



PATIENT

P.P. Taffe

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.85 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Korin Sichak

INVOICE

36321

DATE

3/20/26

PRESENTING CLINICAL SIGNS

- Hungry all the time, losing weight, rare vomiting.
- Abnormal PE/Chem/CBC/UA Results: slightly elevated WBC (20.2)/neutrophils (15.85), elevated SDMA (16) w/ >1.050 USG, elevated globulins (6.0), normal T4. Dehydrated and low BCS on PE

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. The left kidney measured 3.4 cm. The right kidney measured 3.3 cm. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

The adrenal glands were not clearly visualized, but appear to be of normal shape, echogenic appearance, and size.

Spleen

Normal size (0.7 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

Full gallbladder, 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, 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. A focal irregular hypoechogenic small intestinal mass was noted, measuring approximately 0.7 cm x 1.1 cm in size. Hyperechogenic appearance of the mesentery surrounding the mass. The rest of the small intestine presented no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen

Pancreas



PATIENT

P.P. Taffe

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.85 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Korin Sichak

INVOICE

36321

DATE

3/20/26

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.

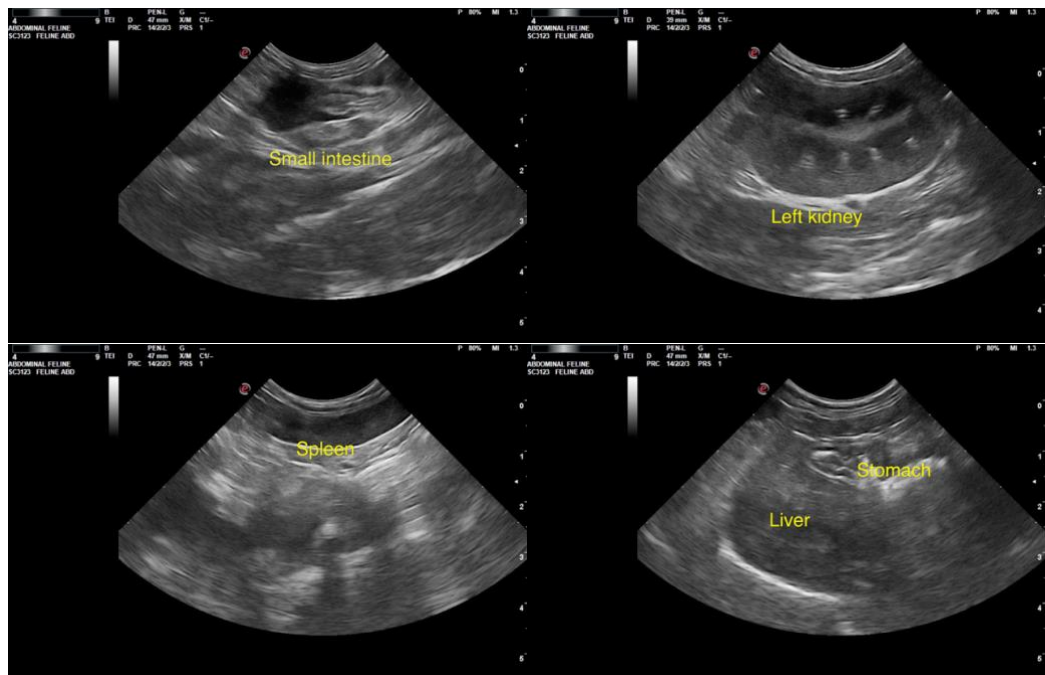
ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the small intestinal mass would be granuloma, neoplasia, and possibly focal perforation.

Further assessment would be three view thoracic radiographs and FNA cytology of the mass. A laparotomy could be considered as it may be both diagnostic and therapeutic, with further specific therapy dependent on an etiological diagnosis.





PATIENT

P.P. Taffe

SPECIES

Feline

BREED

DSH

SEX

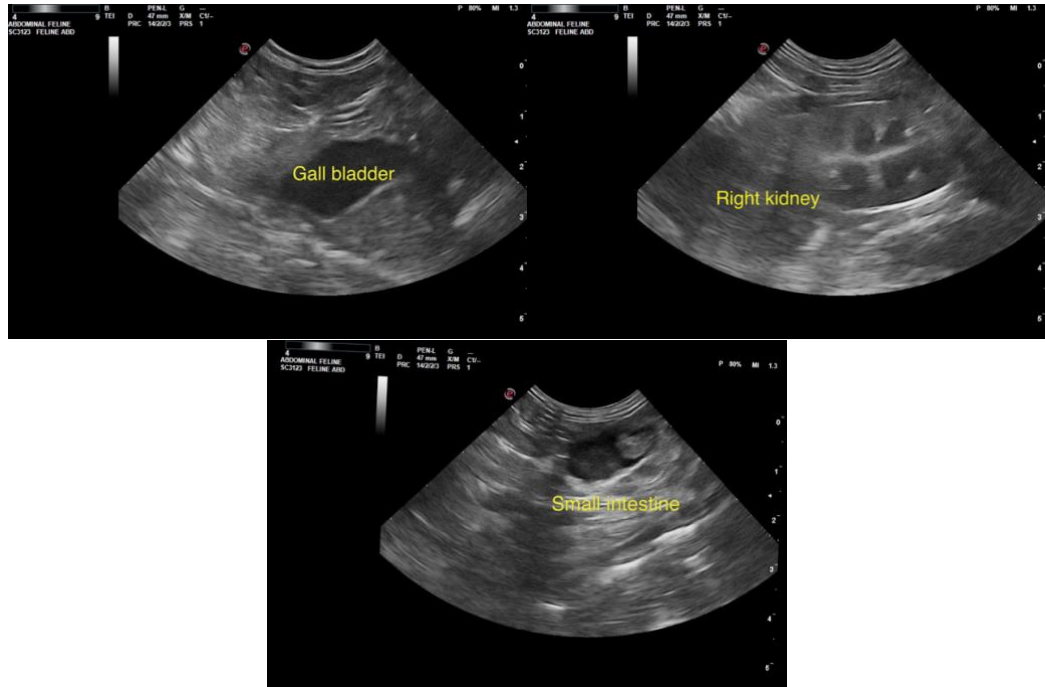
Neutered Male

AGE

13 Years

WEIGHT

7.85 Pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Korin Sichak

INVOICE

36321

DATE

3/20/26

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