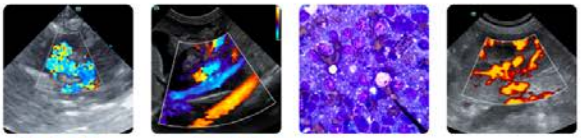




**PATIENT**

Oreo Sincaore

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

Not Provided

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Animal Hospital of Sullivan County

**REFERRING VET**

Dr. Bodolosky

**INVOICE**

75469

**DATE**

5/27/26

## PRESENTING CLINICAL SIGNS

Abdominal ultrasound to rule out small irregular abd. mass. Uncontrolled hyperthyroidism, vomiting more than usual. Meds: Felimazole 12.5 mg BID

Abnormal PE/Chem/CBC/UA Results: Anemia @ 27%. NSA on CBC/NSA on Chem

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with dependent and 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 (3.46 cm) with numerous cortical infarcts and a non-obstructive nephrolith. 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 or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.48 cm) with numerous large cortical infarcts and occasional pinpoint 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 or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.36 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.

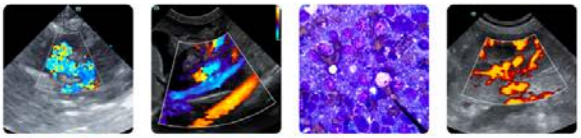
The right adrenal gland is normal in size measuring 0.31 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *Spleen*

The spleen is subjectively normal in size (1.01 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an iso- to hypoechoic small lesion medial to the spleen measuring 0.49 cm, most consistent with a small lymph node or accessory splenic tissue.

### *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 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.

Most of 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. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There is a bowel mass visualized in the caudal abdomen measuring approximately 3.77 cm x 4.2 cm. The bowel wall in this region measures 1.03 cm in thickness with complete loss of layering. There is intraluminal shadowing material and gas visualized. The nature of this lesion (large versus small bowel) cannot be confirmed.

Segments of very distal descending colon are visualized and appear within normal limits. The mass effect described under small intestine could represent a small or large intestinal mass effect.

### *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. There is no evidence of diffuse lymphadenopathy. The omentum is highly reactive around the bowel mass lesion.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral renal changes consistent with chronic renal disease.
- Suspended and dependent echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Large focal bowel mass lesion in the mid caudal abdomen exhibiting severe wall thickening, loss of layering, and shadowing intraluminal material – Findings are most consistent with a neoplastic lesion. Other differentials are possible.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large bowel mass visualized in the mid caudal abdomen. This is strongly suspected to be a bowel mass lesion, although the nature of the lesion (large versus small bowel) cannot be confirmed. Primary differentials would be a carcinoma or round cell neoplasia. Consider heavy sedation or anesthesia for fine needle aspirate to obtain a cytologic sample, and further evaluation of the bowel mass when patient is more comfortable. If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding the best treatment options/prognosis. If a cytologic diagnosis cannot be obtained, surgical evaluation may be warranted with the intent to obtain biopsies +/- resect the mass lesion.

