



PATIENT

Theodore Dutcher

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Male

AGE

8 years

WEIGHT

7.38 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Busby

INVOICE

71739

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- Weight loss; appetite waxes and wanes, continuing to drop despite being on an appetite stimulant.
- Historical chronic constipation. Low ALT and ALP, but otherwise no significant findings on lab work per rDVM.
- The owner reports a 6-month history of significant weight loss (from 12 lbs to 7.3 lbs) and muscle wasting.
- Problems began with chronic constipation last June, characterized by straining, vocalizing, small/hard/dark stools, and occasional inappropriate defecation.
- He has been treated with Miralax, lactulose, and multiple enemas.
- Over the last 1.5-2 months, his appetite decreased, requiring an appetite stimulant.
- Currently, his appetite has returned since stopping medication, but his intake (approx. one can of wet food plus rotisserie chicken daily) is insufficient to sustain his weight.
- He has had past episodes of vomiting yellow/bile-like fluid (most recently about a month ago), and also vomited a hairball last month.
- MEDICATIONS:
- Convenia - 2/17 (abscess, unrelated)
- None currently has been on Elura, mirtazapine, prednisolone,
- Gabapentin
- Diagnostics from rDVM: - Pancreatic lipase: 0.6 U/L (normal) - Total T4: 1.3 ug/dL (normal) - Urinalysis: RBCs and WBCs detected, with significant hematuria and proteinuria. - CBC: Neutrophils 10,600/uL.

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 3.7 cm, right measured 3.8 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 0.47 cm in width. The right adrenal gland measured 0.32 cm in width.



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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.

Gallbladder

The gallbladder is full containing a small amount of non-adhered hyperechogenic sediment, normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile ducts with a small amount of sediment present within the bile duct with no obvious obstruction evident.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine and 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 vascularized mass in the distal colon measuring 1.8 x 3.4 cm in size. The wall of the colon adjacent to the mass is thickened with a hypoechogenic appearance and showing loss of layering. The rest of the colonic wall is of normal thickness maintaining a 1:3 muscularis to mucosa ratio and shows no loss of layering.

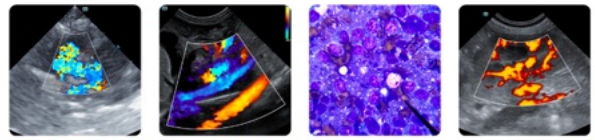
Pancreas

The pancreas is enlarged (left pancreas measured 0.8 cm in width) with a mottled echogenic appearance and an irregular capsule. Increased echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged colonic lymph nodes measuring up to 0.6 x 1.5 cm in size maintaining normal shape and echogenic appearance, but with a hyperechogenic appearance of the surrounding mesentery. The rest of the mesenteric lymph nodes are of normal size and appearance.

A small amount of acellular ascites is present in the caudal abdomen.



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Thorax

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Normal appearance of the heart. No pericardial or pleural effusion evident.

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ULTRASONOGRAPHIC FINDINGS

BREED

- Colonic mass.
- Regional lymphadenomegaly.
- Chronic pancreatitis versus pancreatic fibrosis.
- Ascites.
- Gallbladder and bile duct sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

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The ascites can be ascribed as secondary to the colonic mass and the regional lymphadenomegaly.

The gallbladder and bile duct sediment can be considered an incidental finding.

Further assessment would be three view thoracic radiographs and FNA cytology of the colonic mass and regional lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.

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If surgery is being contemplated for the colonic mass then a CT scan would be recommended.

