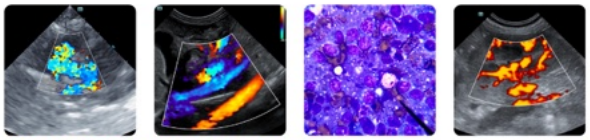


PATIENT

Oso Wallace

SPECIES

Feline

BREED

Domestic Shorthiar

SEX

Neutered male

AGE

11 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Moses

INVOICE

75076

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Chronic loose stool, sometimes containing blood, and associated weight loss. Inappropriate defecation.
The patient has a long-standing history of diarrhea. Previous bloodwork from January 2026 was within normal limits. The owner notes that all cats in the household have lost some weight on the current diet (Fiber Response). P's appetite is good; he is a grazer. O reports P sometimes seems distressed. P is currently eating a prescription gastrointestinal diet, which all cats in the house share. P also receives a fiber response diet and a daily probiotic powder mixed into a Churu treat. P receives a daily probiotic. P has been treated with Metronidazole in the past, but O did not observe a significant improvement.
P lives primarily in the garage with other cats. No other significant history was reported.
Chronic weight loss, straining to defecate, bloody stool, possible vomiting.
Abnormal PE/Chem/CBC/UA Results: Grade 3/4 dental tartar, weight loss. Abdominal mass just cranial to bladder palpated today.

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.

The left kidney is small in size (2.8 cm) with an increased echogenic appearance, loss of corticomedullary differentiation, normal pelvis and an irregular capsule. No infarcts or mineralization evident. Non-obstructive uroliths are present.

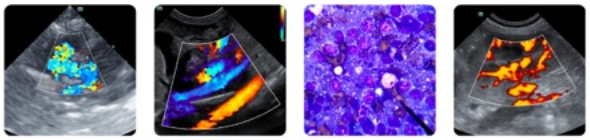
The right kidney is normal in size (4.3 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The adrenal glands were not clearly visualized, but appear 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 0.8 cm in width.



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Liver

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

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.

Gastrointestinal

Normal appearance of the stomach, duodenum, and ileo-cecal junction with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Normal thickness of the small intestine with no loss of layering, but with an increase in the muscularis to mucosa ratio, no peristaltic activity and no distension of the lumen. An irregular, echogenic, colonic mass measuring 0.5 x 3.0 cm in size with no luminal obstructive evident. The rest of the colon is of normal thickness with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio.

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

- Colonic mass.
- Enteropathy.
- Left sided nephropathy.
- Age related renal changes versus early chronic kidney disease for the right kidney.
- Hepatic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The most likely etiology for the colonic mass would be neoplasia such as lymphoma or adenocarcinoma with granuloma a less likely differential diagnosis.

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a possible differential diagnosis.

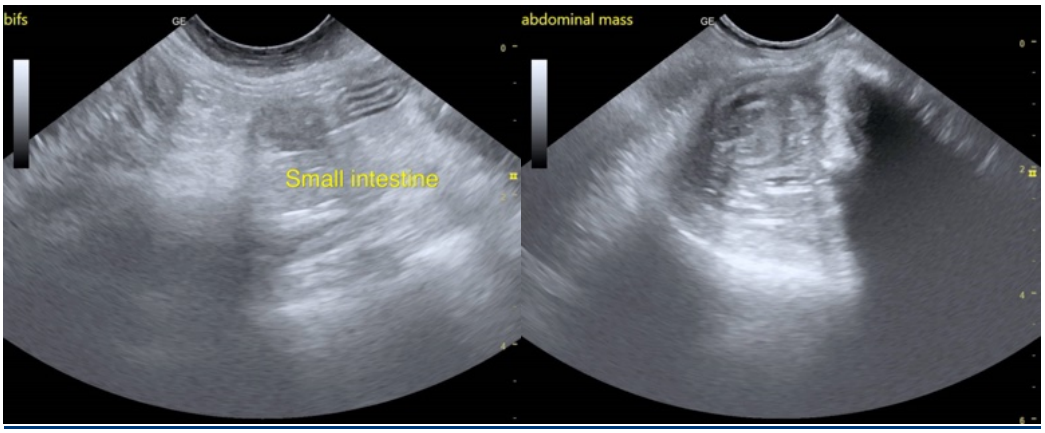
Etiologies for the left-sided nephropathy would be previous acute kidney injury, obstructive uropathy or a congenital anomaly.

