



PATIENT

Annie Thomas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

11.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Bunn

INVOICE

71487

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- Pt presents for several month history of progressively worse diarrhea/liquid stool. No weight loss or changes to appetite noted.
- No diet change - Friskies
- No medications
- Pt did require dexmedetomidine/butorphanol combo for imaging
- PE: BCS 5/9, limited minutes Fecal: negative No other labwork performed. Last labwork (Oct 2025) - CBC/Chem/T4/UA/Fecal/HWT - WNL/NSF

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.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.2 cm, right measured 3.7 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.06 cm in length x 0.43 cm and 0.47 cm in width. The right adrenal gland measured 1.32 cm in length x 0.24 cm and 0.44 cm in width. .

Spleen

The spleen is enlarged and measured 1.2 cm in width, but maintained a normal echogenic appearance, smooth homogenous parenchyma and a 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.



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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, 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.

Thickening of the duodenum and small intestine (up to 0.35 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Focal, irregular, hypoechoic thickening of a loop of small intestine measuring 0.6 x 1.3 cm in size. No luminal obstruction is evident. A moderate amount of ingesta is present in the stomach compatible with a recent meal.

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

Normal mesenteric lymph nodes.

No ascites evident.

Irregular, mottled echogenic, poorly vascularized cystic mass in the midabdomen measuring 2.0 x 2.5 cm l size with possible organs of origin being lymph node and mesentery.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Small intestinal mass.
- Enteropathy.
- Abdominal cystic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenomegaly would be reactive hyperplasia, splenitis and infiltrative neoplasia.

Etiologies for the small intestinal mass would be neoplasia and granuloma.

Etiologies for the enteropathy would be dietary hypersensitivity, inflammatory bowel disease and emerging lymphoma.

Etiologies for the cystic mass would be granuloma and neoplasia.



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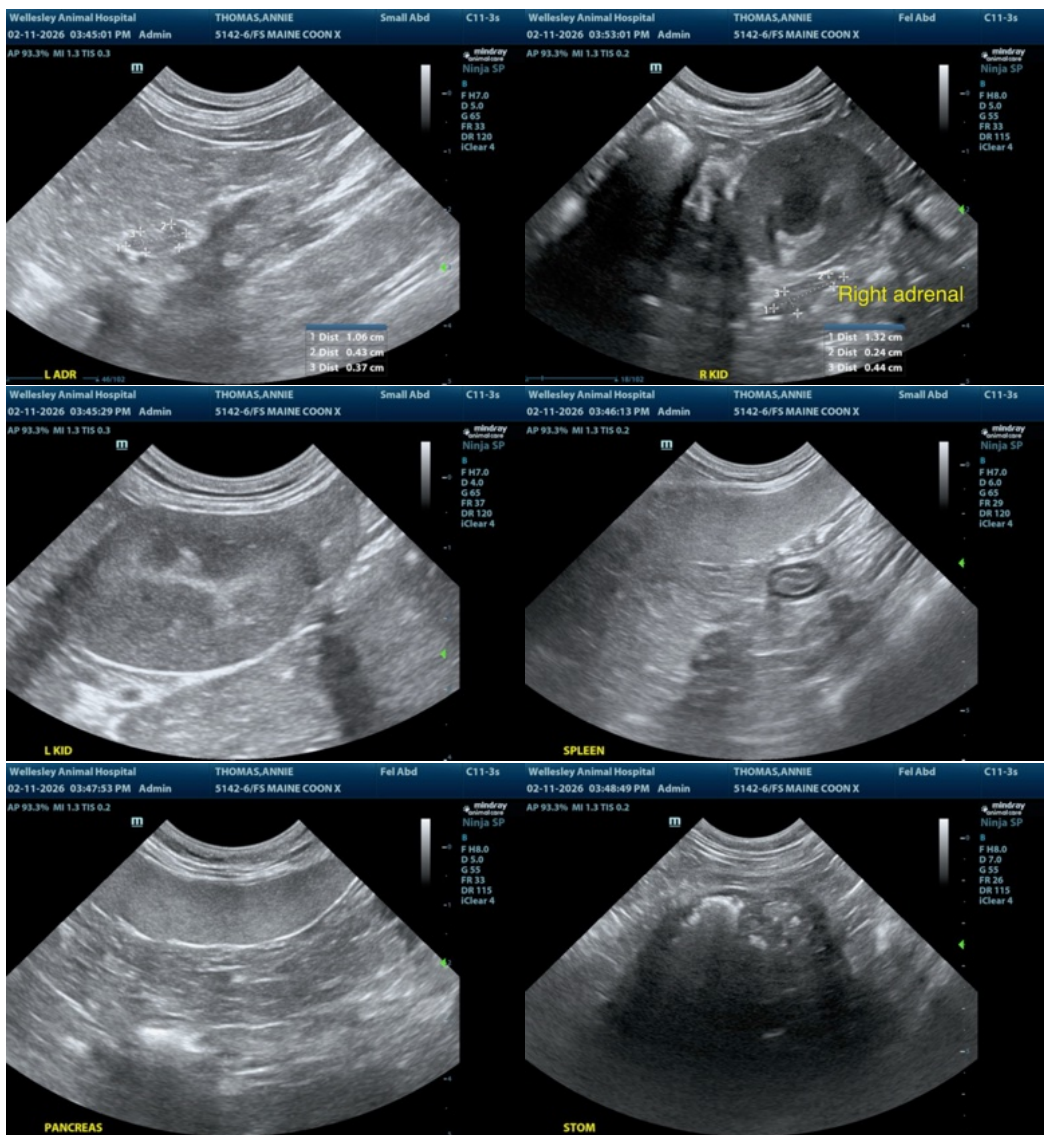
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Further assessment would be three view thoracic radiographs, FNA cytology of the small intestinal mass and cystic abdominal mass and possibly endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.





