

PATIENT

Penelope Lach

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

8.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

71636

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Weight loss, decreased appetite. ^ALT. Evaluate abdomen for neoplasia. Labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small almost empty with a normal thickness and smooth appearance of the wall. The bladder wall measured 0.1 cm. 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 3.5 cm. The right kidney measured 3.6 cm. 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. The left adrenal gland measured 0.6 cm in width. The right adrenal gland measured 0.85 cm in length x 0.33 cm in width.

Spleen

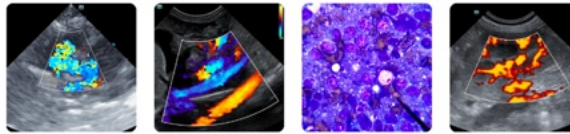
The spleen is diffusely enlarged measuring 1.3 cm in width with a hypoechoic and fine nodular appearance along with a scalloped appearance of the capsule. The nodules are small, diffuse, and hypoechoic. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, 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

The gallbladder is double containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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. Normal thickness of the small intestine (up to 0.3 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.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.7 cm in width. The visible pancreatic duct measured 0.1 cm in diameter.

Free Abdomen

Prominent appearance of the mesenteric lymph nodes measuring approximately 0.5 cm in size with a rounded shape and hypoechogenic appearance.

A small amount of acellular ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Nodular splenomegaly.
- Mesenteric lymphadenopathy.
- Double gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma an important differential diagnosis.

Etiologies for the splenomegaly would be splenitis and infiltrative neoplasia.

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

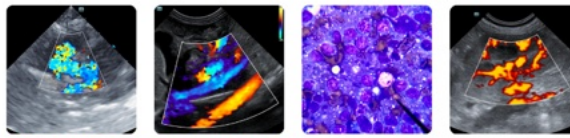
The double gallbladder can be considered an incidental congenital anomaly.

With the appearance of the small intestine, spleen and mesenteric lymph nodes lymphoma is an important consideration for this patient.

Initial further assessment would be fecal analysis, FeLV/FIV assay and FNA cytology of the spleen and mesenteric lymph nodes.