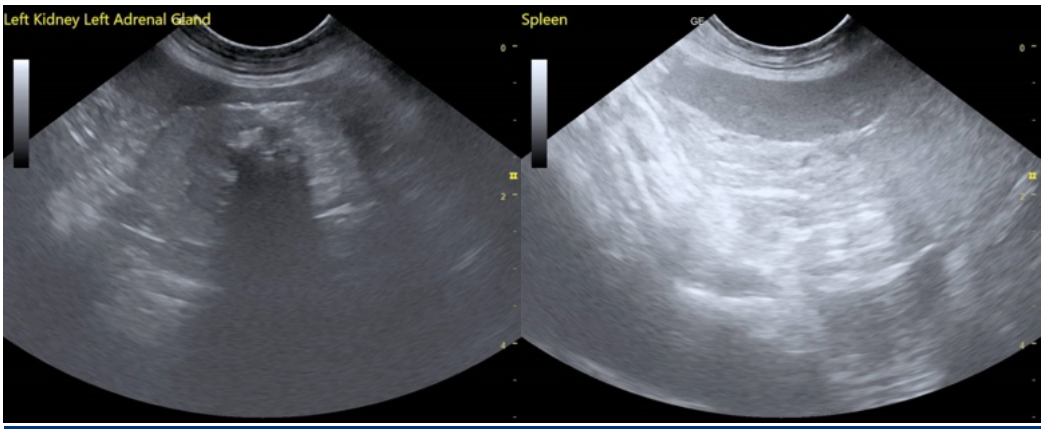
The hepatic mineralization can be considered an incidental finding.

Initial further assessment would be three view thoracic radiographs and FNA cytology of the colonic mass.

Additional diagnostics that can be considered would be fecal analysis, cobalamin and folate assay and endoscopy of the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.





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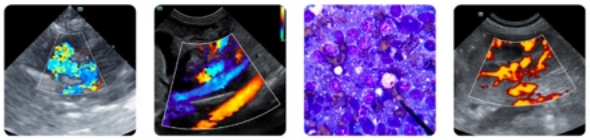

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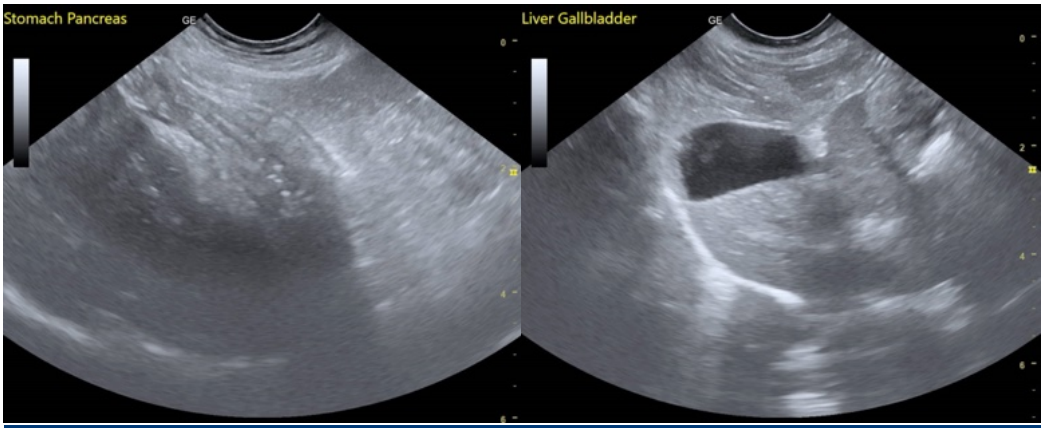