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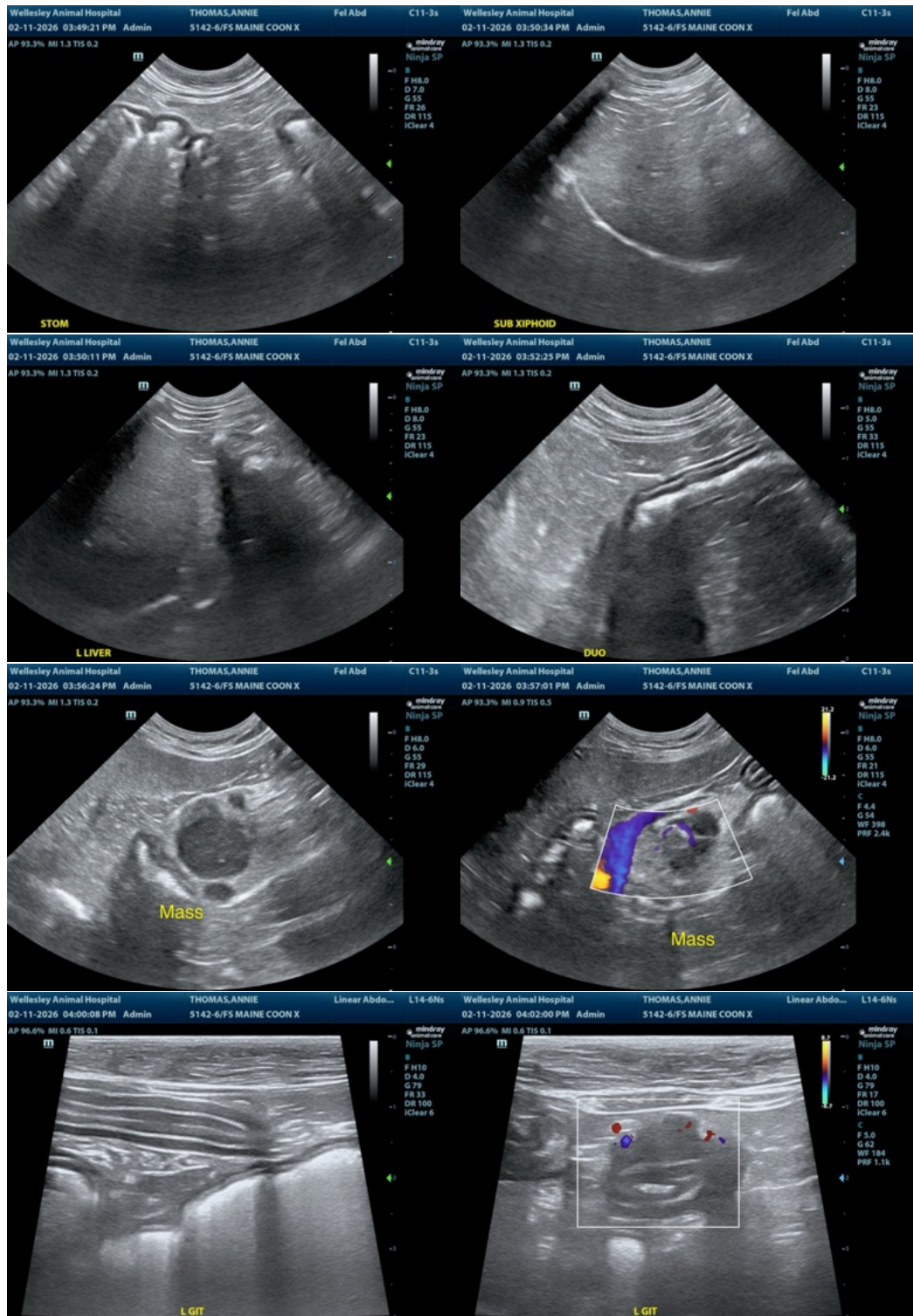
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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