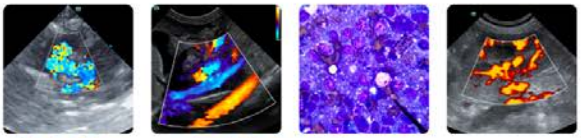


PATIENT

Whiskers Liu

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

6 Years 8 Months

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bond Vet Paramus

REFERRING VET

Dr. Bortz

INVOICE

75250

DATE

5/19/26

PRESENTING CLINICAL SIGNS

P presented for multiple dermal masses and 2 lg masses lower abd area, biopsy revealed mast cell, P also found eating kitty litter.

Abnormal PE/Chem/CBC/UA Results: mono-0.47 baso-0.211 plt-556 gluc-204 na-158 alt-16 chol-81

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 (3.61 cm) with occasional cortical mineralizations and small cortical cysts. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.63 cm) with mild cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.31 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 0.29 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.

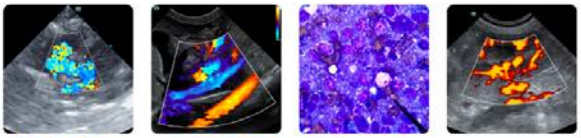
Spleen

The spleen is subjectively normal in size (0.88 cm) but slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is an iso- to slightly hyperechoic, irregular margin near the hilus measuring 0.73 cm x 0.56 cm.

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.



PATIENT

Whiskers Liu

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

6 Years 8 Months

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bond Vet Paramus

REFERRING VET

Dr. Bortz

INVOICE

75250

DATE

5/19/26

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. Jejunum wall measures 0.25 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 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, or subjective 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.

Other

In the subcutaneous inguinal region there are large, hypoechoic mass effects most consistent with mammary masses +/- inguinal lymph nodes. On the right side there are two lesions, one measures 2.74 cm x 3.99 cm. The other measures 1.98 cm x 2.13 cm. On the left side there is a partially cystic lesion measuring 3.76 cm x 2.93 cm.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder.
- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Irregular splenic margin with an iso- to slightly hyperechoic nodule/mass effect – Findings could be consistent with accessory splenic tissue or a benign or neoplastic lesion (lymphoid hyperplasia, round cell neoplasia, hemangioma, hemangiosarcoma, etc.).
- Diffusely thickened/ropey small intestine with a prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Large, hypoechoic mammary mass lesions/inguinal lymph nodes – Findings are most consistent with a neoplastic process.

PATIENT

Whiskers Liu

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

6 Years 8 Months

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bond Vet Paramus

REFERRING VET

Dr. Bortz

INVOICE

75250

DATE

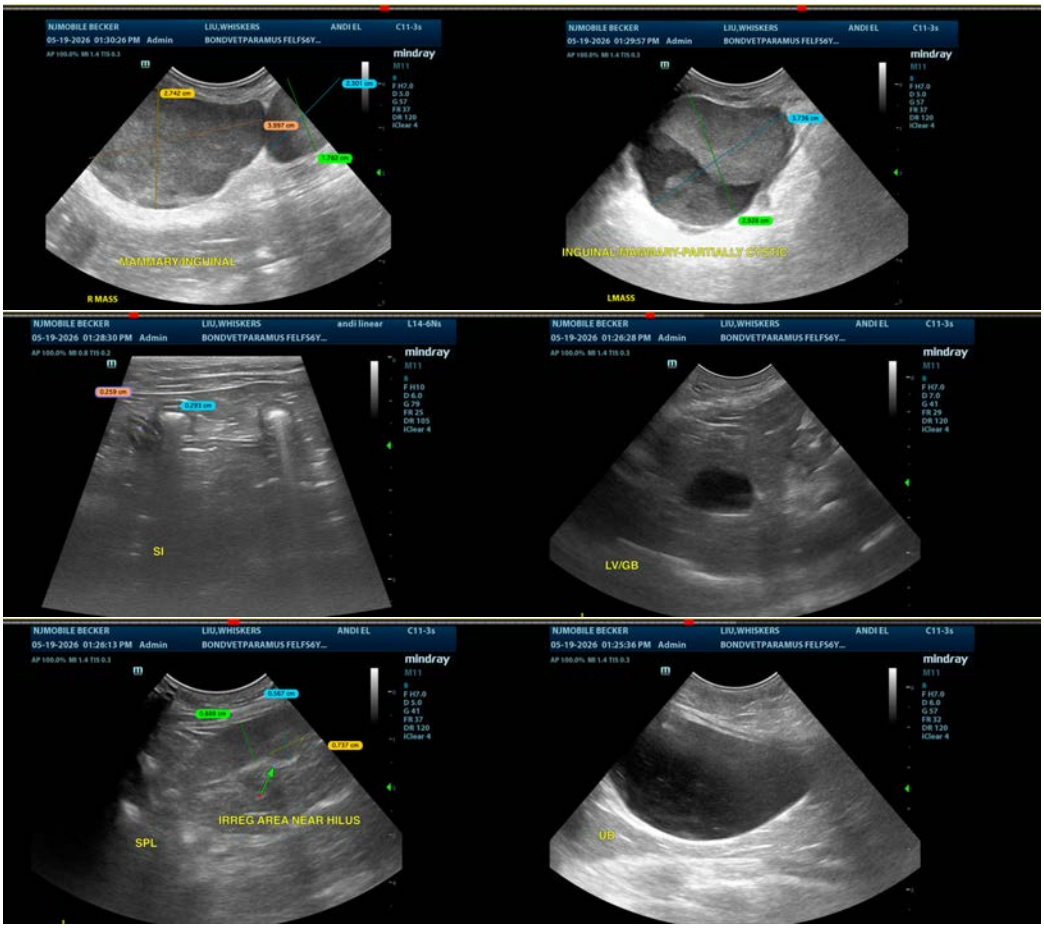
5/19/26

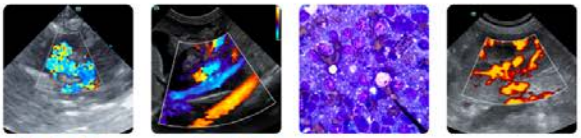
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The inguinal/mammary lesions are reported as cytologically consistent with mast cell disease. There is no definitive metastatic disease evident in the abdomen, athough the spleen is somewhat irregular with a slightly hyperechoic nodule near the hilus. The proximity to the hilus may make aspiration more complicated, but you could consider a fine needle aspirate of the general spleen itself and continued monitoring of the spleen. Additionally, the small intestine appears diffusely "ropey" with a prominent muscularis layer, possibly consistent with inflammatory or early neoplastic change.

Recommend consultation with a veterinary oncologist regarding the best treatment options for this individual (surgery + chemotherapy versus chemotherapy alone?). Consider either a fine needle aspirate of the spleen or continued monitoring of the spleen and continued monitoring of the small intestine for the development of a focal lesion.

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





PATIENT

Whiskers Liu

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

6 Years 8 Months

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bond Vet Paramus

REFERRING VET

Dr. Bortz

INVOICE

75250

DATE

5/19/26

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