



## PATIENT

Toonces Holland

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

13 years

## WEIGHT

12.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mary Pearce

## HOSPITAL NAME

Chambersburg Animal  
Hospital

## REFERRING VET

Dr. Mary Pearce

## INVOICE

10700

## DATE

11/7/2025

## PRESENTING CLINICAL SIGNS

O noticed she was defecating small, thin amounts on Sunday (about 5d duration of symptoms). On Wednesday, noticed stool was very soft. Small amount of blood Thursday morning. Normal bowel movement this morning - small than usual but normal consistency. She has been scratching in the litter box for extended periods without producing stool and has been observed posturing to defecate rather than urinate. Recent stool observations include thin, narrow feces with mucus and a normal-looking piece noted this morning. She drinks and urinates frequently but this is historic for her. Otherwise eating well, no vomiting. Previous hx periodontal disease, otherwise no concerns.

Abnormal PE/Chem/CBC/UA Results: PE: Rounded abdomen, BCS 7/9. No obvious masses palpable. Radiographs: Thoracic structures unremarkable. Increased soft tissue opacity in caudal abdomen, caudal to bladder and cannot readily visualize the margins of the colon. Attached radiographs for reference. Rectal exam when sedated, found no obvious lesions along path of rectum/colon, however palpable subiliac LN enlargement noted with right larger than left. CBC normal. Pending FNA of abnormal colon region, chem/lytes, and urinalysis.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder containing moderate amount of floating hyperechogenic sediment with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Enlarged iliac lymph nodes, measuring approximately 0.3 cm x 1.1 cm in size, maintaining normal shape and echogenic appearance. 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 3.8 cm, and the right kidney measures 4.4 cm.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measures 0.29 cm and 0.36 cm in width. Right adrenal gland measures 0.46 cm in width.

### Spleen

Normal size 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. The spleen measures 0.8 cm in width.

### 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



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

### **Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, 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. Large, irregular, mottled echogenic mass in the transverse colon, measuring approximately 1.3 cm x 2.7 cm in size. Hyperechogenic appearance of the surrounding mesentery. FNA taken on the mass.

### **Pancreas**

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

### **Free Abdomen**

Normal mesenteric lymph nodes.

No ascites evident.

### **ULTRASONOGRAPHIC FINDINGS**

- Colonic mass.
- Iliac lymphadenomegaly.
- Urinary bladder sediment.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

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

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

Further assessment and therapy needs to be based on the pending results.



