

**PATIENT**

Lexi Green

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Bancroft

HOSPITAL NAME

Mobile Veterinary
Imaging

REFERRING VET

Dr. Rowland

INVOICE

71760

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Recently diagnosed DM History of chronic diarrhea

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Full urinary bladder with a normal thickness (0.20 cm) and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra (0.20 cm), 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. Left kidney measures 4.7 cm. Right kidney measures 4.4 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.46 cm in width. Right measures 0.43 cm in width.

Spleen

Diffusely enlarged (1.2 cm in width) but maintaining a normal echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis 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

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

Gastrointestinal

Thickening of the small intestine noted with no loss of layering but with increase in the muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen. Small intestinal wall measured up to 0.33 cm. Focal irregular hypoechoic mass noted in the colon measuring approximately 1.0 cm in width and 4.0 cm in length. Normal colonic wall measured 0.17 cm. Normal appearance of the stomach, duodenum and ileo-cecal junction with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Stomach wall measured 0.29 cm. Duodenum wall measured 0.32 cm.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Left pancreas measured 1.0 cm in width.



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Free Abdomen

Enlarged mesenteric lymph nodes, maintaining a normal shape, but with a mottled echogenic appearance, measuring up to 0.40 cm x 1.8 cm. Prominent colonic lymph nodes noted with a rounded shape and hypoechoogenic appearance, measuring 0.70 cm and 0.80 cm in width.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Colonic mass.
- Splenomegaly.
- Mesenteric lymphadenomegaly.
- Enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

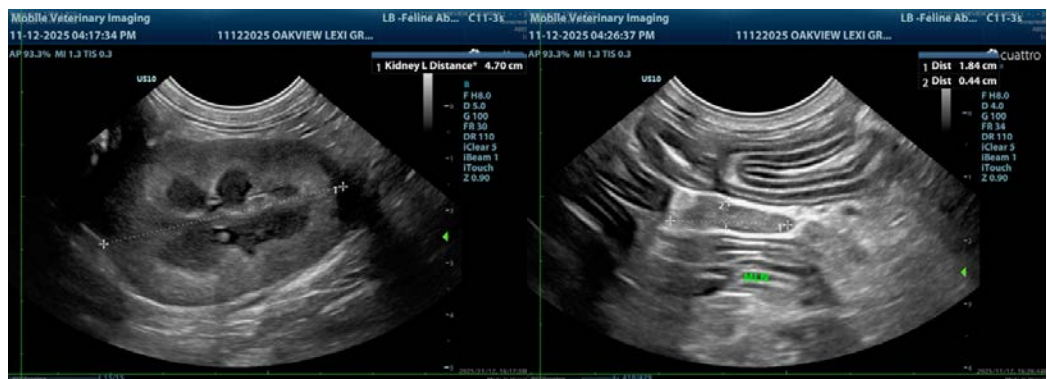
The most likely etiology for the colonic mass would be neoplasia, with granulomatous disease being a less likely differential diagnosis.

Etiologies for the splenomegaly and the lymphadenomegaly would be reactive hyperplasia, infiltrative neoplasia, and splenitis/lymphadenitis.

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

Further assessment would include fecal analysis, 3-view thoracic radiographs, cobalamin and folate assay, and FNA cytology of the spleen, colonic mass, and lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.





