



## PATIENT

Kingsley Schwinof

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Neutered male

## AGE

13 years

## WEIGHT

10.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Laura Klaassen

## HOSPITAL NAME

Animal Care Group of  
Lake Oswego

## REFERRING VET

Dr. Klaassen

## INVOICE

71007

## DATE

1/28/26

## PRESENTING CLINICAL SIGNS

- Continued weight loss starting 8/2025
- Hypertension/stage 2 CKD

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic sediment.

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 measured 4.0 cm, right measured 4.2 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, mild pyelectasia (left worse than right) and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.27 cm in width. The right adrenal gland measured 0.32 cm in width.

### *Spleen*

The spleen is not visualized.

### *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*

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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## *Gastrointestinal*

Normal appearance of the stomach, duodenum, 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. Large, irregular, mottled echogenic, small intestinal mass measuring 2.0 x 3.0 cm in size with a hyperechogenic appearance of the surrounding mesentery and a small amount of fluid accumulation around the mass. The rest of the small intestine is thickened up to 0.35 cm with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

## *Pancreas*

The pancreas is not clearly visualized, but the 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*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Enteropathy.
- Renal disease.
- Urinary bladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the small intestinal mass would be neoplasia, granuloma and possibly focal perforation.

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease and possibly lymphoma.

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

Although the pyelectasia is most likely secondary to the chronic renal changes, underlying low-grade pyelonephritis should be considered.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, hematuria and possibly bacterial cystitis.



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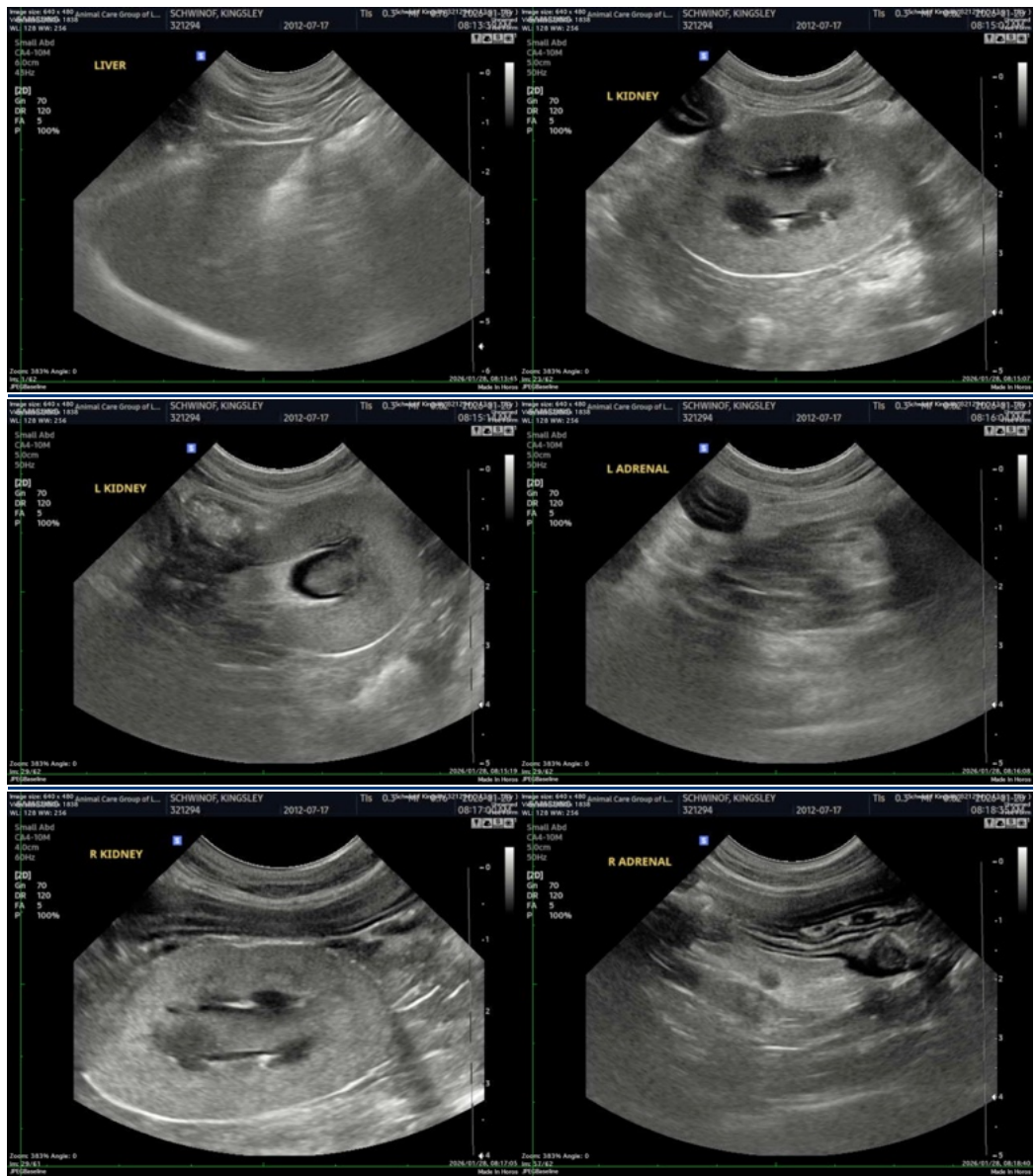
**DATE**

