



## PATIENT

Kooki Watts

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

15 Years

## WEIGHT

9.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

John Ammeraal

## HOSPITAL NAME

Sova Animal Hospital

## REFERRING VET

Dr. Victoria Dodson

## INVOICE

72046

## DATE

11/21/25

## PRESENTING CLINICAL SIGNS

Presented for large bleeding dermal mass on inner thigh 1 week ago, no other CS. Palpated large caudal abdominal mass.

Abnormal PE/Chem/CBC/UA Results: CBC - hct 25% (L), moderate anisocytosis, slight poikilocytosis and polychromasia; lymphs 940 (L) Chem - BUN 43 (H), creat 1.9, Na 160 (H), chol 71 (L) T4 1.4 UA - SG 1.017 (cysto)

## 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 left 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.

Large, irregular right kidney with an increased echogenic appearance, loss of corticomedullary differentiation, and a cystic appearance, and an irregular capsule. The pelvis is not visualized. No infarcts, mineralization, or renoliths evident. The right kidney measured 4.0 cm.

### Adrenal Glands

The left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.08 cm in length x 0.54 cm and 0.42 cm in width.

The right adrenal gland is enlarged, measuring 1.74 cm in length x 0.79 cm and 0.90 cm in width, but maintaining a normal echogenic appearance, shape, and appearance of the perirenal vasculature.

### Spleen

Normal size (0.80 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. Dilated cystic bile duct measuring 0.40 cm in diameter with no obvious obstruction evident.



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## *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.

## *Pancreas*

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## *Free Abdomen*

Enlarged mesenteric lymph nodes measuring up to 1.0 cm x 1.8 cm in size, with a hypoechoic appearance and a rounded shape.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Right nephropathy.
- Mesenteric lymphadenomegaly.
- Right adrenomegaly.
- Dilated cystic bile duct.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the right kidney would be cystic kidney disease, neoplasia, and possibly granulomatous disease.

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

The right adrenomegaly is likely an incidental reactive hyperplasia.

The dilated cystic bile duct can be considered an incidental finding.

Further assessment would be 3-view thoracic radiographs and FNA cytology of the right kidney and mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.

Right-sided nephrectomy could be considered.



