



PATIENT

Leo Donovan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years 11 Months

WEIGHT

7.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Wantage Veterinary
Hospital

REFERRING VET

Dr. Bullock

INVOICE

75247

DATE

5/19/26

PRESENTING CLINICAL SIGNS

WT loss, anorexia 48 hrs, dehydration, depressed, wt loss started 1 month ago, possible mass-marble sized in abd.

Abnormal PE/Chem/CBC/UA Results: bw and UA wnl 1 month ago

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.27 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.

The right kidney has a normal shape and size (3.84 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 0.53 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 (0.64 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. 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.



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Gastrointestinal

The stomach contains moderate fluid. 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.

Some of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate fluid distension other areas have more moderate fluid distension. Wall thickness is increased. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.33 cm. The muscularis layer is diffusely thickened and prominent. There is a focal section of small intestine with wall thickening (.32cm) and distension with shadowing material concerning for foreign material, hairball density etc.. the bowel proximal to this material is fluid distended concerning for a partially obstructive pattern.

The distal colon appears within normal limits.

Pancreas

The left limb of the pancreas is prominent and mottled 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, or significant lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Prominent, mottled left limb of the pancreas – Findings could be consistent with remodeling or mild chronic pancreatitis.
- Moderately fluid distended stomach with diffusely thickened small intestine and prominent muscularis layer – Findings are most consistent with ileus and inflammation, although a partially obstructive lesion cannot be ruled out, and early neoplastic change cannot be ruled out.
- Irregular shadowing material is visualized within thickened small intestine-findings are suggestive of a segmental thickening and intraluminal foreign material

SECONDARY FINDINGS

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general appearance of thickened small intestine with a prominent muscularis layer and moderate fluid distension in some areas. There is a prominent, focal, thickened section of bowel with atypical shadowing material most consistent with small intestine. Based on the appearance and location findings are concerning for obstructive/partially obstructive foreign material and diffuse small intestinal disease.



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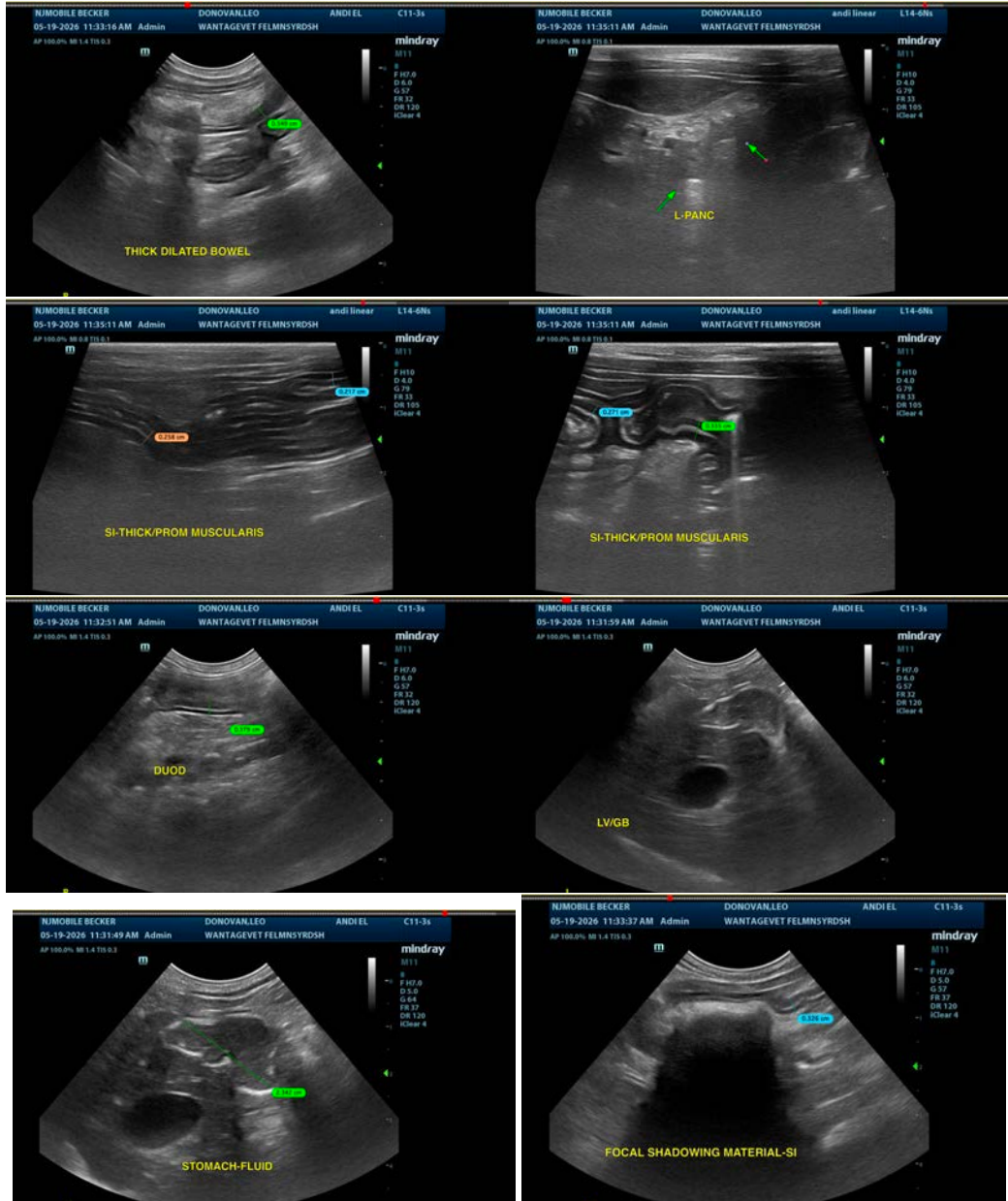
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If the patient is stable recommend exploratory surgery to evaluate and biopsy/possibly resect (depending on assessment) the abnormal area of focal bowel. Additional biopsies of thickened small intestine should be obtained as there is concern for a diffuse enteropathy. Round cell neoplasia is a significant concern but severe inflammatory disease is also possible.





