



## PATIENT

CoCo Chambers

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

11.2 Pounds

## INTERPRETED BY

Remo Lobetti BVSc,  
MMedVet, PhD,  
DECVIM

## IMAGING PERFORMED BY

Mack

## HOSPITAL NAME

Northside VC

## REFERRING VET

Dr. Mack

## INVOICE

37344

## DATE

6/4/26

## PRESENTING CLINICAL SIGNS

History: P is on doxycycline and prednisone. Abnormal PE/Chem/CBC/UA Results: RBC 2.15 HCT 10.1 WBC 31.59

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Small urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 3.3 cm. The right kidney measured 3.5 cm.

### *Adrenal Glands*

The adrenal glands were not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

### *Spleen*

Normal size (1.0 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

### *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

### *Gastrointestinal*

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A small amount of ingesta was present within the stomach compatible with a recent meal.

### *Pancreas*

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

### *Free Abdomen*



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Focal prominent lymph node in the region of the spleen, measuring approximately 0.6 cm x 0.7 cm in size, with a hypoechoic appearance and a rounded shape. The rest of the mesenteric lymph nodes are of normal size and appearance.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Focal lymphadenomegaly?

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound, there is no obvious etiology for the severe anemia. The most likely etiology for the focal lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia less likely differential diagnoses. Further assessment that could be considered would be FNA cytology of the focal lymphadenomegaly. Further assessment of the anemia would be screening for vector-borne diseases, FELV/FIV assay, saline agglutination and/or a Coombs test and possibly bone marrow biopsy and cytology. Specific therapy would depend on an etiological diagnosis. Symptomatic management would be to continue with the current therapy.



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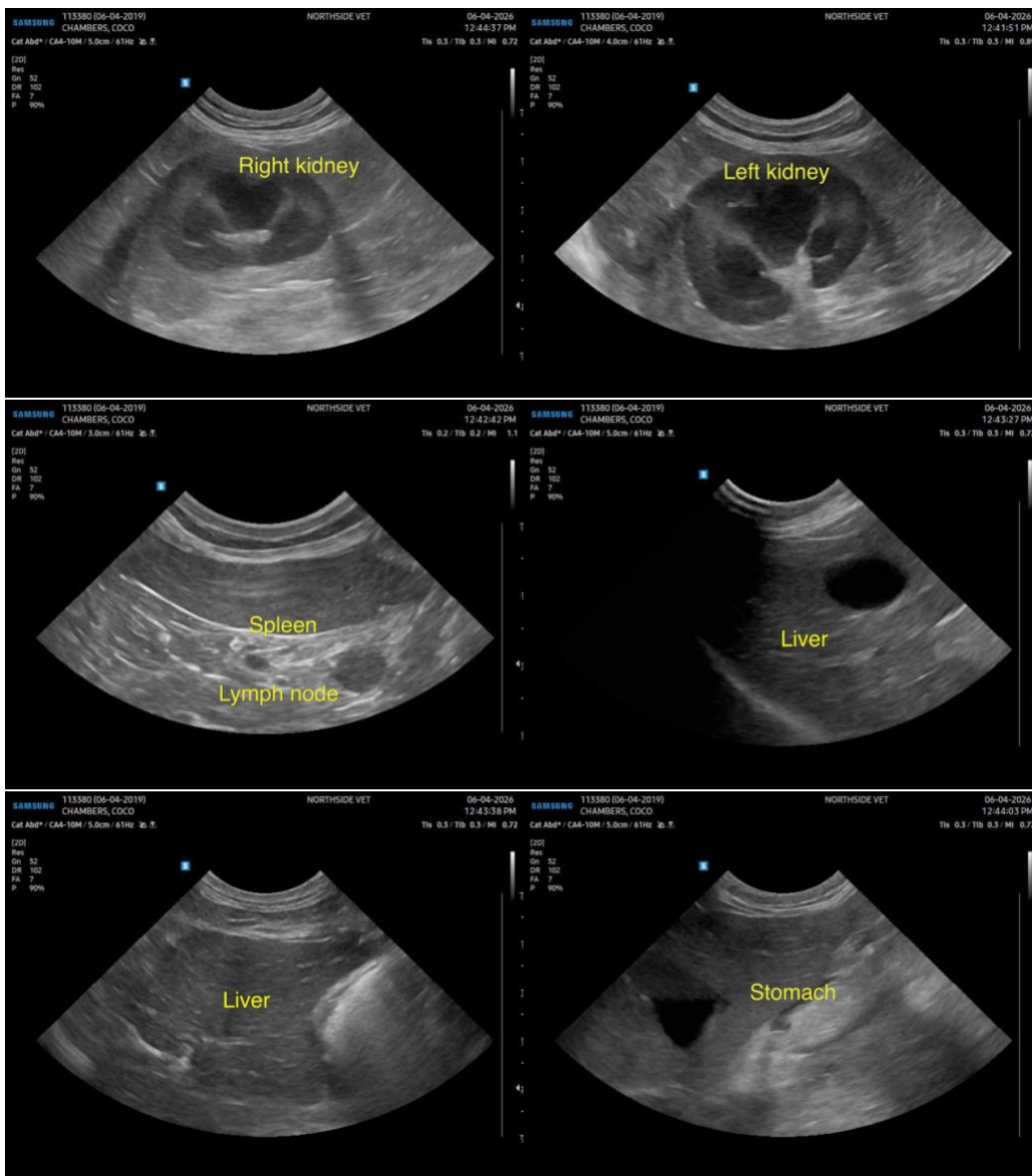
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

[info@sonopath.com](mailto:info@sonopath.com)