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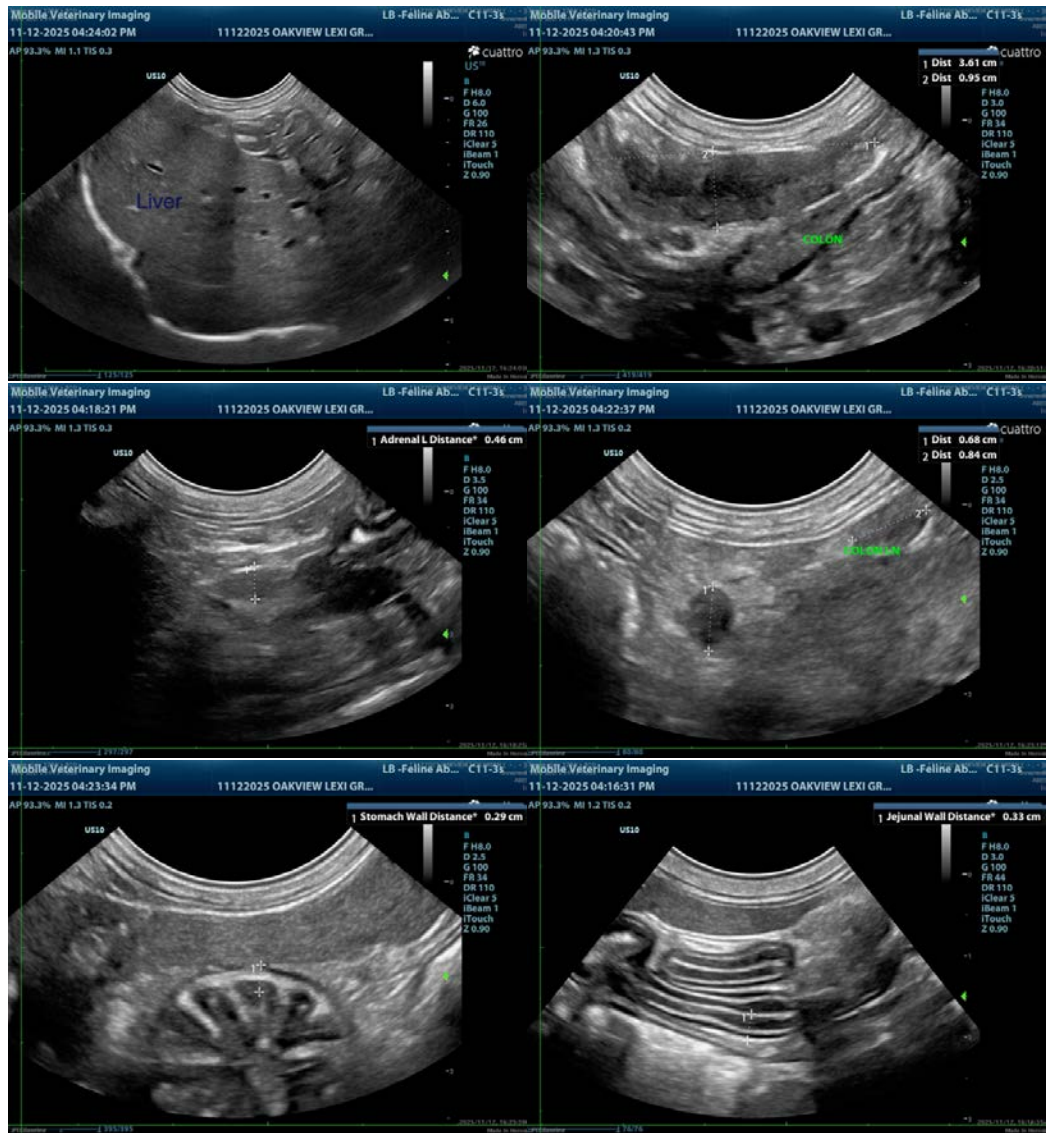
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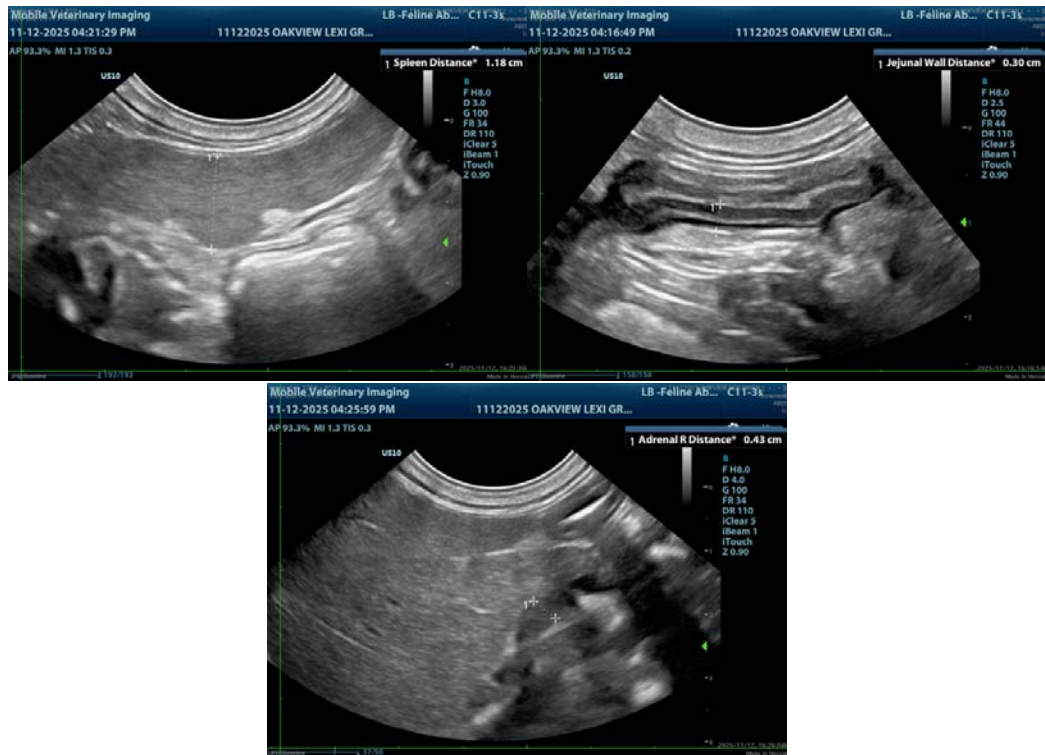
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com