Additional diagnostics would be endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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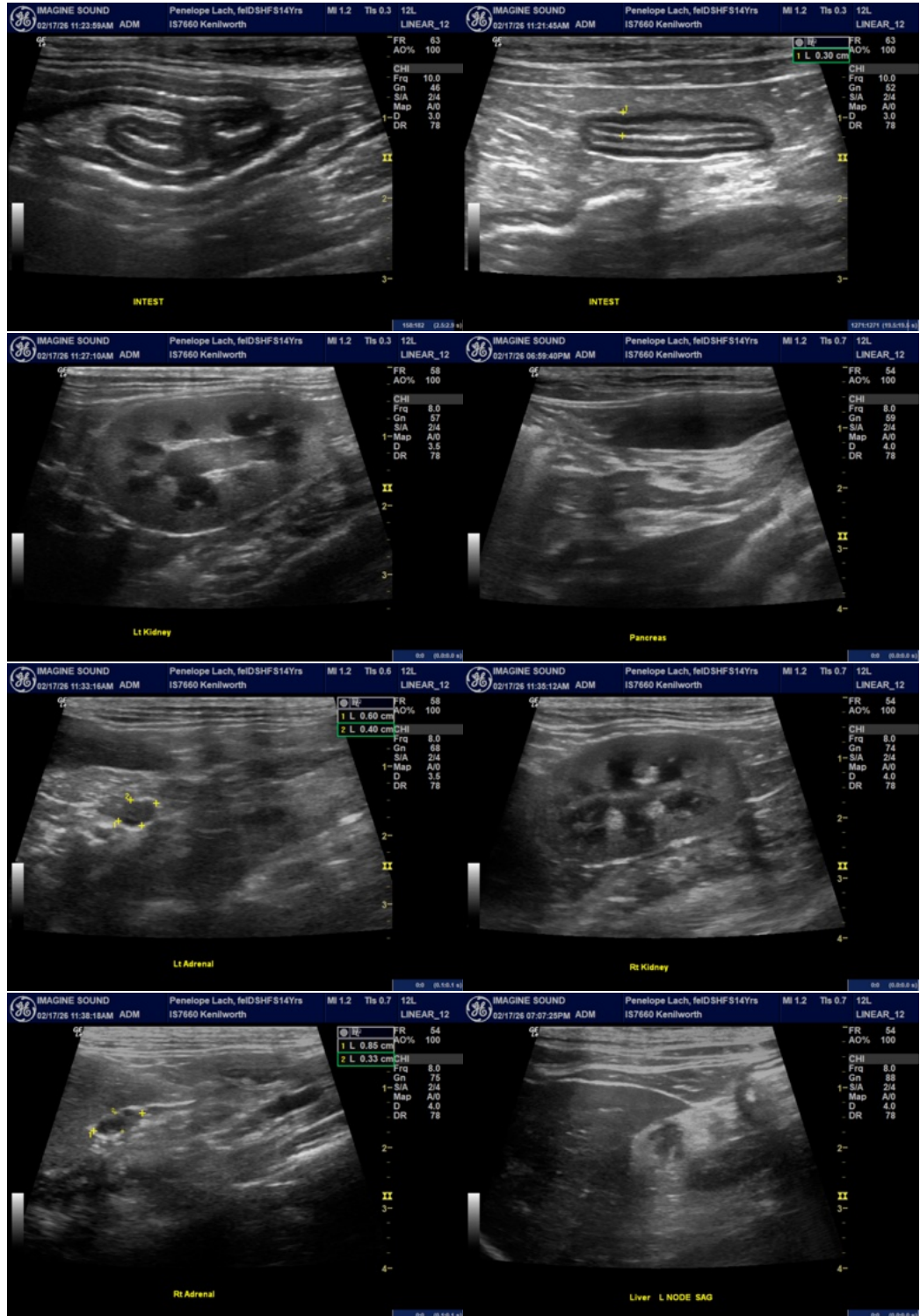
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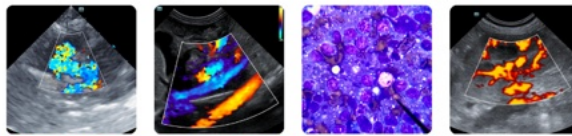
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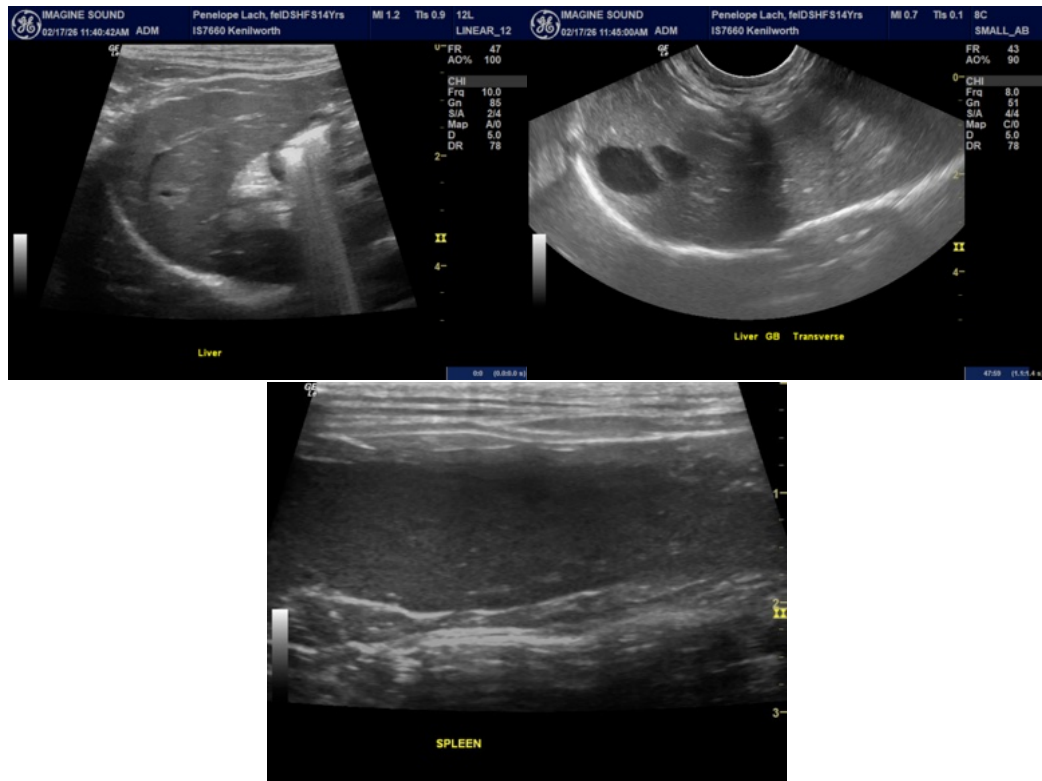
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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