



## PATIENT

Ali BaBa Morales

## SPECIES

Feline

## BREED

Persian

## SEX

Neutered Male

## AGE

15 years

## WEIGHT

10.31 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown AH Florida

## REFERRING VET

Dr. Casper

## INVOICE

71329

## DATE

2/6/26

## PRESENTING CLINICAL SIGNS

- Presented for general wellness exam. Prev rads 5-20-25 showed mild hepatomegaly. Following up AUS
- CBC- mild anemia (HCT 28.8). Chem- WNL. T4- wnl. Abd rads - unremarkable thorax, marked hepatomegaly

## 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 3.8 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.

### *Adrenal Glands*

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.3 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

### *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 1.0 cm in width.

### *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Large, irregular, mottled echogenic cystic mass was noted in the left lobe and measured 2.7 x 3.0 cm in size. No nodules or additional masse evident. Normal appearance of the hepatic and portal vasculature.

### *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.



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## *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.

## *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.

Mottled, echogenic, irregular mesenteric mass was noted in the midabdomen measuring 3.0 x 4.0 cm in size.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic mass.
- Abdominal mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be a benign cystadenoma with emerging primary hepatocellular carcinoma a less likely differential diagnosis.

The mesenteric mass can also be considered an incidental cystic like structure. However, neoplasia would be a differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of both masses.

Specific therapy would be dependent on an etiological diagnosis.

If surgery is being contemplated for the masses, then a CT scan would be recommended.



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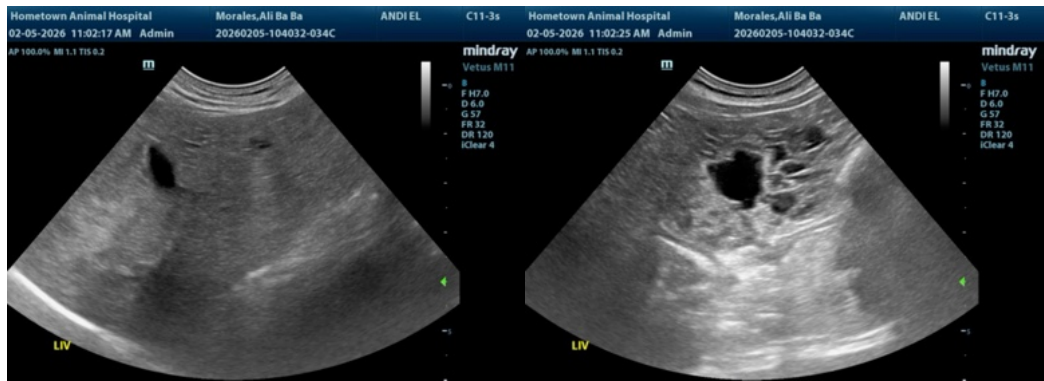
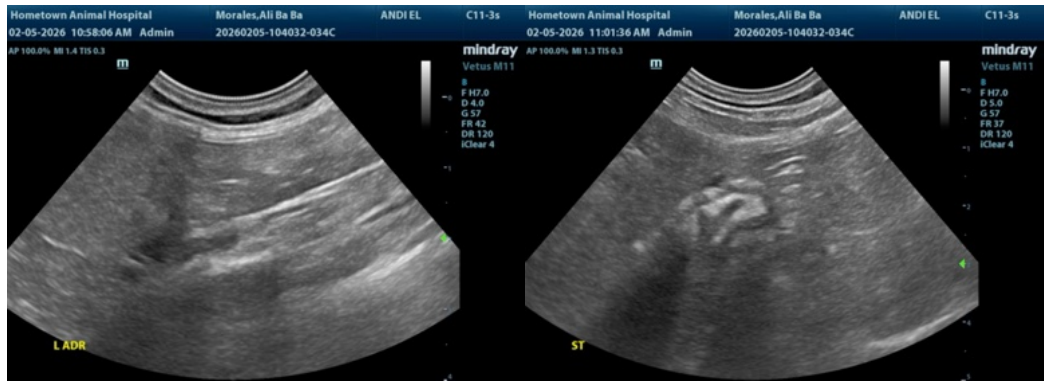
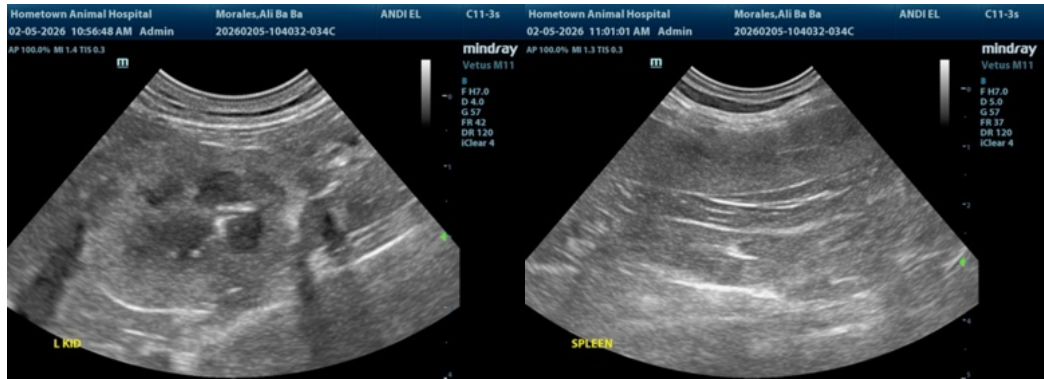
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)