



## PATIENT

Mittzer Van Tassel

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

7.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Nicole Hession

## HOSPITAL NAME

Sanlando Springs  
Animal Hospital

## REFERRING VET

Dr. Martinez

## INVOICE

72052

## DATE

11/21/25

## PRESENTING CLINICAL SIGNS

Presented for weight loss despite normal appetite. Pet had AUS last year w/ Sonoflo that showed GI changes and enlarged mesenteric LN. O would like to recheck.

Abnormal PE/Chem/CBC/UA Results: FNA of mesenteric lymph node taken today-pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

Normal appearance of the trigone area, proximal urethra (0.30 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, with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts or renoliths evident. Bilateral pinpoint mineralization evident. Left kidney measured 3.4 cm. Right kidney measured 3.3 cm.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measured 0.28 cm and 0.28 cm in width. Right measured 0.35 cm and 0.35 cm in width.

### Spleen

Normal size (0.90 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

Small containing a small amount of non-adhered hyperechogenic sediment. Thickened and hyperechogenic appearance of the wall (0.30 cm). Normal size and appearance of the cystic and common bile duct. Bile duct measured 0.30 cm in diameter.

### Gastrointestinal

Normal thickness of the small intestine with no loss of layering, but with segmental increase in the muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen. 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. Stomach wall measured 0.20 cm. Duodenum wall measured up to 0.37 cm. Jejunum wall measured up to 0.31 cm. Colon wall measured 0.13 cm.



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## Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Left pancreas measured 1.1 cm in width. Right pancreas measured 0.70 cm in width.

## Free Abdomen

Enlarged mesenteric lymph nodes, measuring up to 0.70 cm x 2.5 cm in size, with a hyperechogenic appearance but maintaining a normal shape. FNA taken of a mesenteric lymph node with no obvious post-aspirate hemorrhage evident.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.
- Age related renal changes versus early chronic kidney disease.
- Previous cholecystitis.
- Urinary bladder sediment.

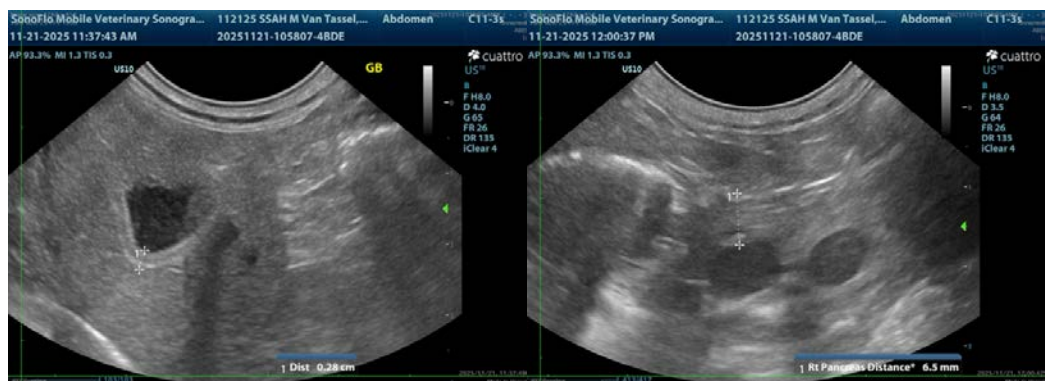
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease, with emerging neoplasia such as a lymphoma being a less likely differential diagnosis.

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

The most likely etiology for the urinary bladder sediment would be incidental debris, with crystalluria and bacterial cystitis being less likely differential diagnoses.

Further assessment and therapy need to be based on the pending cytology results, but include urine and fecal analyses, possibly urine culture, cobalamin and folate assay, and endoscopy of the upper GI tract with biopsies.





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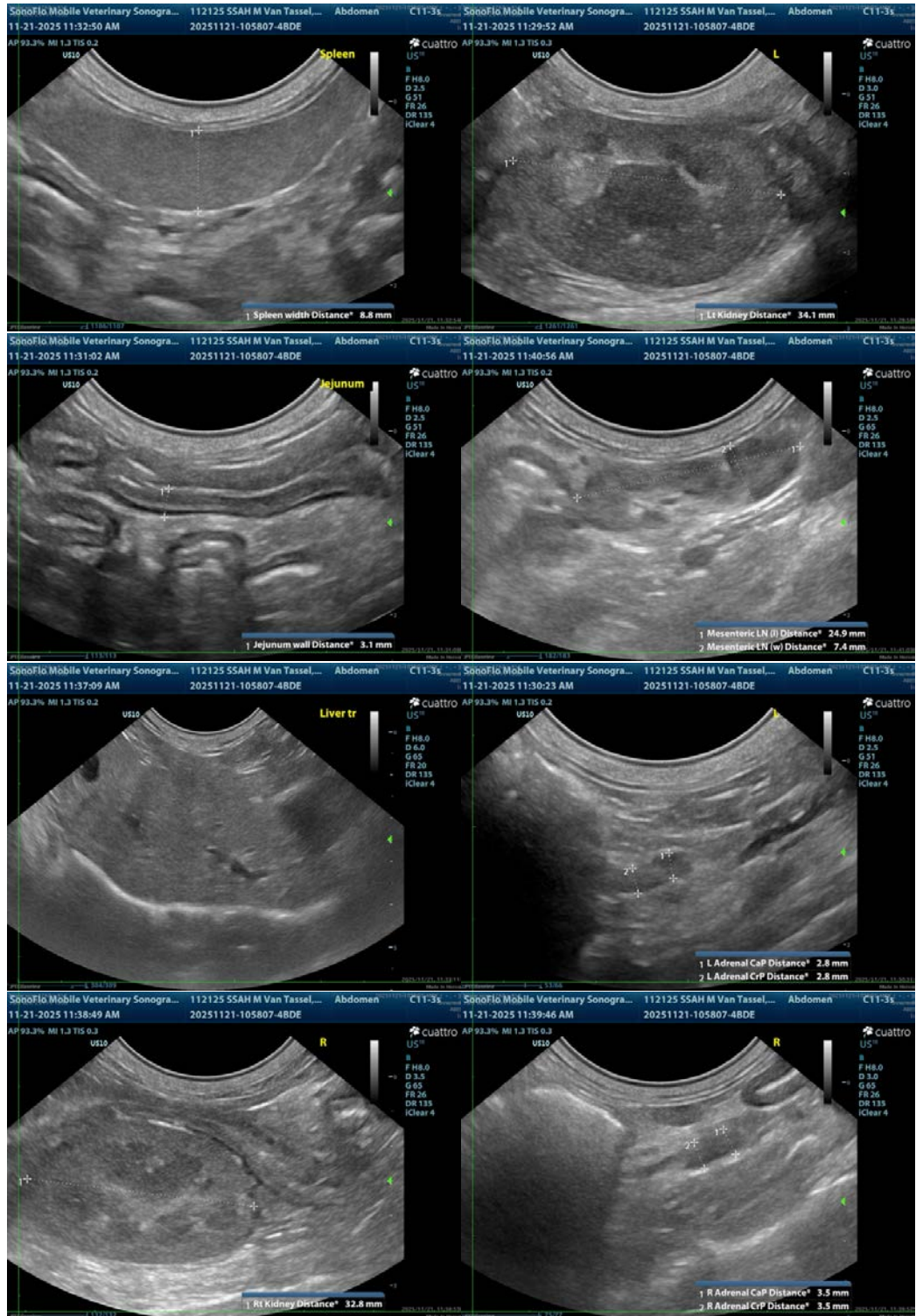
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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