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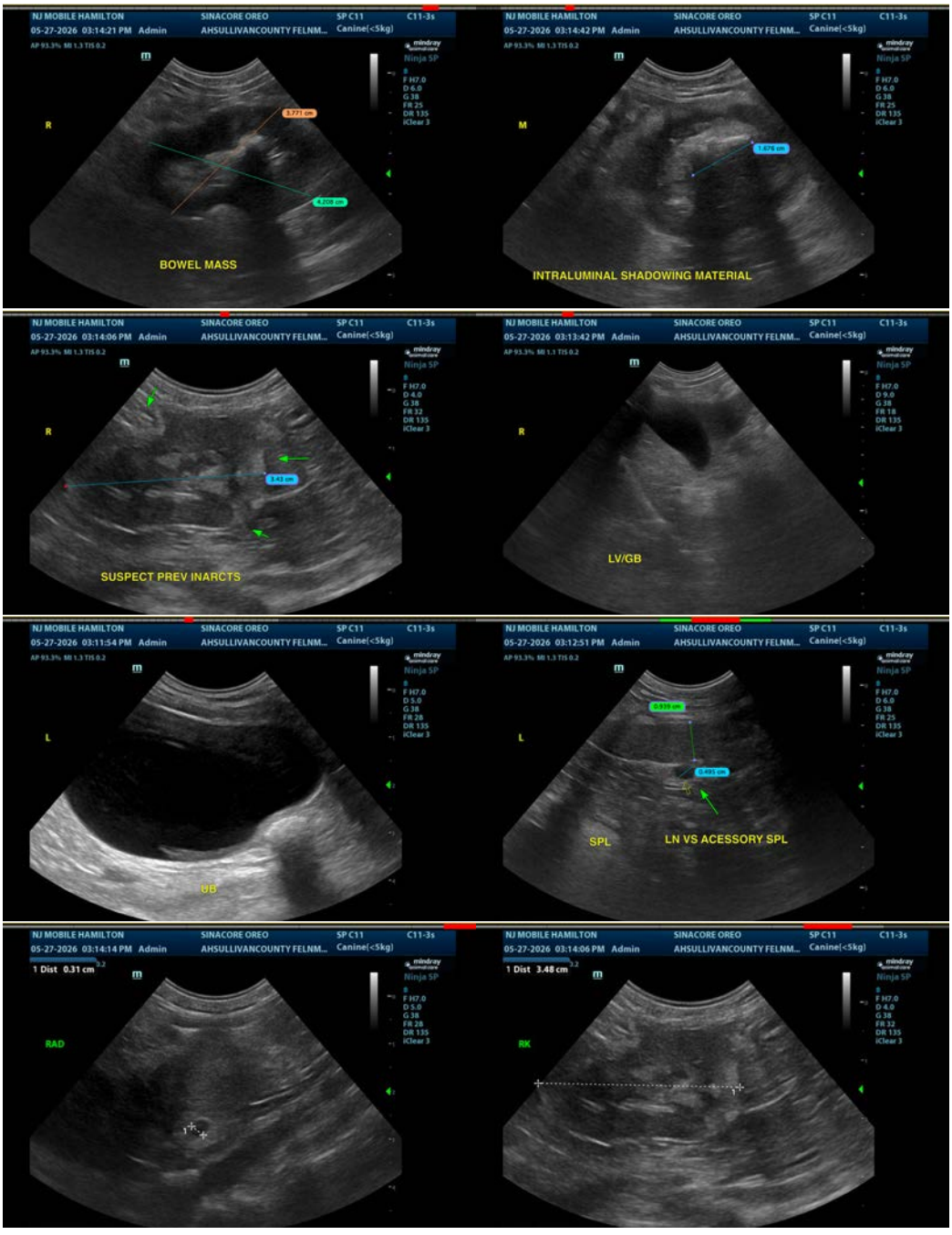
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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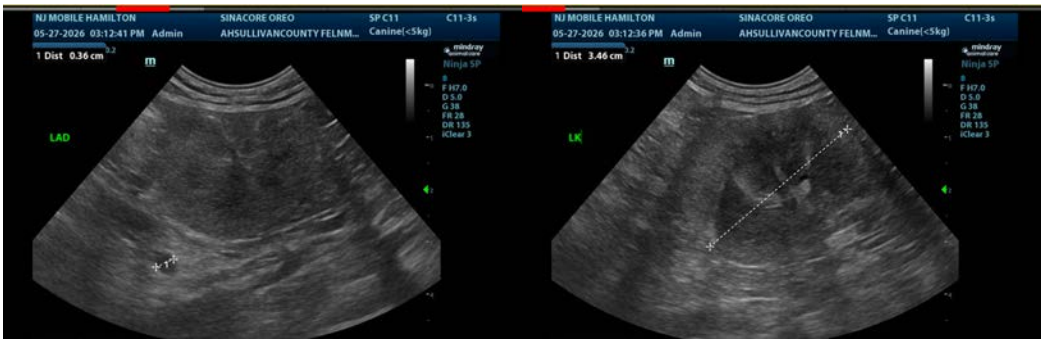


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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