



PATIENT

Cooper Gravanese

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5 Years 4 Months

WEIGHT

17.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

Dr. Stranzl

INVOICE

35586

DATE

11/22/25

PRESENTING CLINICAL SIGNS

History of chronic diarrhea starting mid-June 2025, positive for clostridium and coronavirus, diarrhea resolved with second round of metronidazole treatment. Patient then began vomiting 3 days ago, also has decreased appetite. Painful on abdominal palpation. Mass in caudal abdomen.

Abnormal PE/Chem/CBC/UA Results: SDMA 15, ALT 157, pancreatic lipase 4.5 - rest of bloodwork unremarkable, T4 normal, proBNP 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 4.2 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

Normal size (0.8 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 gallbladder, 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 moderate amount of ingesta was present within the stomach, most likely compatible with a recent meal. Normal appearance of the 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. A focal hypoechogenic small intestinal mass was noted, measuring approximately 1.4 cm x 2.0 cm in size with no luminal obstruction evident. The remainder of the small intestine is of normal thickness with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen.



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Pancreas

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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.

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Free Abdomen

Normal mesenteric lymph nodes.

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No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass
- Enteropathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the intestinal mass would be neoplasia, with granulomatous disease and focal perforation less likely differential diagnoses. Etiologies for the enteropathy would be dietary hypersensitivity, parasitic enteritis, inflammatory bowel disease, and possibly emerging lymphoma.

WEIGHT

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Further assessment would be fecal analysis, cobalamin and folate assay, three view thoracic radiographs, and FNA cytology of the intestinal mass. A laparotomy should be considered as it could be both diagnostic and therapeutic, as well as allowing for full intestinal thickness biopsies.

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Further specific therapy would be dependent on an etiological diagnosis.