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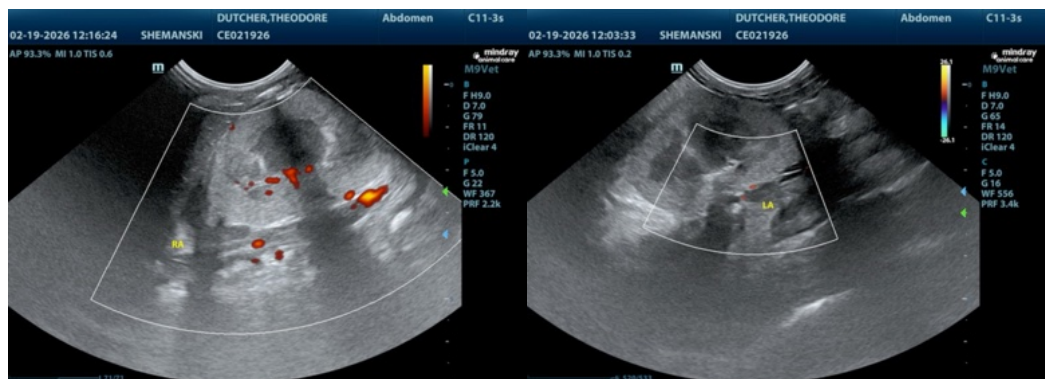
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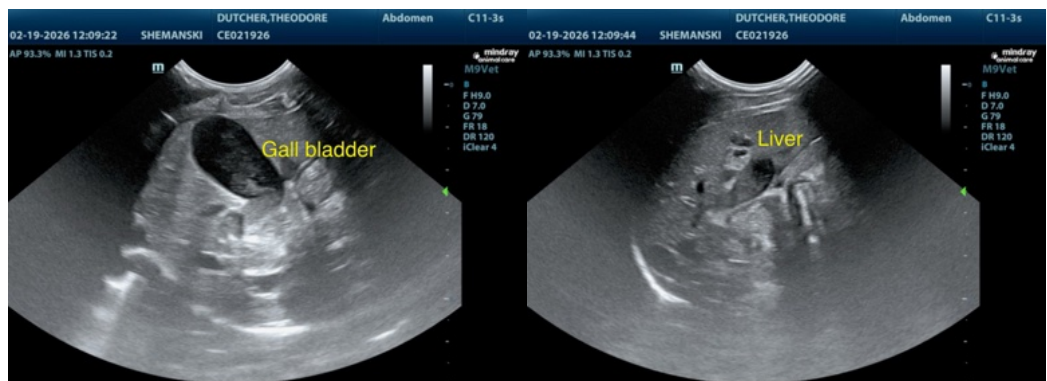
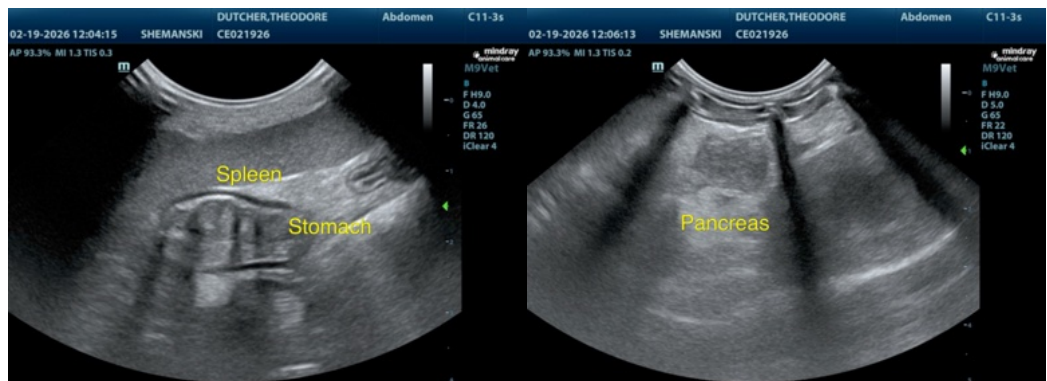
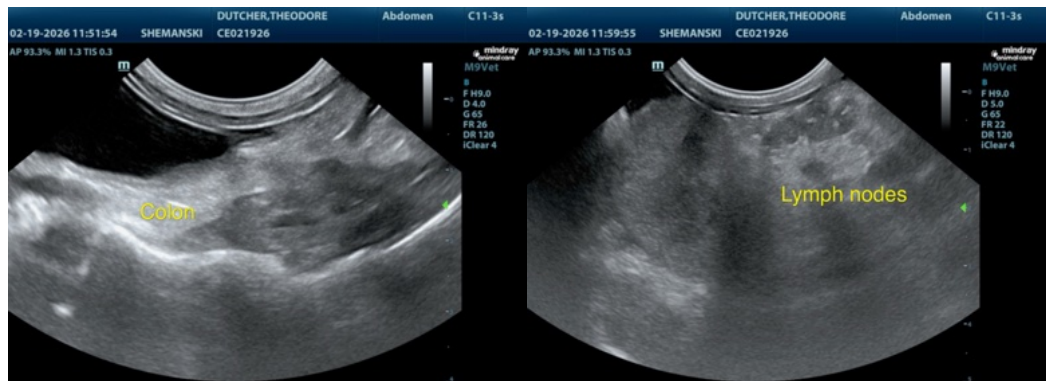
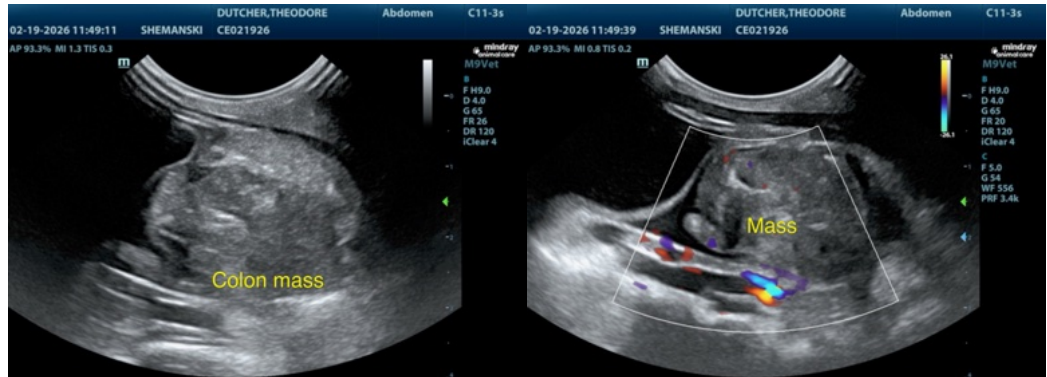
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com