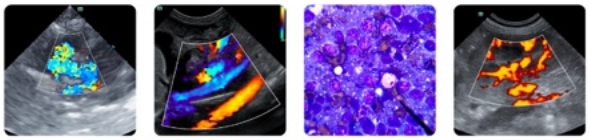


PATIENT

Tigger Blake

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

17 years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Williams

INVOICE

69222

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Tigger, 17.5 yr MN DSH, presented for evaluation of weight loss, decreased appetite and thirst for past few weeks. Weaker in past few weeks. Historical vomiting that occurred a few weeks ago and has since resolved, believed to be related to eating too fast. Approximately 5 lb gradual weight loss since May 2025. On PE, P had moderate dental disease, otherwise quiet PE with decreased ROM. Responded well to appetite stimulant and cerenia. BW results from11/24/25listed below. At drop off for ultrasound, O mentioned patient now PU/PD and seeing some bloody mucus with his stool. Patient has continued weight loss despite appetite stimulant.
Abnormal PE/Chem/CBC/UA Results: 11/24/25: Neutrophils: 77 (35-75) Eosinophils: 1 (2-12) Absolute Neutrophils: 12166 (2500-8500) HCT: 34% Chemistry: Globulins: 5.5 (2.3-5.3) BUN: 29 (14-36) Creatinine: 2.4 (0.6-2.4) SDMA: 15.7 Cholesterol: 229 (75-220) Amylase 1473 (100-1200) Thyroid NSF UAA overall unremarkable, culture negative Spot BG on 12/2/25 is normal at 123

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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.

Enlarged iliac lymph nodes one measured 1.2 x 1.8 cm in size and the other measured 1.6 x 2.0 cm in size with a rounded shape and hypoechogenic appearance. Hyperechogenic appearance of the mesentery surrounding the lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.4 cm, right measured 4.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

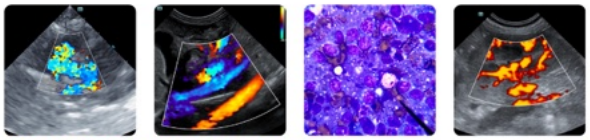
The adrenal glands are not visualized.

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 measured 0.7 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.



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Gallbladder

The gallbladder is 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

Normal appearance of the stomach, 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. Focal, small intestinal mass with a hypoechogenic appearance measuring 0.8 x 2.2 cm in size with no luminal obstruction evident. The rest of the small intestine had no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The 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.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.7 x 1.7 cm in size with a hypoechogenic appearance, but maintained a normal shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Iliac and mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the small intestinal mass would be neoplasia, granuloma and possibly focal perforation.

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

Further assessment would be three view thoracic radiographs and FNA cytology of the small intestinal mass, iliac lymph nodes and mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.

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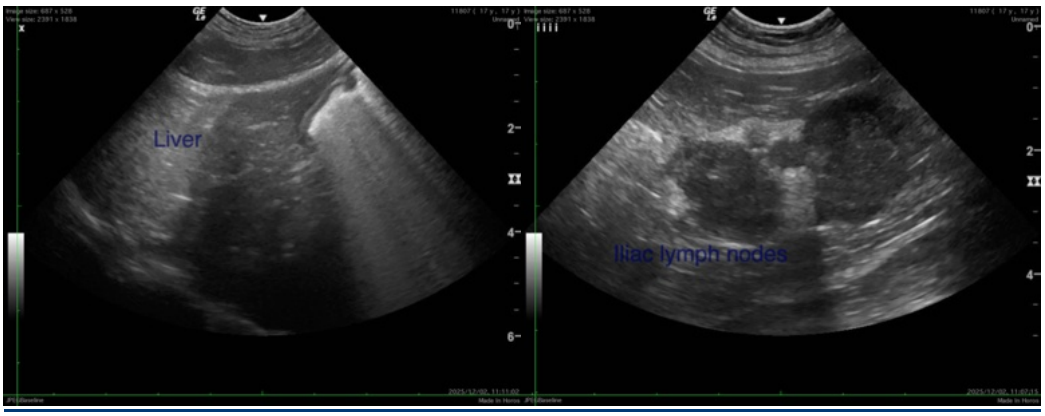

