

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Leila Nadeem  
**SPECIES** Feline  
Sudden onset of lethargy and reduced appetite. Had been normal up until about 10 days ago. Confirmed with owner that they did let her eat a very small amount of canned food this AM because she hasn't been wanting anything. Not eating really for almost 10 days, but no change in weight. Abdominal rads revealed large central abdominal mass and could palpate firm mass effect as well. Abnormal PE/Chem/CBC/UA Results: Please see attached lab work/rads.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** DSH  
*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.

**SEX** Spayed Female  
**AGE** 2 Years  
The left kidney has a normal shape and size (4.15 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT** 4.46 kg  
The right kidney has a normal shape and size (3.86 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

*Adrenal Glands*

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

*Spleen*

The spleen was unable to be 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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. 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.

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

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hawkins AH

**REFERRING VET**

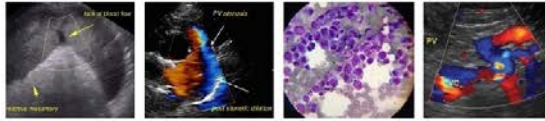
Dr. Hawkins

**INVOICE**

38549

**DATE**

6/8/22



**PATIENT**

Leila Nadeem

(between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SPECIES**

Feline

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**

**BREED**

DSH

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**

**SEX**

Spayed Female

There is a large amount of free abdominal fluid. There is a very large, homogeneous, irregular mid abdominal mass effect, which I am unable to associate with any other abdominal structures. This could possibly be a lymphoid structure. It measures approximately 4.51 cm x 6.59 cm with a secondary rounded area measuring 2.25 cm x 3.08 cm. The omentum is generally of increased echogenicity.

**AGE**

2 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

4.46 kg

- Large, irregular, homogeneous mid abdominal mass – The origin of this structure is not clear. This could represent an effaced lymph node, less likely bowel mass, splenic mass, etc. Recommend fine needle aspirate.
- Large volume free abdominal fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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(Small Animal Internal  
Medicine)

There is a large, homogeneous, solid mid abdominal mass. It is large enough to make visualization of other abdominal structures difficult. It does not appear to be associated with the kidneys, liver or urinary bladder, but the spleen is difficult to visualize. I suspect this is a “stand alone” mass. Recommend a fine needle aspirate. Under ideal circumstances, a contrast CT scan could be considered for a global view of the abdomen to better evaluate and plan surgery. Recommend referral to a veterinary surgeon in case this mass effect is adhered to or encompasses bowel, but I do not see any evidence of this. Strongly recommend surgery if a cytologic diagnosis cannot be obtain, as benign differentials are possible.

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

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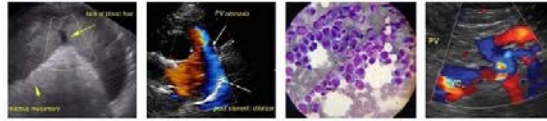
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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