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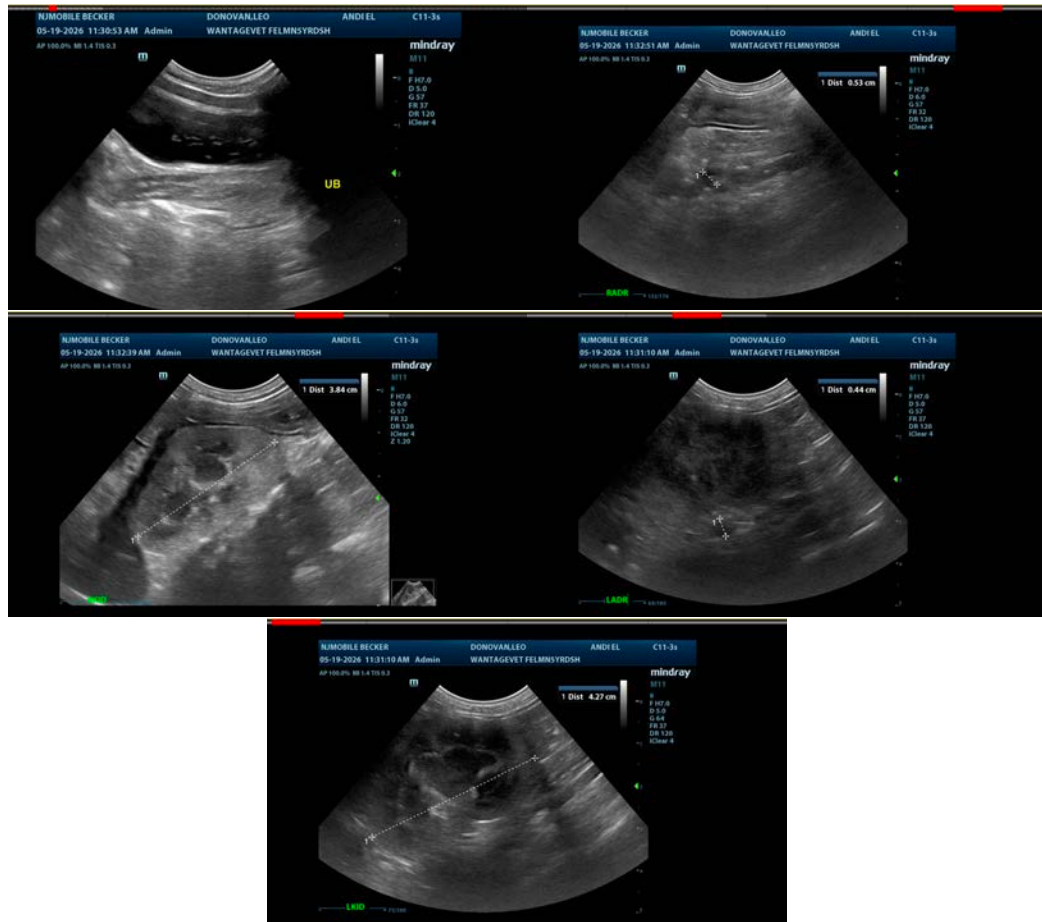
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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