



PATIENT

Navami Turner

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12

WEIGHT

4.52

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Morgan, RVT

HOSPITAL NAME

Oxford County
Veterinary Clinic

REFERRING VET

Dr. Paisley Canning

INVOICE

72921

DATE

1/2/26

PRESENTING CLINICAL SIGNS

12 year old FS DSH - IRIS stage 2, m1 non regenerative anemia, grade 3 HM noted in last week, losing weight, not eating, vomiting, highly suspect abdominal neoplasia, fpl WNL, tt4 normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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 (left 3.3 cm, right 3.4 cm), with increased echogenic appearance, some cortico-medullary differentiation, normal pelvis, and an irregular capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Not visualized.

Spleen

Normal size (0.70 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 containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

A focal hypoechogenic small intestinal mass is noted measuring approximately 2.2 cm x 5.4 cm in size. The remainder of the small intestine appears normal. A large amount of chyme is present in loops of small intestine. Normal appearance of the stomach, 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.

Pancreas

Not visualized.



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Free Abdomen

Enlarged mesenteric lymph nodes in the region of the small intestinal mass, measuring approximately 1.4 cm x 1.6 cm in size, with a rounded shape and hypoechogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Regional lymphadenomegaly.
- Renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

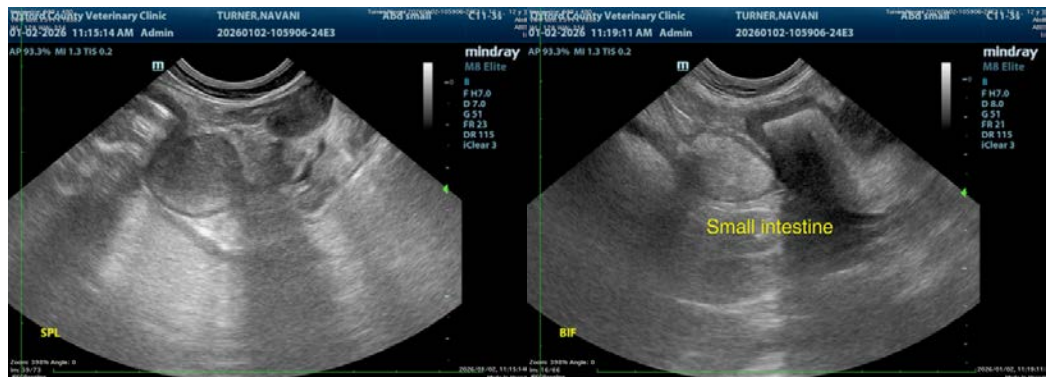
The most likely etiology for the intestinal mass would be neoplasia, with granulomatous disease a less likely differential diagnosis.

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, infiltrative neoplasia, and lymphadenitis.

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patient's history.

Further assessment would include 3-view thoracic radiographs and FNA cytology of the intestinal mass and regional lymph nodes.

A laparotomy should be considered, as it could be both diagnostic and therapeutic, with further specific therapy dependent on an etiological diagnosis.





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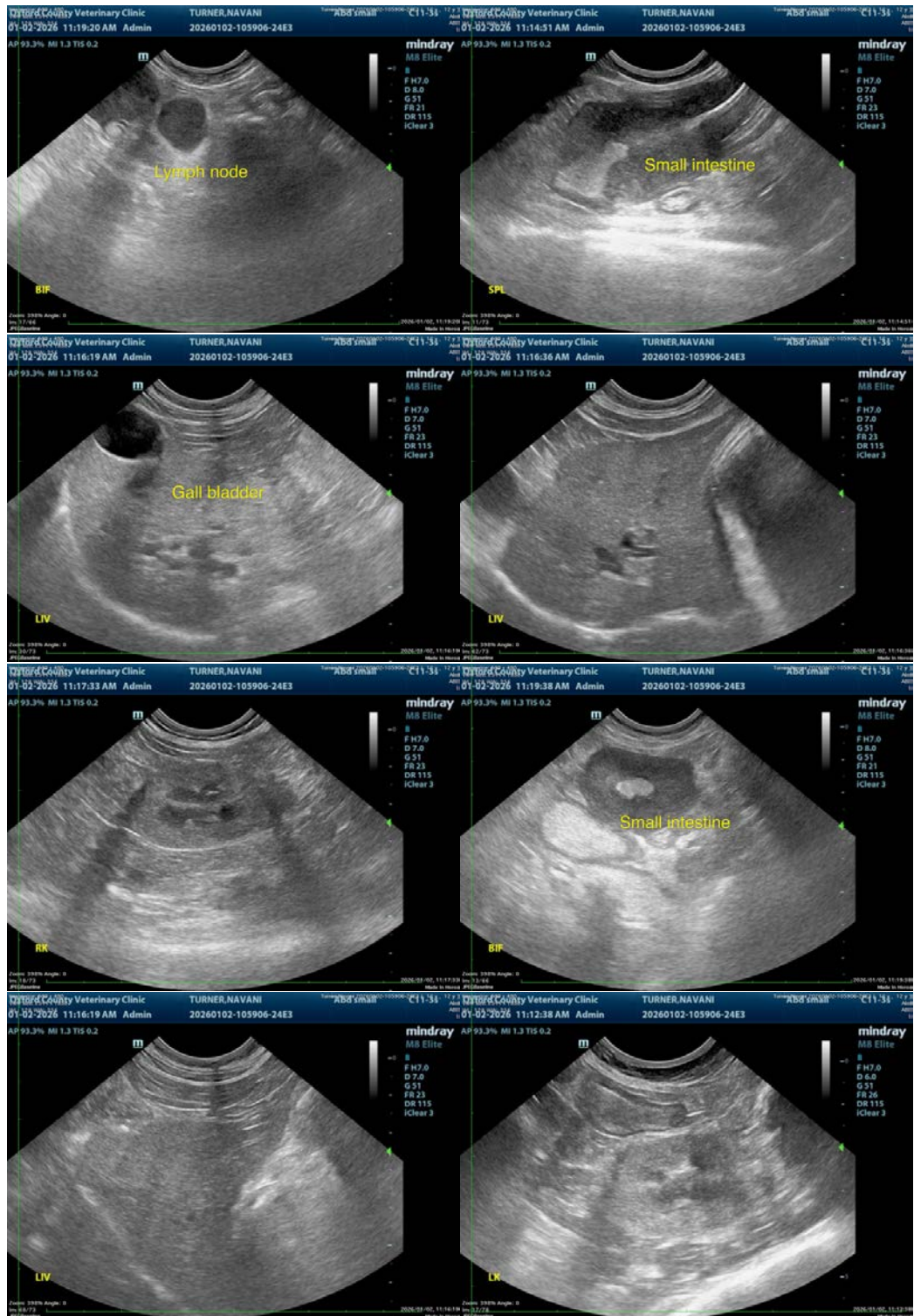
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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