



**PATIENT PRESENTING CLINICAL SIGNS**

**SPECIES** Interpretation: ASO-EA  
 Doctor: Earliest Available Abdominal Specialist  
 Request type: Routine  
**BREED** Imaging performed by: Dr. Justin Eckenrode  
 Referring Veterinarian: Dr. Juel Shamitko  
 Hospital Name: Carlisle Small Animal Veterinary Clinic  
 Email Address: vet.tech@carlislevet.com  
**SEX** Phone Number: 717-243-2717  
 Notes to the Specialist: Mass effect seen cranial abdomen, splenic versus intestinal/omental origin  
**AGE** Patient Name: Francis Lee  
 years Species: Feline  
 Gender: M/N  
**WEIGHT** Age: 13  
 lbs Weight: 14.7 lbs  
 Breed: DSH  
**INTERPRETED BY** History:

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

**IMAGING PERFORMED BY**

Dr.

**HOSPITAL NAME**

AH

**REFERRING VET**

Dr.

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**DATE**

4/1/26

- Major Medical Conditions : Weight loss, hyporexia - decreased interest in hard kibble
- Patient History : O noted weight loss in the last few months. November 2025 P was 18.5# and when seen February 2026 was 16.7#, April 2026 14.7#. P had a canine fall out (presumed FORL) and presumed mouth pain with decreased interest in hard food. No pain on palpation of teeth when seen. P has known false tendon diagnosed via echocardiogram - stable. Previous FIV/FelV testing done 11/2025 - no antigen or antibody detected.
- Primary concern or rule out: neoplasia vs inflammatory/IBD vs dental/mouth pain vs other

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/TT4/UA - 2/26/26 MONOCYTE 589 (467H), GLUCOSE 260 (175H) - no glucose in urine USG 1.026 (SDMA/CREA/BUN WNL), UPCr 0.2, Casts: Occ Granular (0-1)/LPF

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## PATIENT

### ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## SPECIES

### *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.

## BREED

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.

## SEX

Small, irregular, hyperechogenic, poorly vascularized right kidney measuring 2.8 cm in size.

## AGE

The left kidney measured 4.5 cm size. The left kidney is normal, 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.

years

## WEIGHT

### *Adrenal Glands*

lbs

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.38 cm in length x 0.3 cm in width. The right adrenal gland measured 0.7 cm in length x 0.31 cm in width.

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### *Spleen*

The spleen is enlarged and measured 1.2 cm in width, but maintained a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. A large, irregular, mottled echogenic mass is noted and originated off the tail of the spleen measuring 2.6 x 3.0 cm in size. Hyperechogenic appearance of the mesentery surrounding the mass.

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### *Liver*

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Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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### *Gallbladder*

## DATE

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.

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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.

## SPECIES

## BREED

### ***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.

## SEX

### ***Free Abdomen***

Normal mesenteric lymph nodes.

## AGE

No ascites evident.

years

## WEIGHT

lbs

### **ULTRASONOGRAPHIC FINDINGS**

- Splenomegaly.
- Splenic mass.
- Right-sided nephropathy.

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

Etiologies for the splenomegaly would be reactive hyperplasia, splenitis and possibly infiltrative neoplasia.

The most likely etiology for the splenic mass would be neoplasia with granulomatous disease an unlikely differential diagnosis.

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Etiologies for the right-sided nephropathy would be previous episode of acute kidney injury, obstructive uropathy or bacterial nephritis or possibly a congenital anomaly.

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Further assessment would be three view thoracic radiographs and FNA cytology of the spleen and splenic mass.

Laparotomy can be considered as it could be diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.