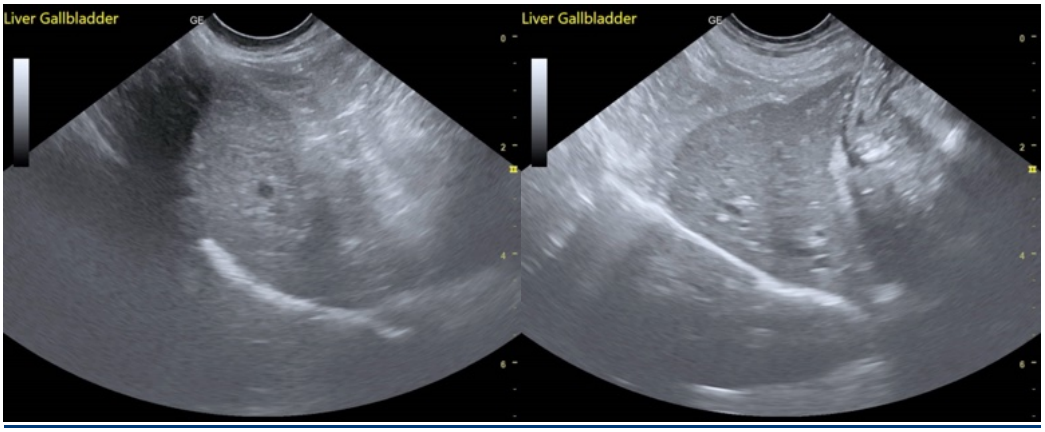

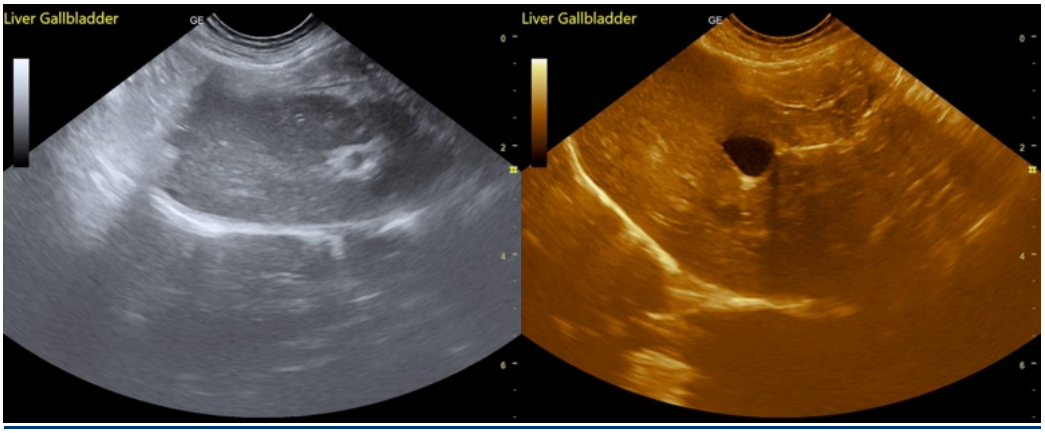

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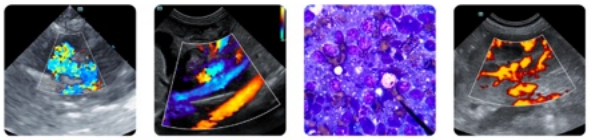

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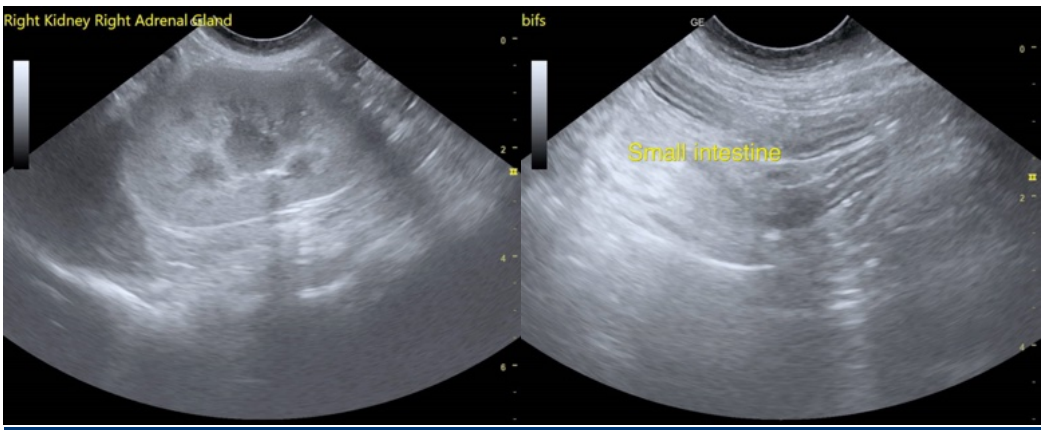

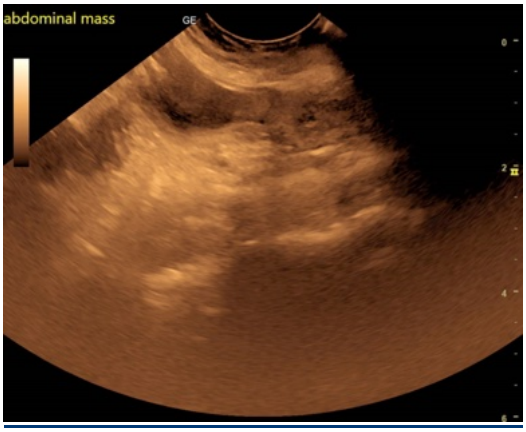

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com