



PATIENT

Flapjack Vieira

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3 years

WEIGHT

12.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassidy Stanzl

HOSPITAL NAME

Dakota Veterinary
Center

REFERRING VET

Dr. Alexandra Saura

INVOICE

11977

DATE

5/20/2026

PRESENTING CLINICAL SIGNS

Presented for vomiting, inappetence and lethargy all of which started 9am yesterday (05/19). vomiting subsided after adm. maropitant and SQ fluids.

temp of 104.5 was recorded around 7:30 last night, latest recheck is 102.8 at around 2:45am pt began ejecting mucous from anus. Has been fasted since 10pm last night.

Abnormal PE/Chem/CBC/UA Results: CBC indicates inflammatory leukogram chemistry panel (including pli) - nsf, UA- via cysto, blood few wbc. rads- gas, no obstructive pattern, evidence of sq fluids that were administered in AM.

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 (4.16 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 (4.69 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 0.37 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 borderline in size (1.1 cm.) The spleen echotexture is heterogenous and mildly mottled, 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 bile duct appears slightly prominent and tortuous tapering to 0.24 cm before being lost to visualization.



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Gastrointestinal

The stomach contains mild 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.

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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (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. In the caudal abdomen there is a thickened, irregular section of bowel with reduced detailed wall layering. The location and appearance is most consistent with descending colon measuring up to 0.56 cm with surrounding reactive mesentery and prominent lymph nodes.

Pancreas

The pancreas is prominent and hypoechoic. 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 mesenteric lymph nodes. Example measures 0.32 cm. There's a large, hypoechoic lymph node near the thickened bowel loop measuring 0.39 cm. The omentum is hyperechoic around the thickened bowel loop.

ULTRASONOGRAPHIC FINDINGS

- Large, mildly mottled 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.
- Prominent, hypoechoic pancreas. Findings could be consistent with resolving pancreatitis or mild active pancreatitis.
- Mildly dilated/tortuous 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).
- Focal section of thickened bowel with reduced detailed wall layering. Findings are concerning for neoplastic infiltration. Severe inflammation is possible.
- Large, hypoechoic mesentery lymph node adjacent to the thickened bowel loop. Findings are concerning for metastatic lymph node or highly reactive lymph node.



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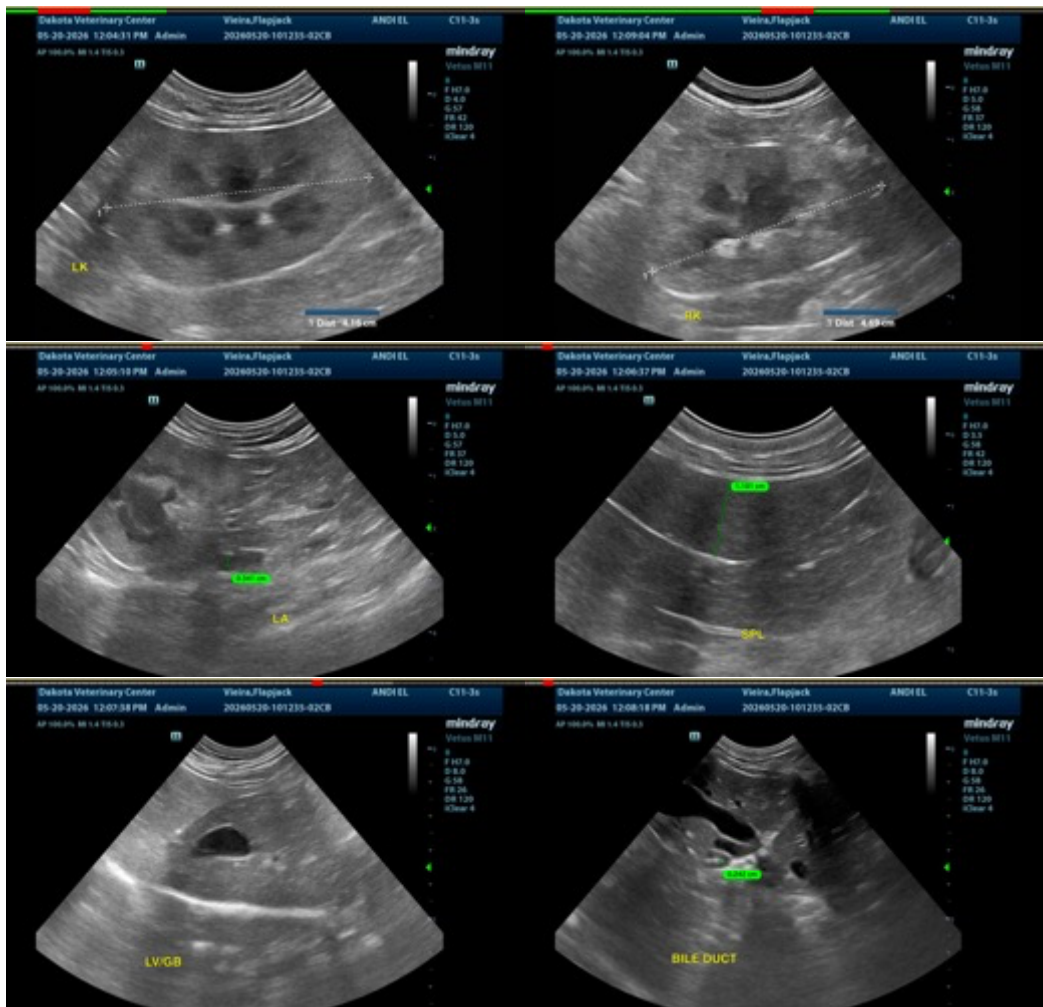
5/20/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a section of thickened bowel visualized in the caudal abdomen cranial to the urinary bladder. This is suspected to be descending colon, although this cannot be definitively confirmed. The appearance could be concerning for infiltrative neoplasia although severe inflammation is also possible. Given the significant thickening of the bowel loop, a fine needle aspirate may be possible for cytologic evaluation. Additionally, there's a large adjacent lymph node that may be large enough to sample. A fine needle aspirate of the spleen could be considered.

