



PATIENT

Joey Moody

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 4 Months

WEIGHT

8.25 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebecca Hamilton

HOSPITAL NAME

All Animal Veterinary
Services

REFERRING VET

Dr. Acworth

INVOICE

75641

DATE

6/3/26

PRESENTING CLINICAL SIGNS

Abnormal kidney felt on exam, weight loss, diarrhea, calcification found in ventral abdomen.

Abnormal PE/Chem/CBC/UA Results: Lym 0.84 low, Mono 0.03 low, HCT 27.3 low, HGB 8.9 low, RBC 6.48 Low, BUN 34.4 high, Calcium 7.8 low, Sodium 157 high,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is normal in thickness. The region of the trigone and ureteral papilla appear within normal limits. The proximal urethra is difficult to clearly visualize. Further evaluation would likely require deeper sedation.

The left kidney is borderline large/plump (3.71 cm), rounded and irregular in shape (possibly due to previous infarcts), hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Cortical mineralizations are noted. There is no evidence of pyelectasia or hydroureter. Renal vasculature is normal.

The right kidney is large, hyperechoic and rounded and irregular (possibly due to previous infarcts), measuring 4.94 cm, with pyelectasia at 0.58 cm. There is an irregular, complex cystic appearing structure visualized adjacent to and likely communicating with the renal pelvis measuring 0.85 cm x 2.21 cm. There is poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. Renal vasculature is normal. The proximal ureter is visualized and appears somewhat dilated at 0.58 cm.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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 0.41 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 (0.69 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.

Gastrointestinal



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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.

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Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is 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. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. *

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There is a significant amount of gas and shadowing material visualized within the distal colon. Descending colon wall is normal in thickness measuring 0.17 cm with intact wall layering. There is a large shadowing structure visualized in the mid cranial abdomen measuring 2.59cm this has the appearance of a bowel loop with a thickened wall (.5cm) and intraluminal material. Based on this presentation this is likely the cecum. There is the possibility of impacted material/hair +/- infiltrative disease.

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Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

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Free Abdomen

There is scant free fluid present. There are occasional prominent mesenteric lymph nodes noted. Examples measure 0.31 cm and 0.86 cm. The omentum is mildly diffusely hyperechoic.

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Other

ULTRASONOGRAPHIC FINDINGS

- Large, dystrophic, hyperechoic, irregular, rounded kidneys with some cortical mineralization. The right kidney has significant pyelectasia/proximal ureteral dilation and an abnormal complex cystic type structure. Possible differentials could include acute renal injury, FIP, round cell neoplasia, congenital renal disease, pyelonephritis, ureteral stricture etc.
- Pancreatic changes consistent with mild pancreatitis in the right limb.
- Diffusely “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.
- Scant free fluid and mild mesenteric lymphadenopathy – Findings are suggestive of reactive mesenteric lymph nodes.
- Suspect impacted cecum +/- infiltrative disease- this could represent a hairball or similar-thickening could represent typhlitis, round cell neoplasia, eosinophilic infiltrates etc..

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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Both kidneys are abnormal. They are large, rounded, and hyperechoic with decreased corticomedullary distinction. The right kidney is larger with pyelectasia, a complex cystic type lesion communicating with the renal pelvic, and a prominent proximal ureter. The exact nature of these changes is uncertain. This could be associated with congenital disease and some degree of acquired chronic kidney disease. Pylonephritis could be playing a role. Correlate with urinalysis, culture and blood pressure evaluation. A fine needle aspirate of the kidney could be considered if worsening renal values, provided coagulation parameters and blood pressure are normal.

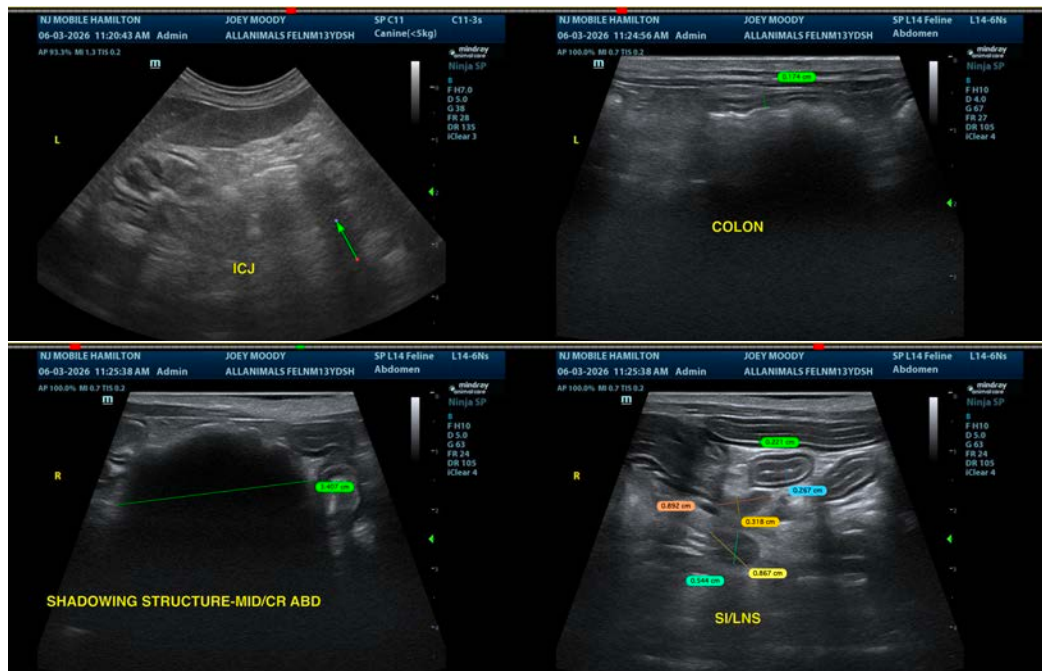
The right limb of the pancreas is prominent and hypoechoic with surrounding reactive mesentery, most consistent with mild pancreatitis. Correlate with an fPLI level and consider empirical treatment for pancreatitis.

