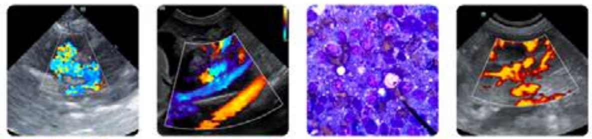


PATIENT
Malcom Hall

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
9 Years 2 Months

WEIGHT
11.8 lbs

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

IMAGING PERFORMED BY
Heather Platzer

HOSPITAL NAME
Hershire Animal Hospital

REFERRING VET
Hannah Bowman, DVM

INVOICE
75316

DATE
5/20/26

PRESENTING CLINICAL SIGNS

History of vomiting 1-2x daily for last 3 weeks and weight loss. Previously 17 lbs in August 2025 and now 11.8 lbs. Occasional ravenous appetite. On PE noted muscle wasting, moderate tartar and intermittent heart murmur (none heard today.) See bloodwork below:
- CBC: slight neutrophilia (11.48) - remainder WNL
- Chemistry w/ lytes: hyperglycemia (241) - otherwise WNL
- T4: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to 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. *Full evaluation of the bladder is impaired by lack of urine distention.

The left kidney has a normal shape and size (3.3 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 (4.36 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 0.31 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.

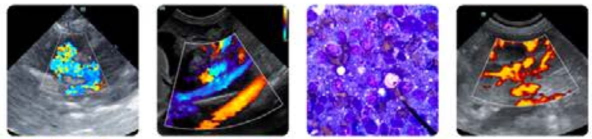
The right adrenal gland is normal in size measuring 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.86 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.



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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.

Gastrointestinal

The stomach contains mild/moderate fluid and focal hyperechoic shadowing material. 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. The shadowing material described is soft shadowing, possibly consistent with a hairball, fabric, atypical ingesta, etc., measuring 1.5 cm. A definitive obstruction is not clearly visualized.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Jejunum wall measures 0.26 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 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

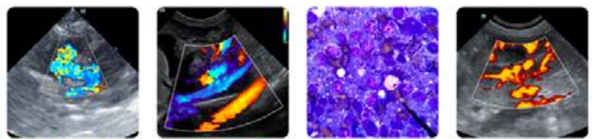
There is no free fluid. There are prominent, hypoechoic mesenteric lymph nodes. Examples measures 0.51 cm x 1.37 cm and 0.72 cm x 2.02 cm. The lymph nodes are surrounded by reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis in the left limb.
- Fluid and soft shadowing material visualized within the stomach – Findings could be consistent with a hair ball, fabric, ingesta or similar. Correlate with feeding history.
- Diffuse thickening of the small intestine with some areas exhibiting prominent muscularis, some displaying mildly reduced detail of wall layering and mild fluid distention – Findings could be consistent with severe inflammatory or early neoplastic change.
- Clusters of prominent mesenteric lymph nodes – Findings are most consistent with highly reactive or early neoplastic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with some areas exhibiting a hypoechoic wall with slightly diminished wall layering. Others exhibit a prominent muscularis layer. These changes could be consistent with significant inflammatory or even early neoplastic change. The stomach has moderate



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fluid distention and some hyperechoic soft shadowing material possibly consistent with a hairball or similar. A definitive obstruction is not visualized but cannot be ruled out.

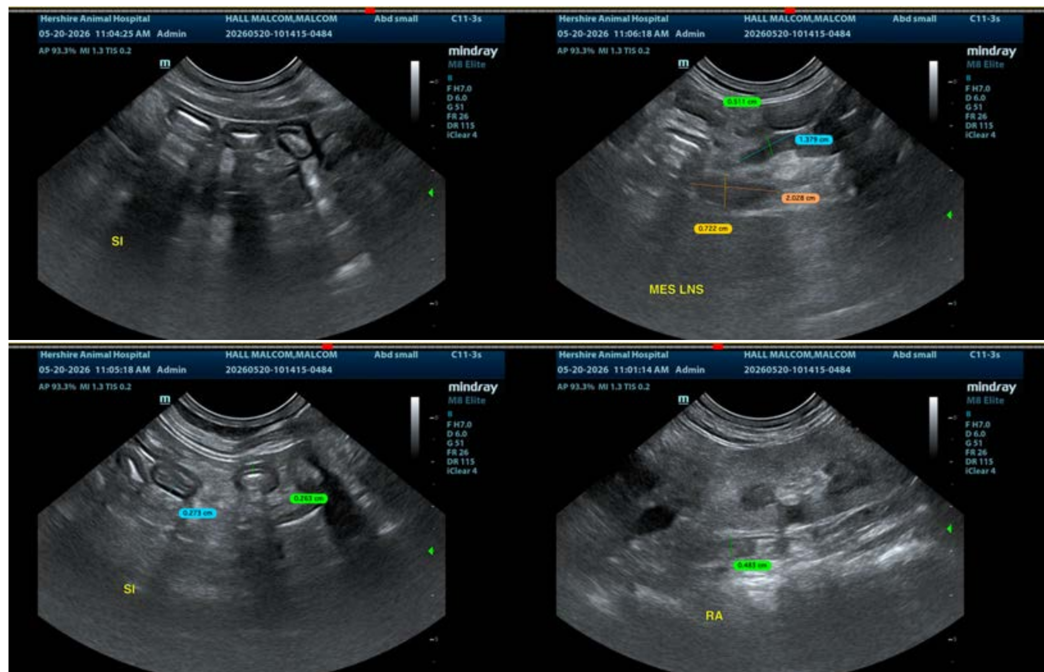
If a safe window for sampling is available and there is a large enough lymph node, a fine needle aspirate could be considered for possible cytologic evaluation. Additionally consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend probiotic therapy.

Based on the severity and duration of symptoms reported, ultimately surgical biopsies of the GI tract, lymph nodes, pancreas, etc. may be warranted.

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

If surgery is not pursued, you could consider repeat imaging in the future, looking for progression of the changes observed on today's scan.



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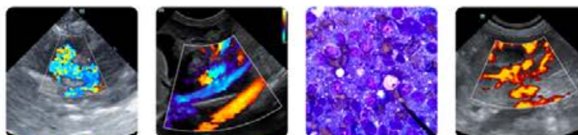

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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