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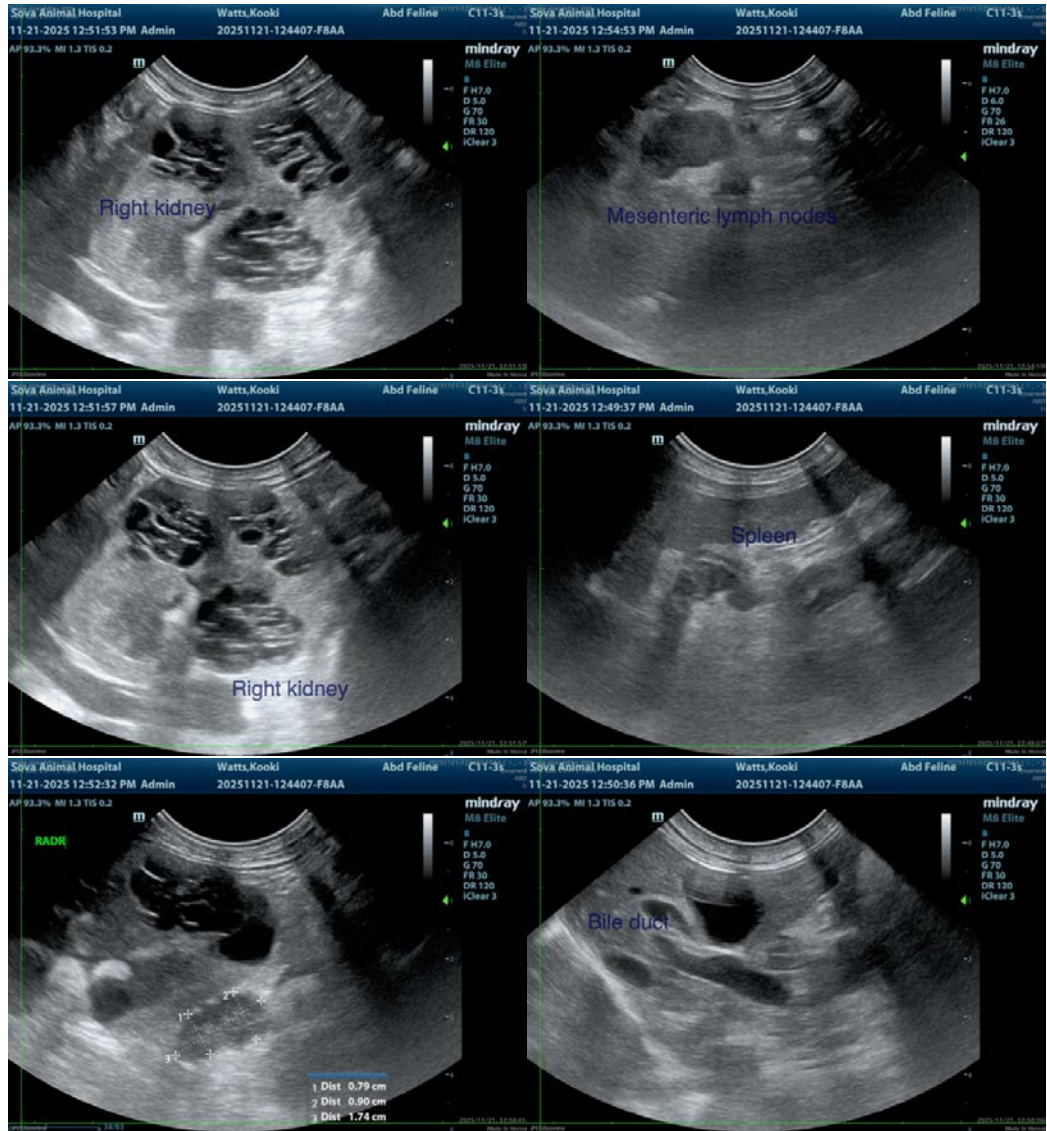
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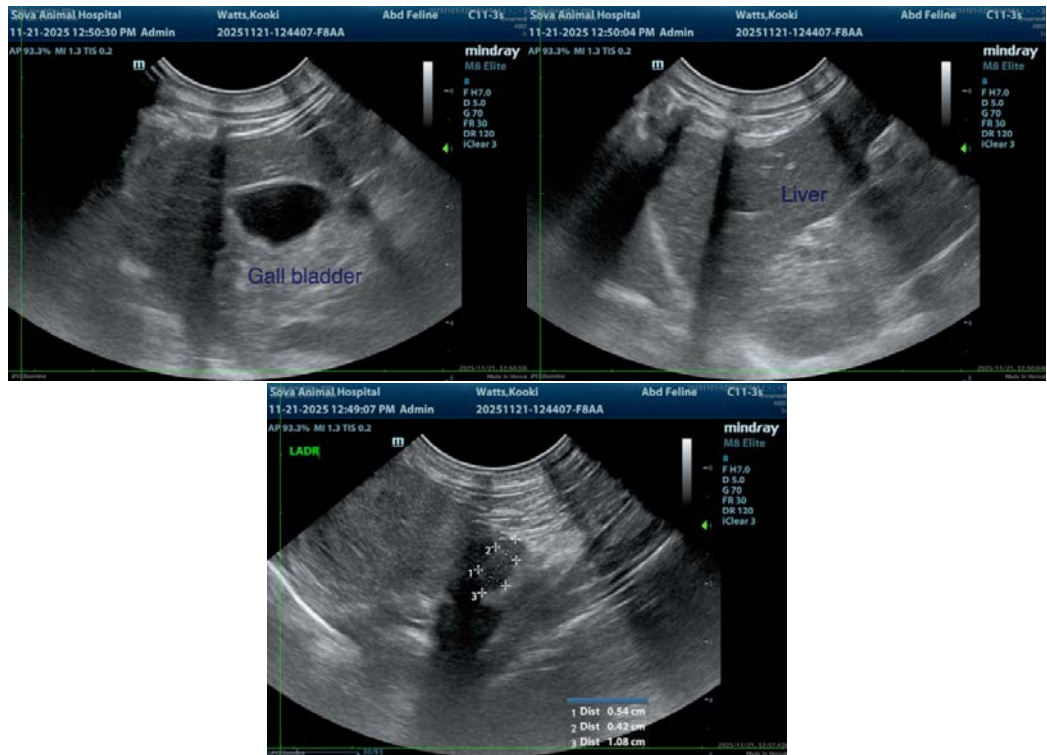
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)