The small intestine is diffusely ropey with inflammatory type changes, although early neoplastic change cannot be ruled out.

There is a large, shadowing structure visualized in the mid cranial abdomen that has an appearance most consistent with bowel (mass effect, possible intraluminal foreign material), but an association with other structures is not clearly visualized. This is most consistent with an impacted cecum and inflammation or possibly infiltrative disease.

Once the patient is stable, consider surgical evaluation to obtain biopsies, evaluate the cecum etc. Alternately, a contrast CT scan could be considered to further evaluate (heavier sedation may also be helpful).

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





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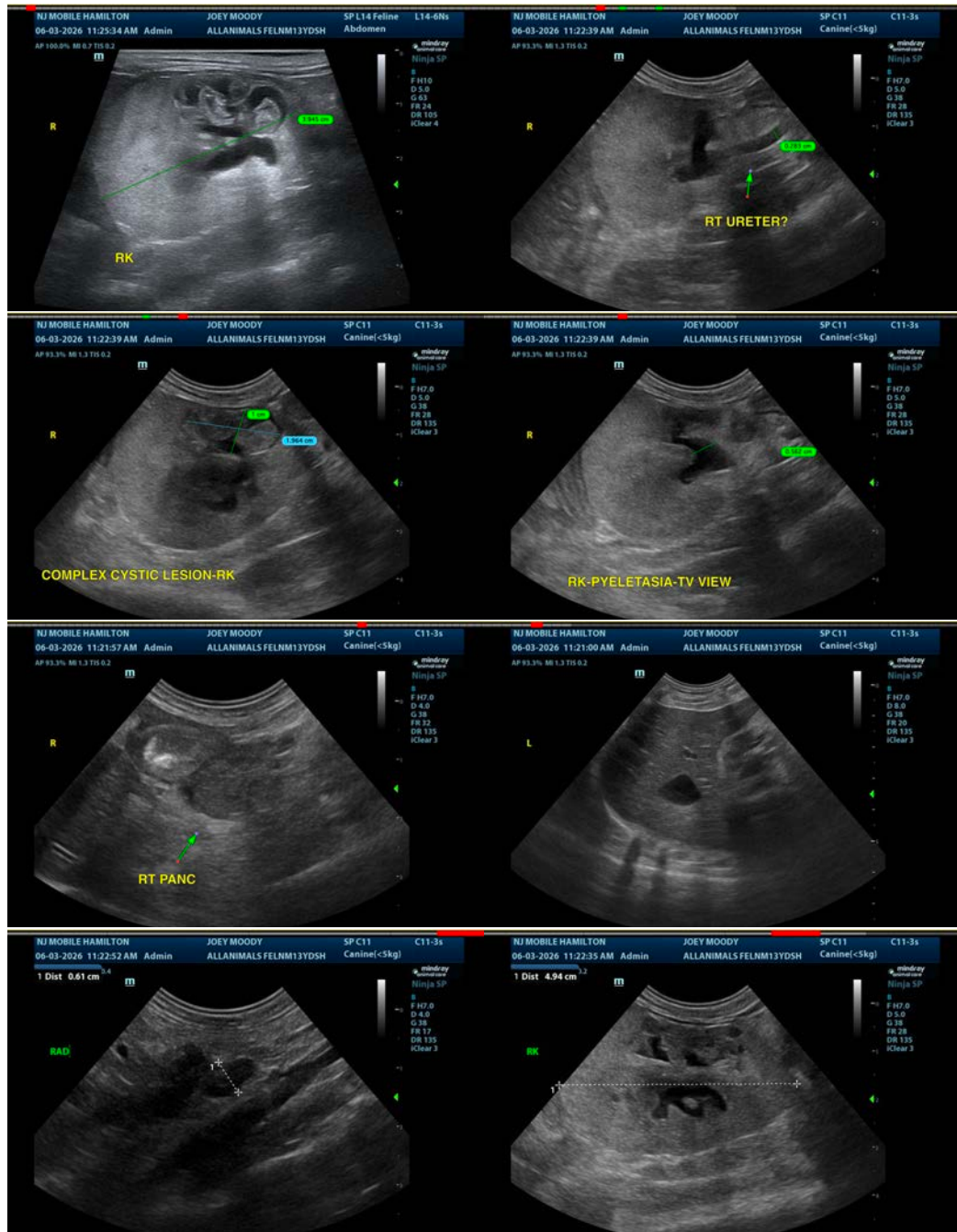
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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