



## PATIENT

Del Gato Farmer

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 years

## WEIGHT

6.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katharine Nowland,  
DVM

## HOSPITAL NAME

TotalBond VH

## REFERRING VET

Dr. Nowland

## INVOICE

71249

## DATE

2/5/26

## PRESENTING CLINICAL SIGNS

Patient has had concern for liver enzyme elevation over the past 6-9 months. O represented in Jan for concern for cognitive issues, as well as episodes of decreased appetite. Seems to overall be acting strange and O is concerned about possible dementia. After initial labs in August, a focal ultrasound was performed and there was a small focal area of concern in the liver that was concerning for possible mass. Abnormal PE/Chem/CBC/UA Results: 1/16/26: ALT 520, AST 267, ALP 912, SDMA 12 BUN 31, Creatinine 1.7 8/12/25: ALT 295, AST 16, ALKP 199, SDMA 15 BUN 39, Creatinine: 1.9

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating hyperechogenic sediment.

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 2.9 cm, right measured 3.6 cm), increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. The changes in the left kidney are more severe than those in the right.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.64 cm in length x 0.22 cm in width. The right adrenal gland measured 0.51 cm in length x 0.23 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. Incidental myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.6 cm in width.

### Liver

Normal size with a diffuse, increased echogenic and coarse appearance, prominent portal markings, and regular curvilinear capsule. Irregular, infiltrative, hyperechogenic mass measuring 3.0 x 3.5 cm adjacent to the gallbladder, but not involving the gallbladder. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



## PATIENT

Del Gato Farmer

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 years

## WEIGHT

6.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katharine Nowland,  
DVM

## HOSPITAL NAME

TotalBond VH

## REFERRING VET

Dr. Nowland

## INVOICE

71249

## DATE

2/5/26

## ***Gallbladder***

The gallbladder is 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, 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. The stomach measured 0.25 cm, duodenum measured 0.16 cm, small intestine measured up to 0.23 cm.

## ***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.

## **ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy.
- Hepatic mass.
- Urinary bladder sediment.
- Age related renal changes versus early chronic kidney disease.

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

Etiologies for the hepatopathy would be cholangiohepatitis complex, granulomatous disease, neutrophilic/lymphocytic cholangitis and possibly infiltrative neoplasia.

Etiology for the hepatic mass would be primary hepatocellular carcinoma with organized hematoma and granuloma a less likely differential diagnosis.

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

Further assessment would be urinalysis, possibly urine culture, three view thoracic radiographs and FNA cytology of the liver and the hepatic mass. A tru cut or wedge biopsy of the liver and the mass may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



