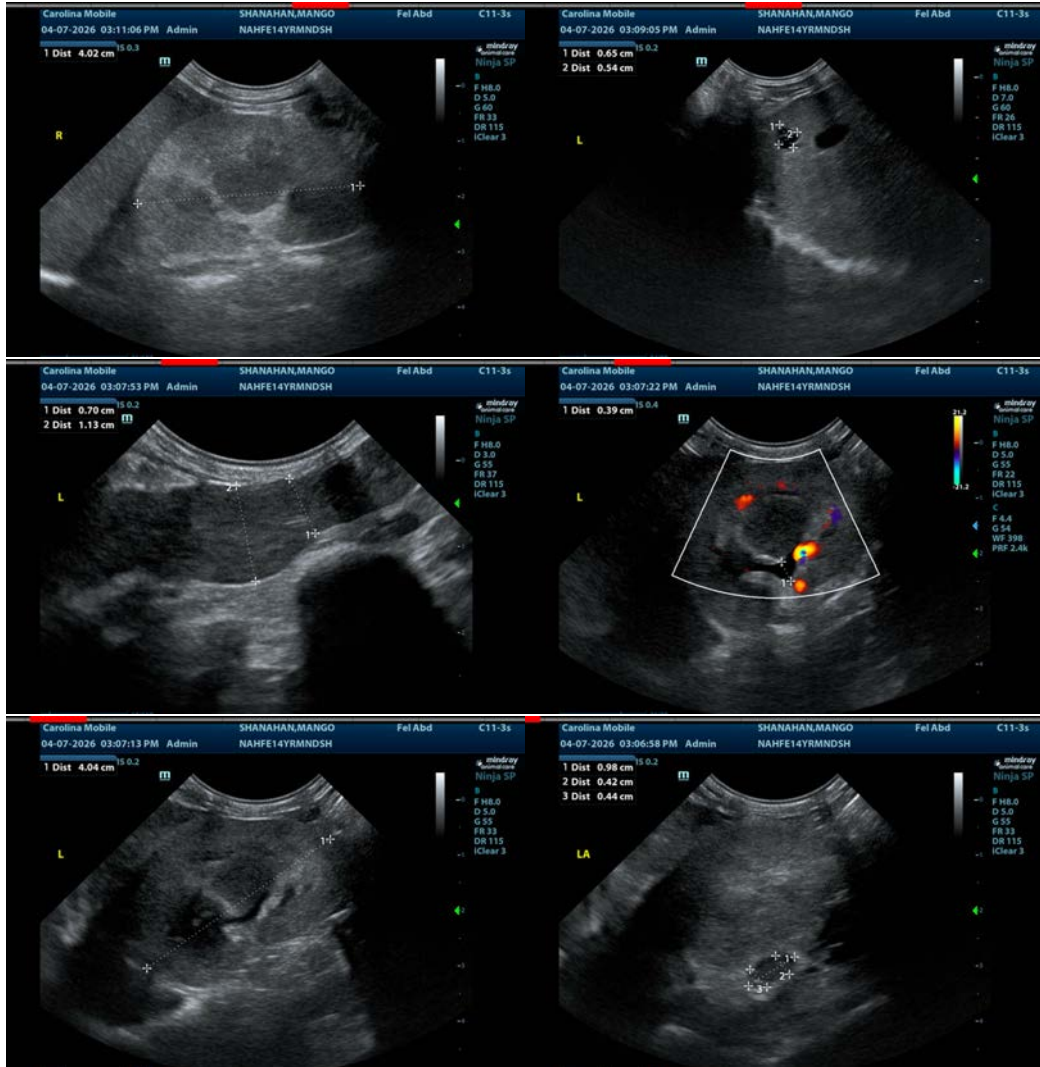
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com