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**PATIENT**

**SPECIES**

**BREED**

**SEX**

**AGE**

years

**WEIGHT**

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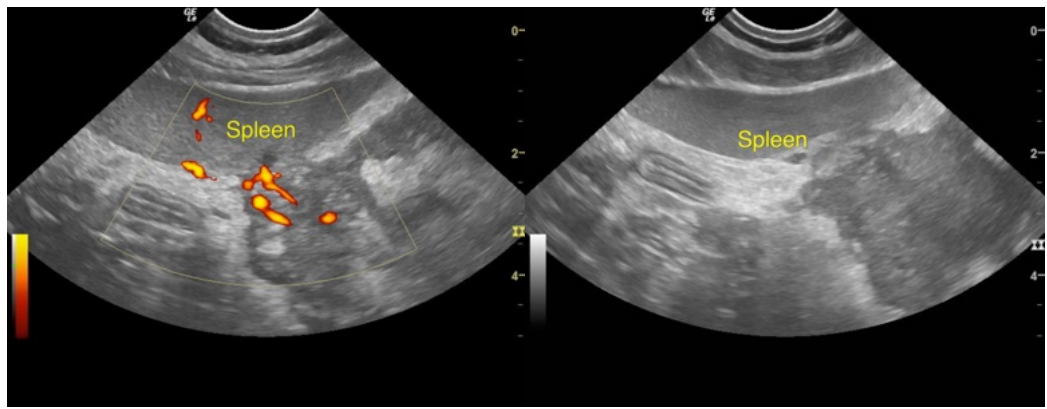
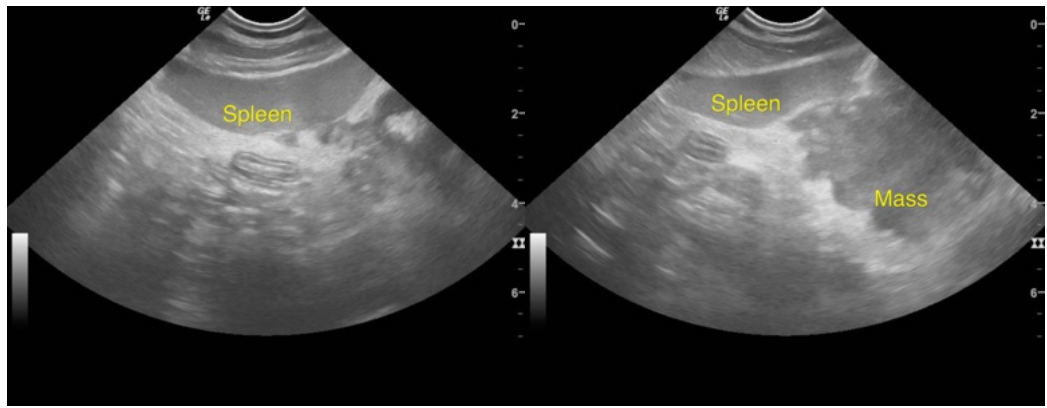
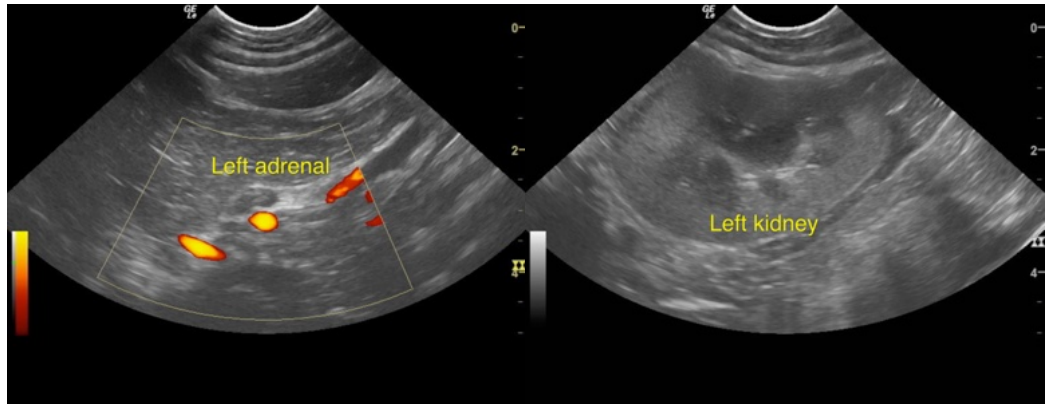