## PATIENT

Del Gato Farmer

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 years

## WEIGHT

6.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katharine Nowland,  
DVM

## HOSPITAL NAME

TotalBond VH

## REFERRING VET

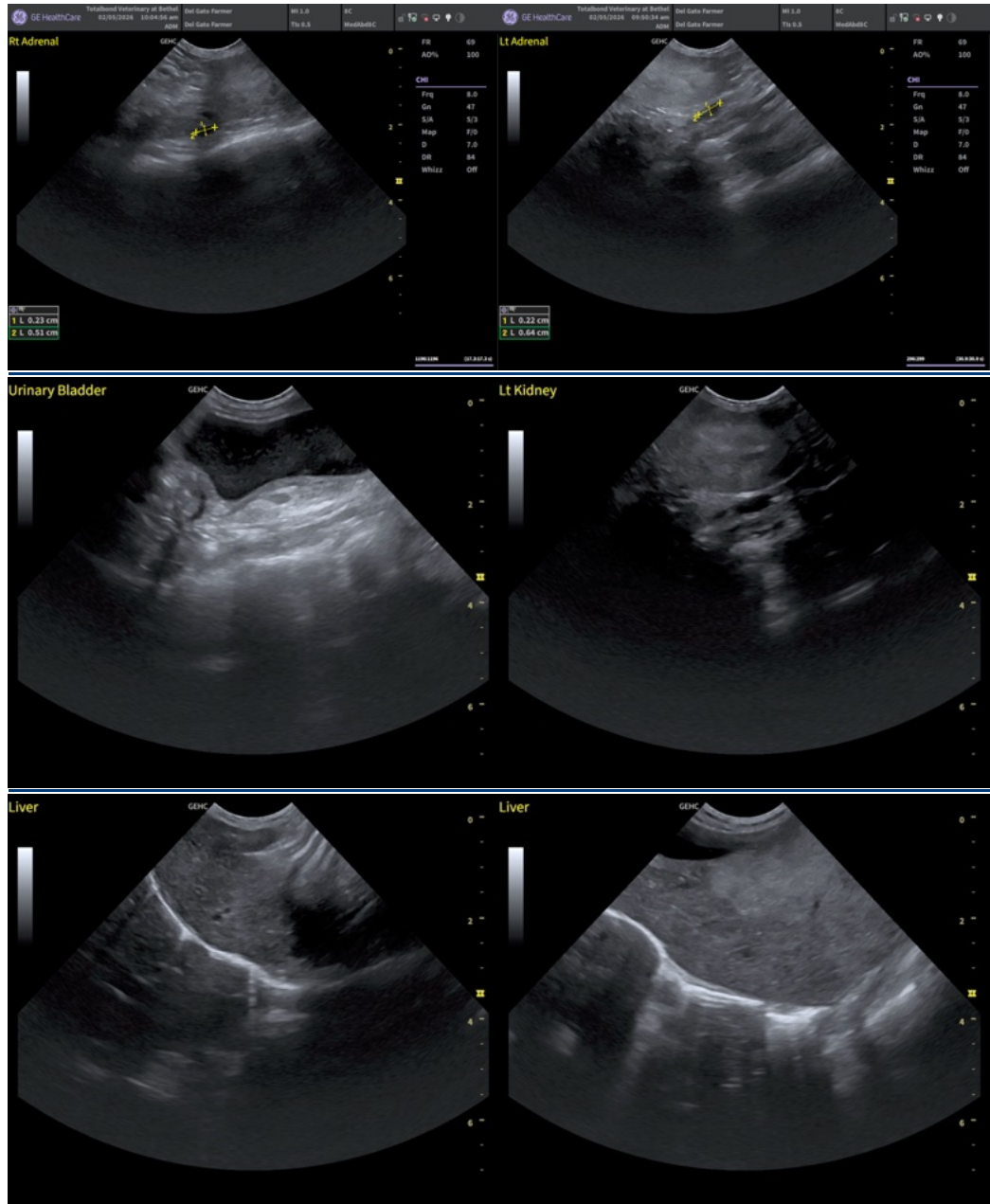
Dr. Nowland

## INVOICE

71249

## DATE

2/5/26





## PATIENT

Del Gato Farmer

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 years

## WEIGHT

6.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katharine Nowland,  
DVM

## HOSPITAL NAME

TotalBond VH