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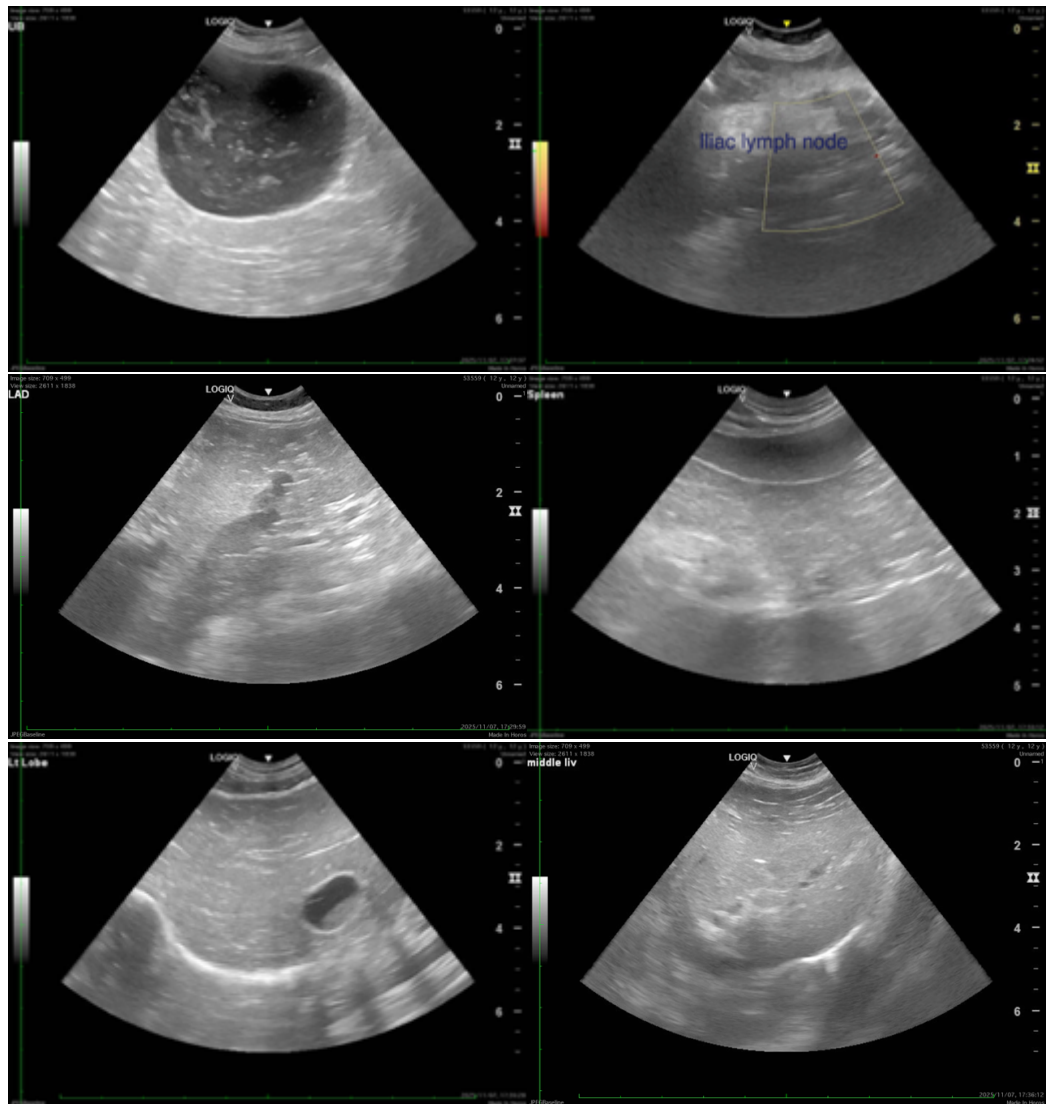
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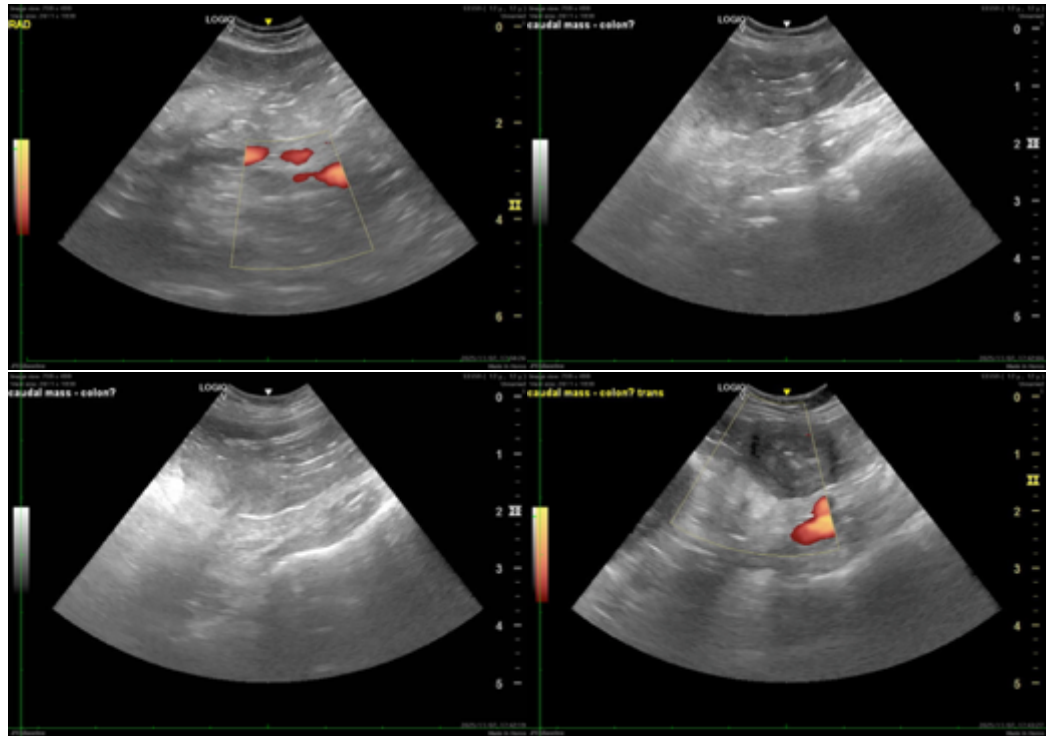
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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