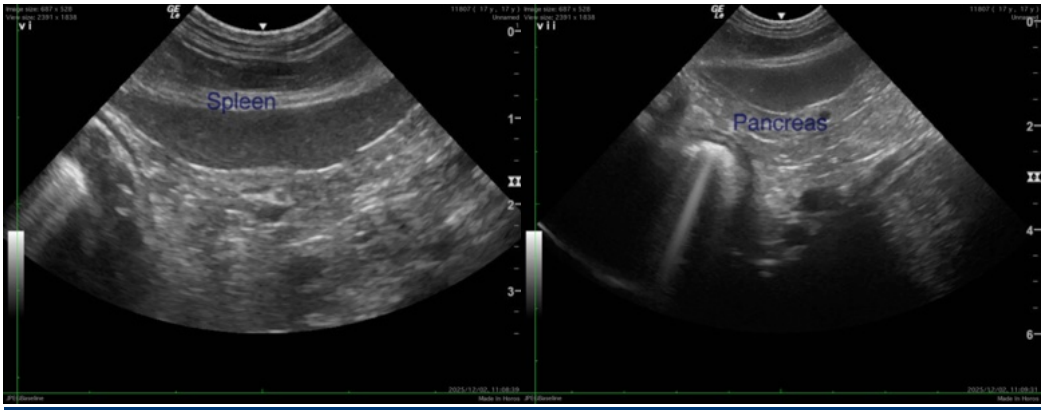

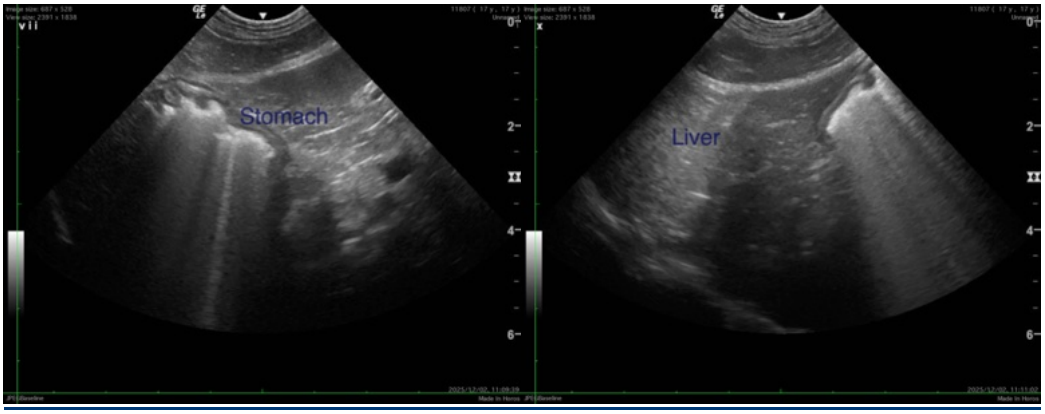

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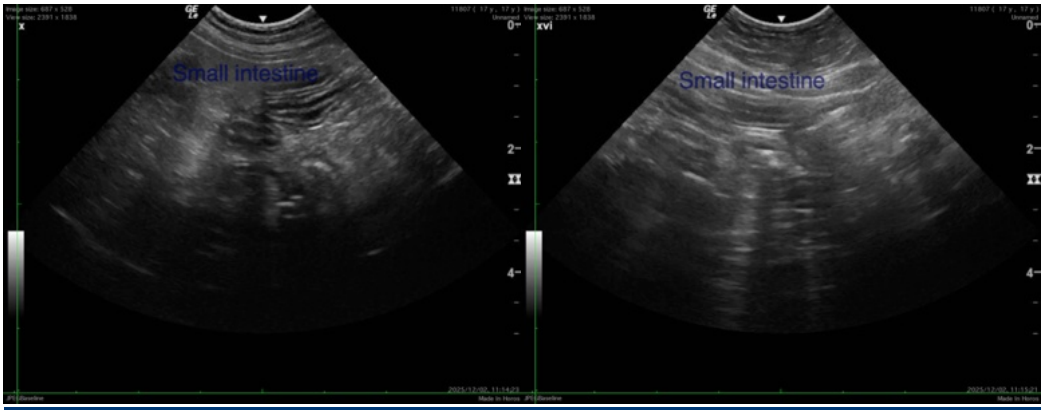

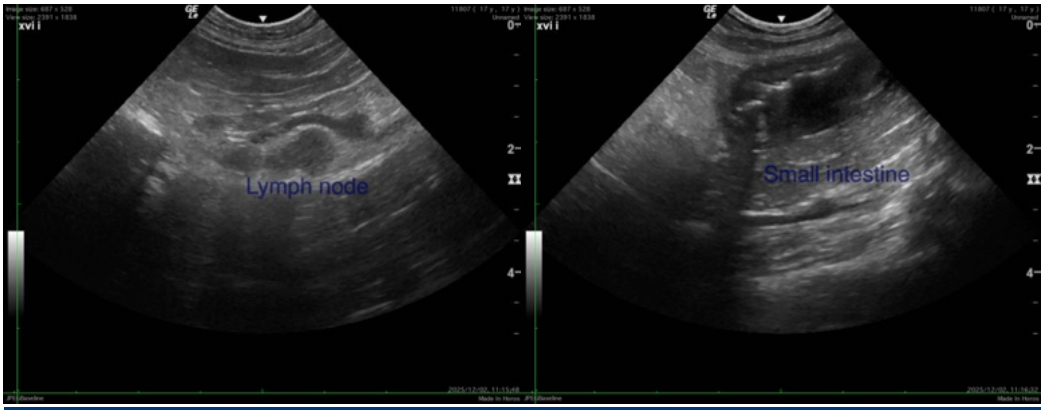

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com