



PATIENT

Loki Hagan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 7 Months

WEIGHT

9.75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Andover Animal
Hospital

REFERRING VET

Dr. Castro

INVOICE

73864

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Not eating and vomiting. 4cm firm round mass in mid abd. tense on palpation. Parasternal systolic hm 2/6

Abnormal PE/Chem/CBC/UA Results: wbc-26.0 abs neut-23400, renal tech prediction- positive ua protein- trace

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 4.1 cm. Right kidney measures 3.7 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.43 cm in width. Right measures 0.40 cm in width.

Spleen

Normal size (0.90 cm in width) 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.

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

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 thickness of the small intestine (up to 0.25 cm) with no loss of layering but with an increase in the muscularis to mucosa ratio. Normal peristaltic activity and no distention of the lumen. A focal, irregular, non-vascularized, hypoechogenic mass was noted in a loop of small intestine measuring approximately 1.8 cm x 4.2 cm in size. No luminal obstruction evident.

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.



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Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass and enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

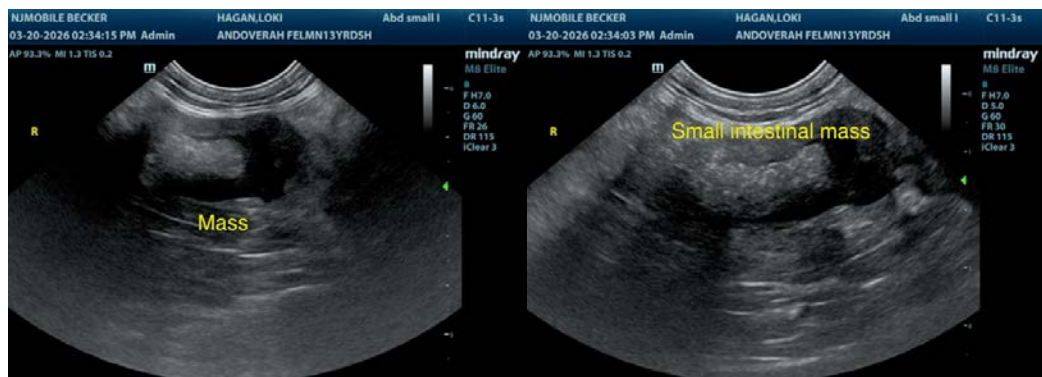
The most likely etiology for the small intestinal mass would be neoplasia, with granuloma being a possible differential diagnosis.

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

Further assessment would be fecal analysis, cobalamin and folate assay, 3-view thoracic radiographs, and FNA cytology of the small intestinal mass.

Laparotomy should be considered, as it could be both diagnostic and therapeutic, as well as allowing for full thickness intestinal biopsies.

Specific therapy would be dependent on an etiological diagnosis.





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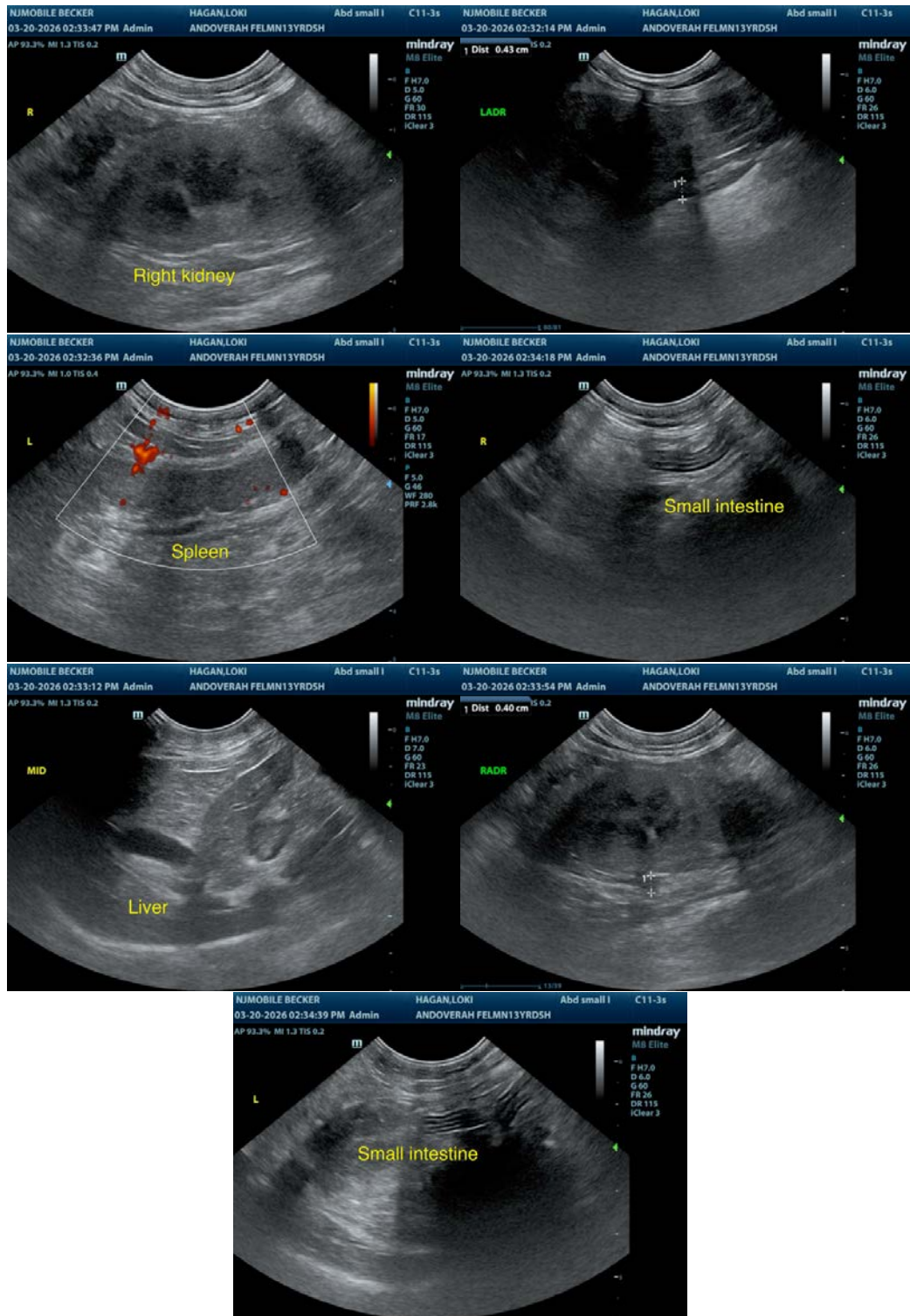
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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