While awaiting cytology results, consider empirical treatment for gastroenterocolitis and mild pancreatitis. If symptoms are persistent and diagnostic testing is not helpful, you could consider repeat imaging looking for the progression or improvement of the lesions described. Ultimately, surgical biopsies may be warranted.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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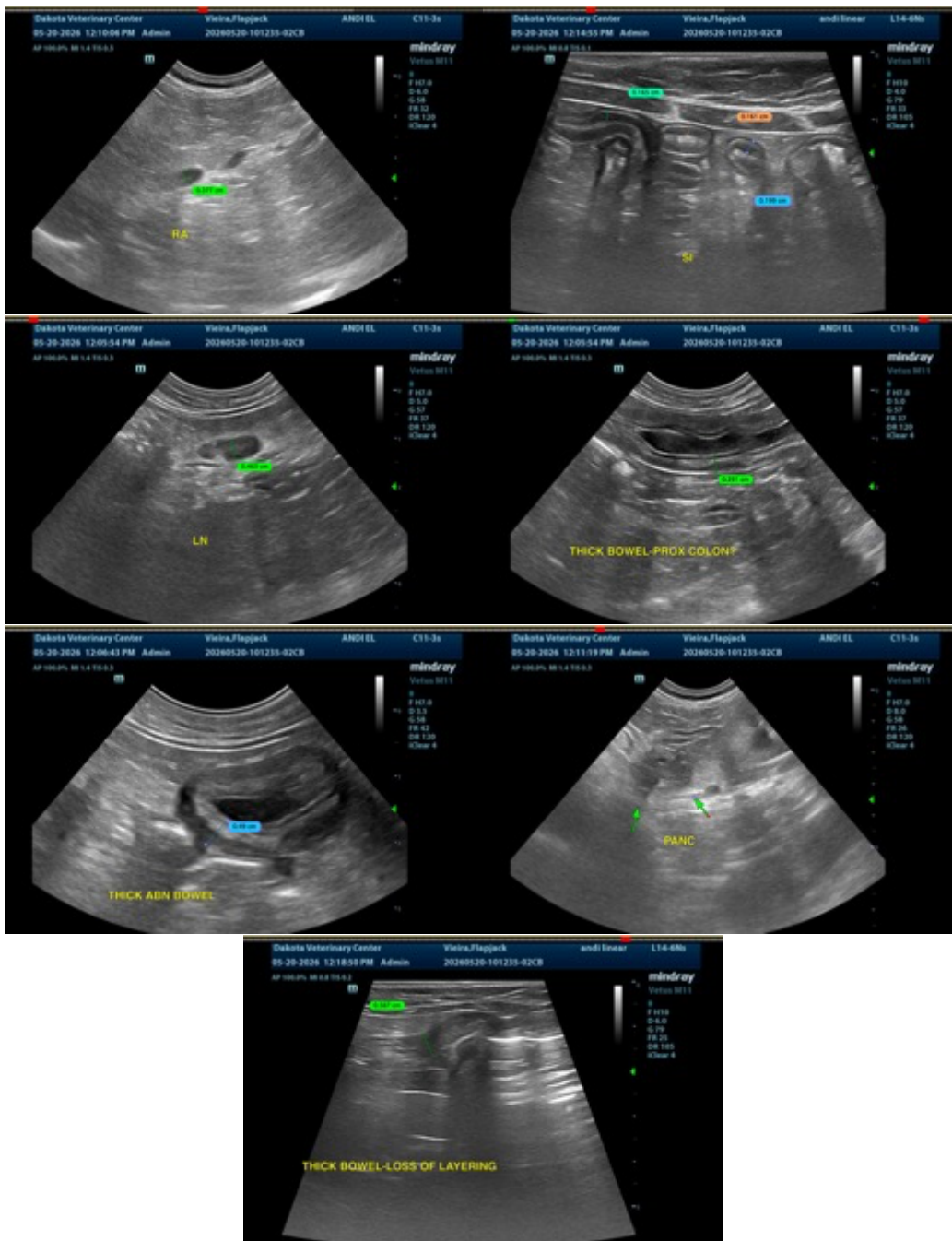
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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