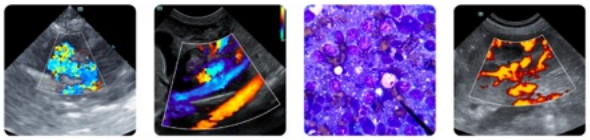


PATIENT

Bella Prevost

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

10 years

WEIGHT

6.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

75515

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: *Decreased appetite, weight loss, lethargy
*Enlarged kidneys and mid-abdominal mass palpated
Abnormal PE/Chem/CBC/UA Results: Albumin 1.6 (2.5-3.9) A/G ratio 0.4 BUN 42, CR 1.5, SDMA 21.6 HCT 28 (30-38) Neutrophilia 17,370 (2500-8500) Lymphopenia 965 (1200-800) USG 1.031, 4-10 RBCs, 4-10 squamous epithelial cells, 2+ protein, UPC 0.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 kidneys are bilaterally enlarged (left measured 4.5 cm, right measured 5.1 cm), normal echogenic appearance, loss of cortico-medullary differentiation, mild pyelectasia and an irregular capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.45 cm.

Spleen

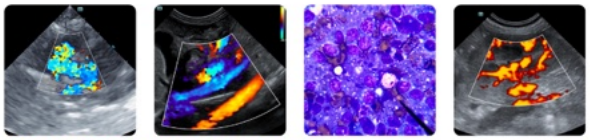
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.5 cm in width.

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

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 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. Irregular, hypoechogenic, non-vascularized colonic mass measuring 2.0 x 3.0 cm in size. The rest of the colon has no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes in the region of the colonic mass measuring 1.3 x 2.3 cm in size with a hyperechogenic appearance, but maintained a normal shape. The rest of the mesenteric lymph nodes are of normal size and appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Colonic mass.
- Regional lymphadenomegaly.
- Renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the colonic mass would be neoplasia with granulomatous disease a less likely differential diagnosis.

Etiologies for the regional lymphadenomegaly would be reactive hyperplasia, infiltrative neoplasia with lymphadenitis a less likely differential diagnosis.

Etiologies for the renal disease would be acute kidney injury, pyelonephritis and neoplasia.

Further assessment would be urine culture, three view thoracic radiographs and FNA cytology of the colonic mass, regional lymph nodes and the kidneys.

Specific therapy would be dependent on an etiological diagnosis.

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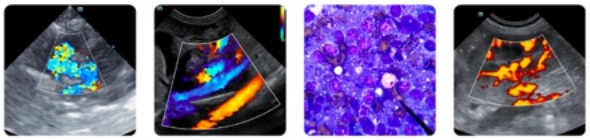

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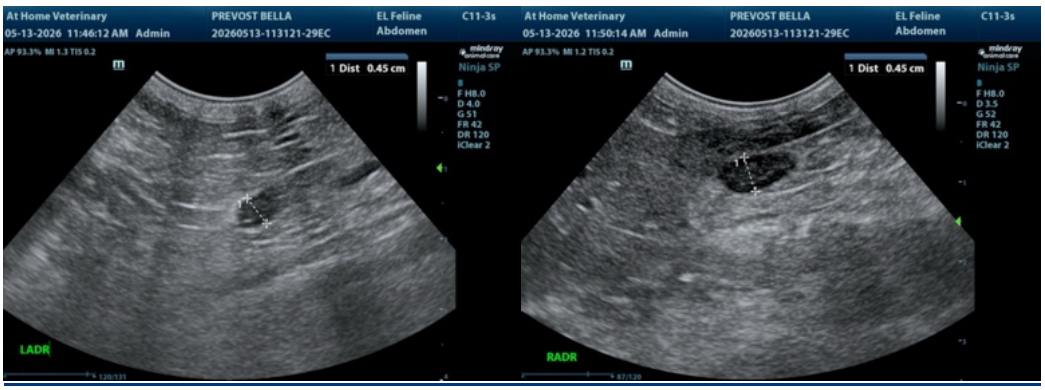