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Further assessment would be urine and fecal analysis, possibly urine culture, three view thoracic radiographs and FNA cytology of the abdominal mass. Cobalamin and folate assay could also be considered.

A laparotomy should be considered as it could be diagnostic and therapeutic as well as allowing for full thickness intestinal biopsies.

Specific therapy would be dependent on an etiological diagnosis.





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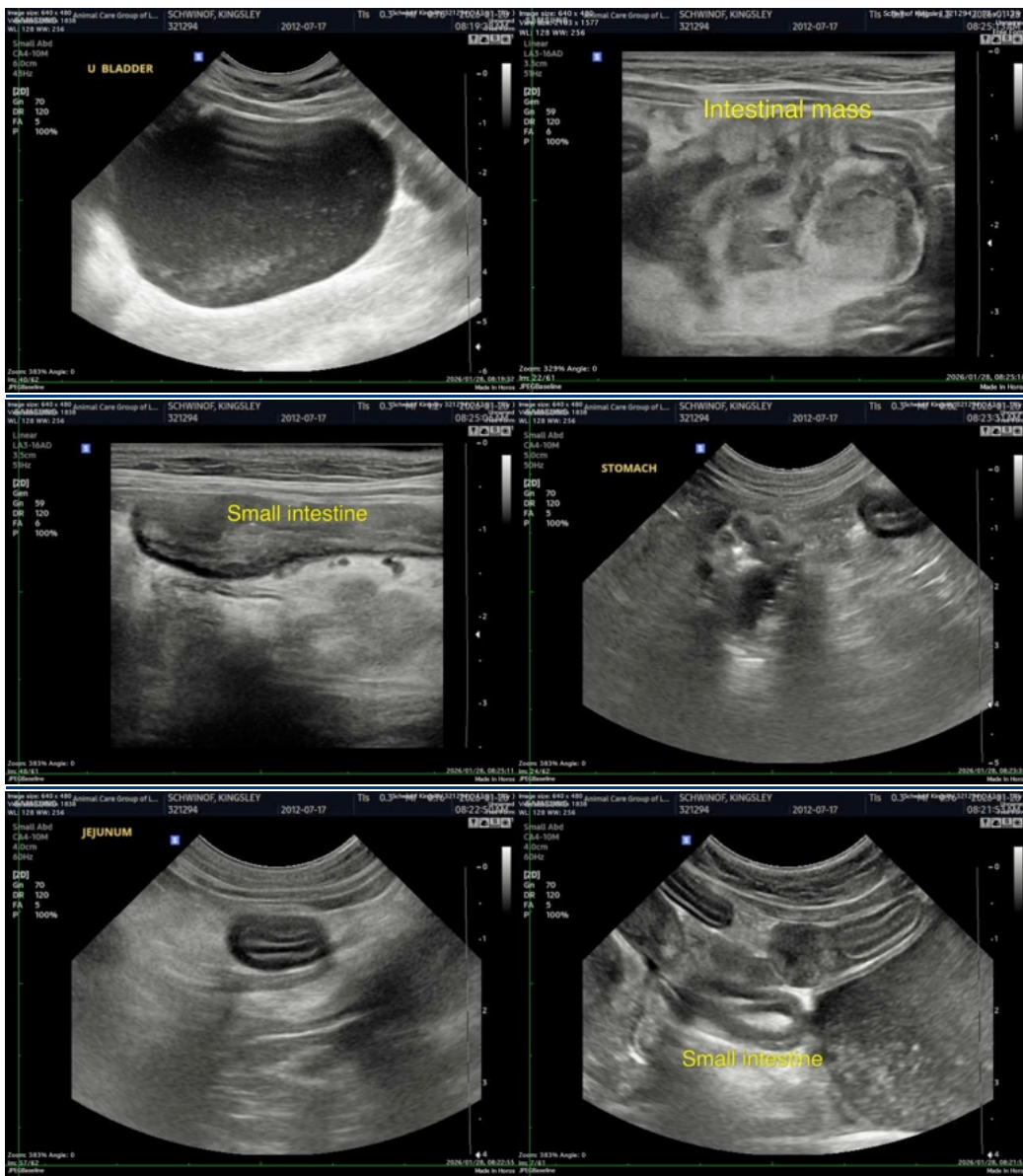
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)