## REFERRING VET

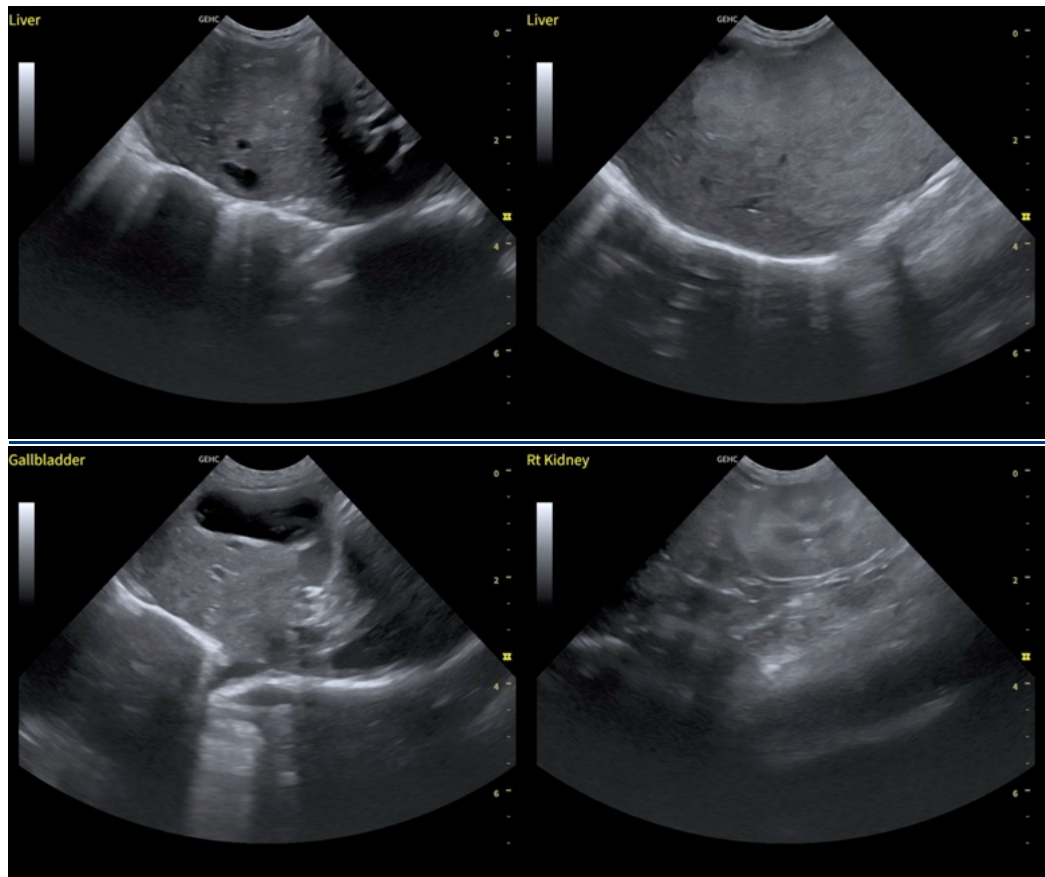
Dr. Nowland

## INVOICE

71249

## DATE

2/5/26





## PATIENT

Del Gato Farmer

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 years

## WEIGHT

6.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katharine Nowland,  
DVM

## HOSPITAL NAME

TotalBond VH

## REFERRING VET

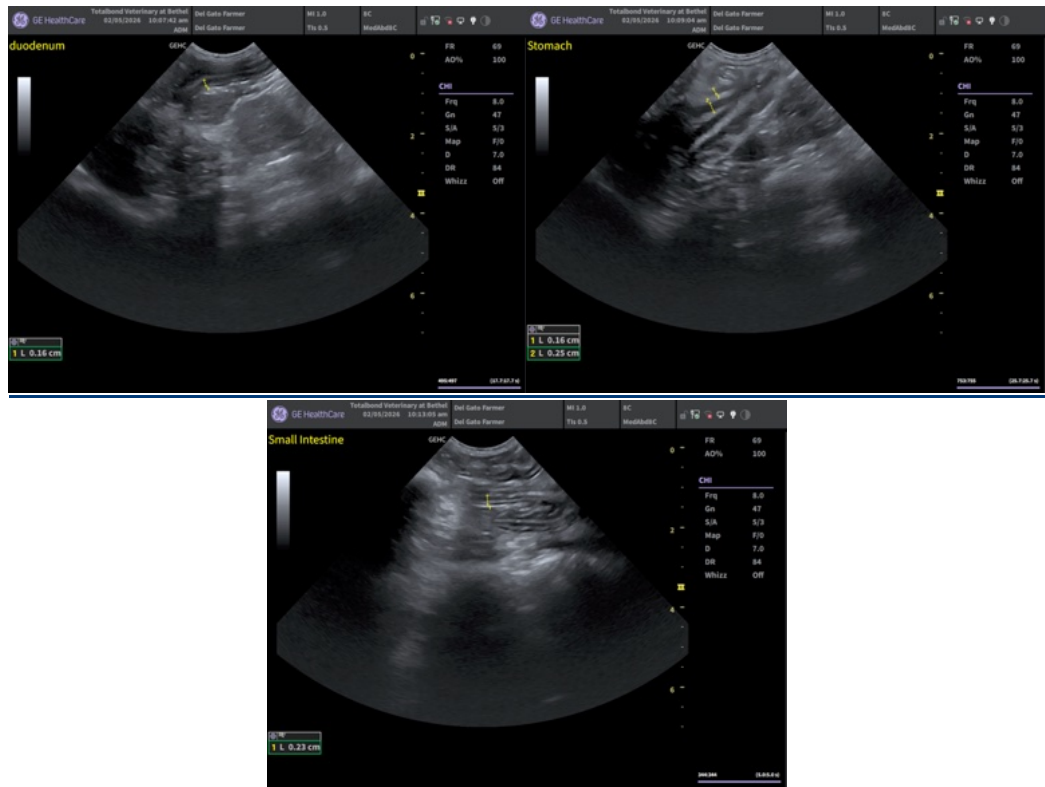
Dr. Nowland

## INVOICE

71249

## DATE

2/5/26



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](mailto:info@sonopath.com)