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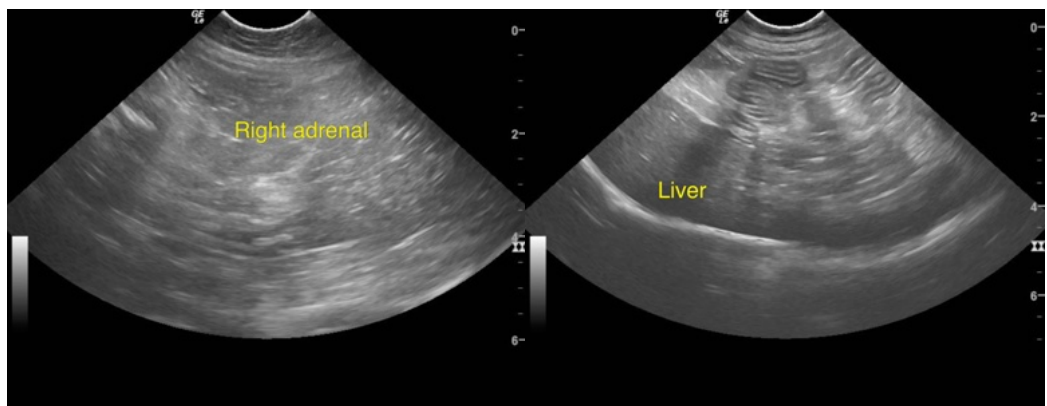
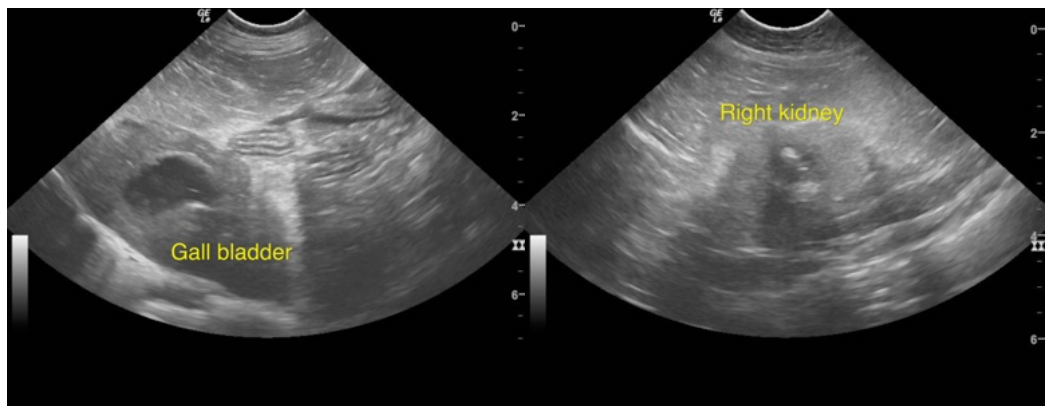
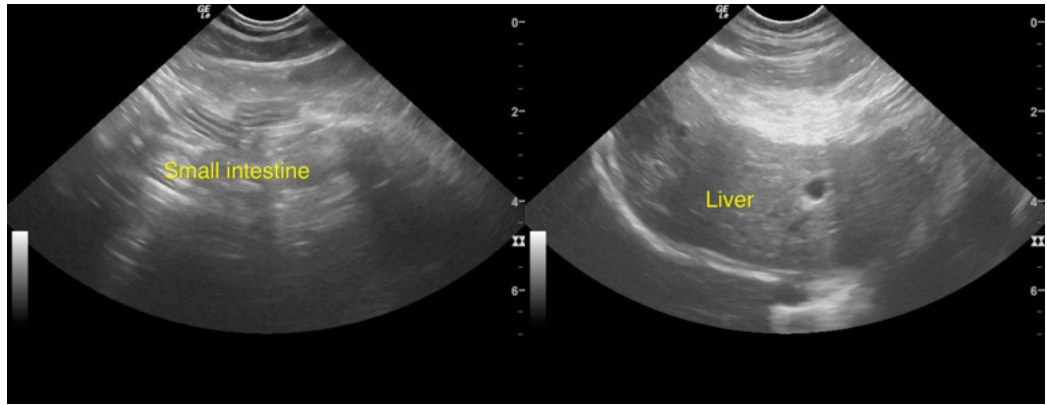
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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