



**PATIENT PRESENTING CLINICAL SIGNS**

Cheeto Veldhuis weight loss ( 2.5 kg) since Oct, 2021 vomiting not eating as much BM seem to be black no diarrhea drinking less Hard mass felt on palpation on the middle of abdomen.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: BW- Leukocytosis, neutrophilia, lymphopenia, eosinopenia.  
Feline Low ALT, ALB. fPL abnormal UA- RBC >50 /hpf & WBC 2/hpf. Otherwise unremarkable

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DLH 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** Neutered Male The left kidney has a normal shape and size (3.79 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.

**AGE** 11 Years The right kidney has a normal shape and size (4.83 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** 5.3 kg *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 0.45 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.

**INTERPRETED BY**

Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

Kelly Reschny

*Spleen*

The spleen is subjectively normal in size, 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.

**HOSPITAL NAME**

BPH Burlington

*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.

**REFERRING VET**

Dr. Al-Sultan

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*Gastrointestinal*

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

**DATE**

7/5/22



**PATIENT**

Cheeto Veldhuis

Some of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly 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. Visualized peristalsis appears appropriate. There is a focal area of bowel with severely thickened wall measuring up to 1.2 cm with a complete loss of layering. The extent of this abnormal tissue is over 6.0 cm in length. Findings are concerning for a gastrointestinal mass.

**SPECIES**

Feline

**BREED**

DLH

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.

**SEX**

Neutered Male

**Pancreas**

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**

**AGE**

11 Years

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the abdominal mass.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.3 kg

- Cranial abdominal gastrointestinal mass lesion – most consistent with a small intestinal mass with severely thickened intestinal wall and loss of layering.
- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a section of gastrointestinal tract with severe wall thickening and loss of layering. This is most consistent with small intestine, although visualization of the stomach is somewhat limited, so I cannot rule out involvement of the stomach. Recommend a fine needle aspirate of the wall of the mass lesion, as well as 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained based on a fine needle aspirate, consider surgical evaluation and biopsies. Of primary concern would be round cell neoplasia, carcinoma, leiomyoma, leiomyosarcoma, etc. Benign differentials are possible.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

BPH Burlington

**REFERRING VET**

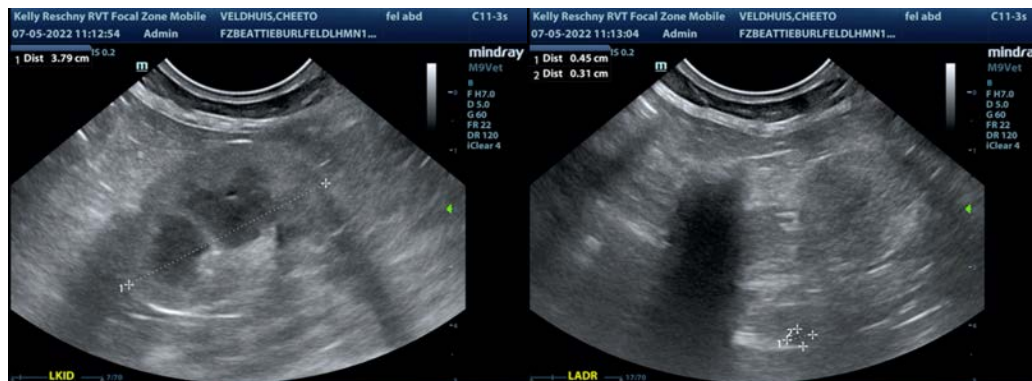
Dr. Al-Sultan

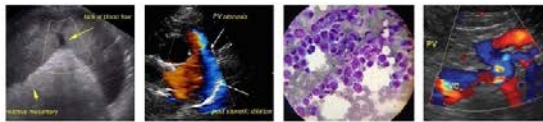
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**PATIENT**