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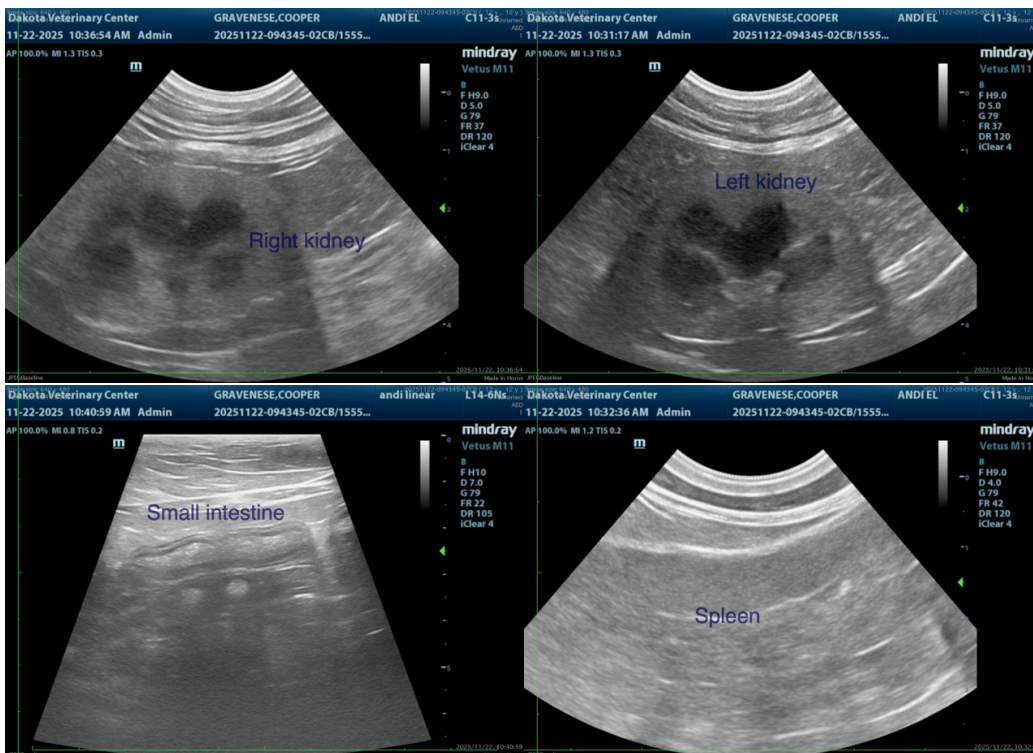
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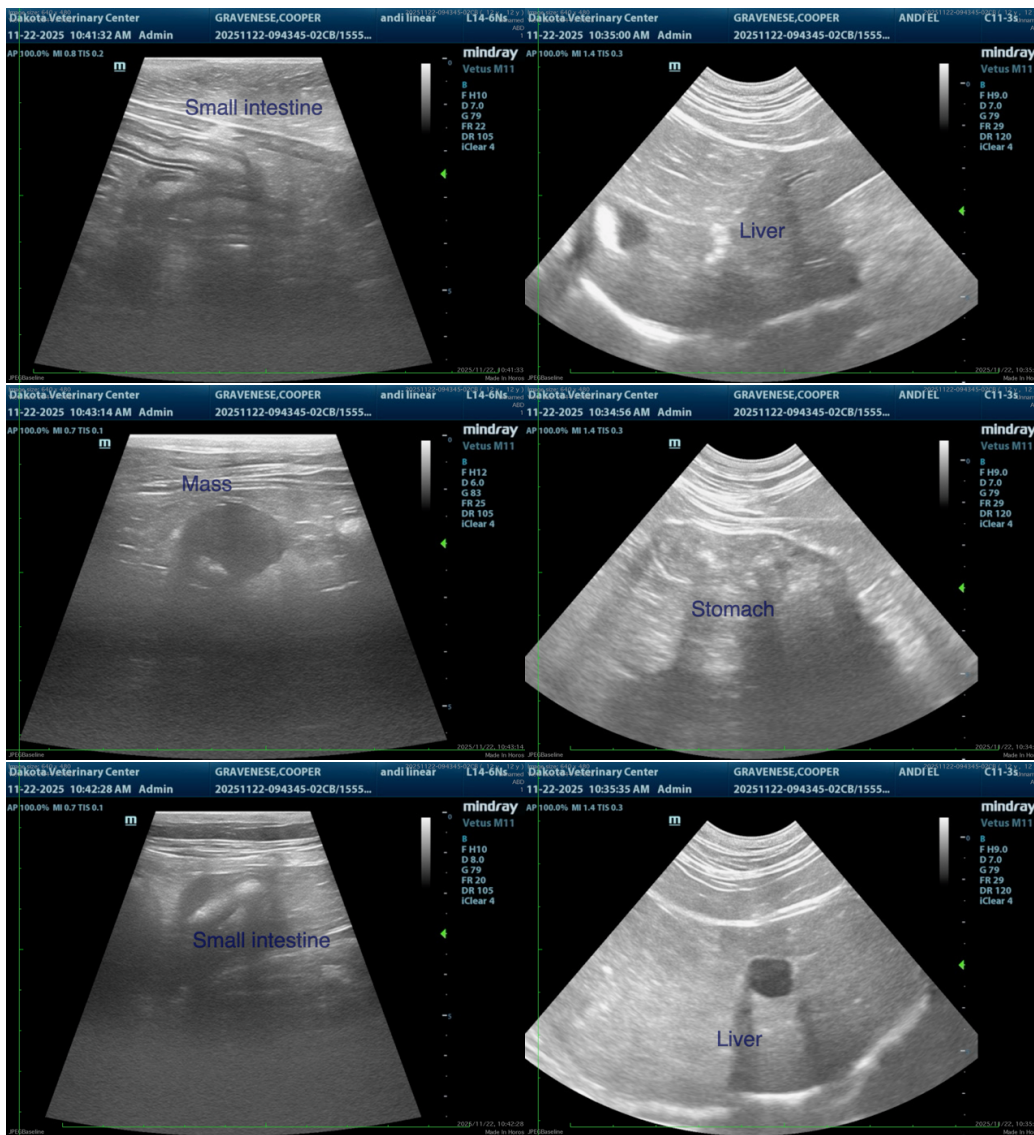
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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