Cheeto Veldhuis

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

5.3 kg

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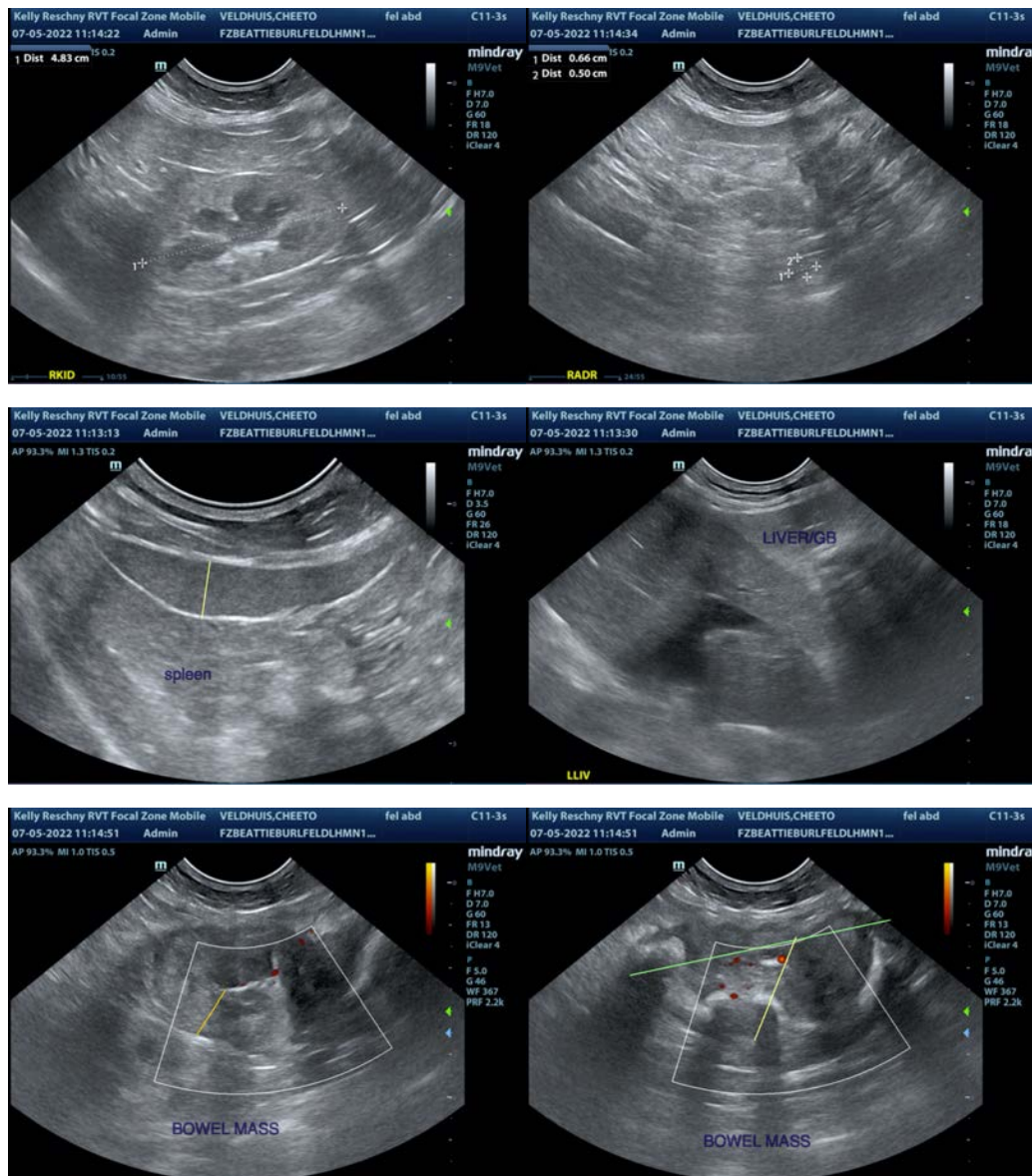
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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