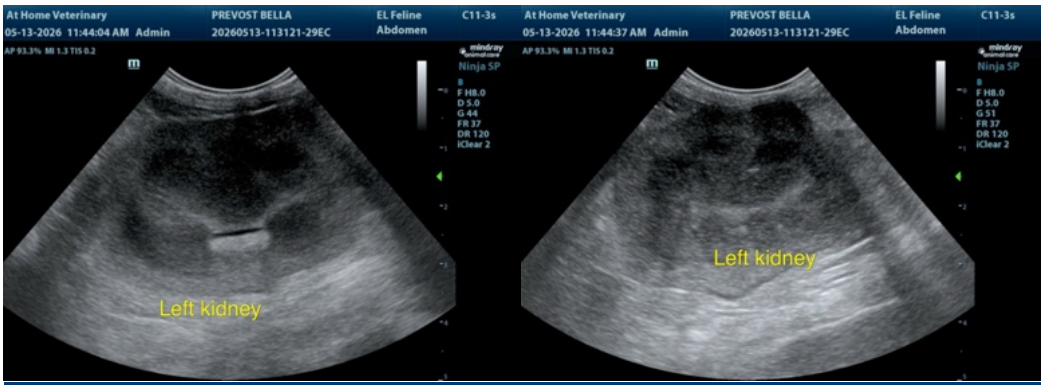

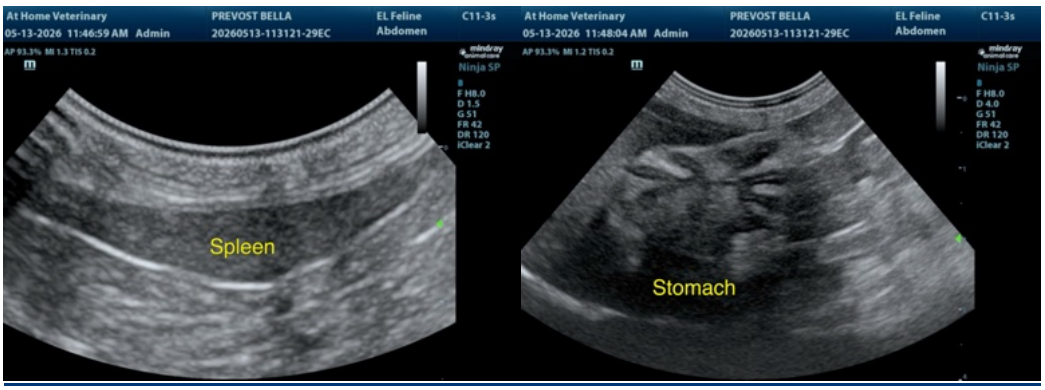

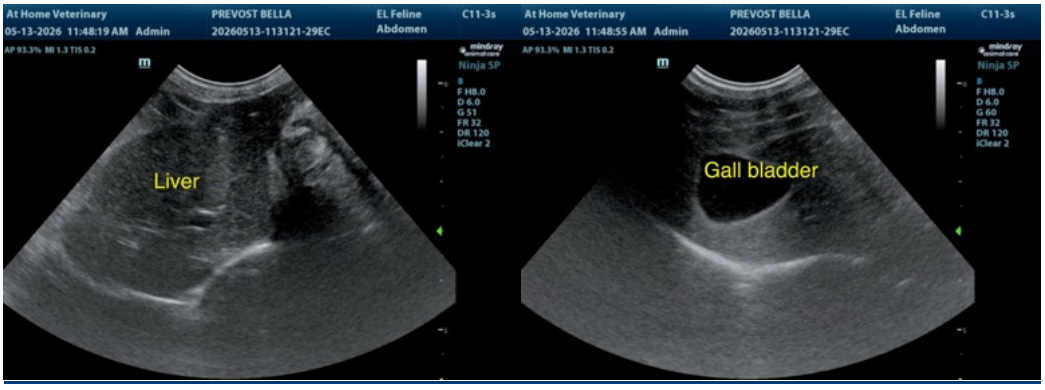

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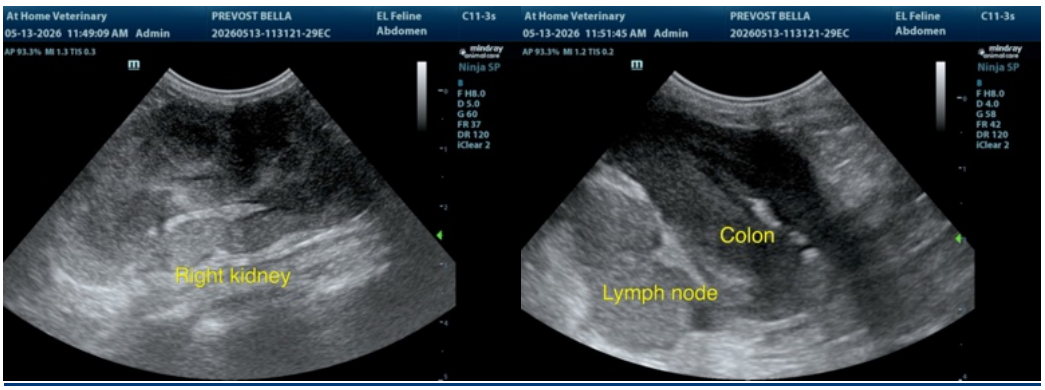

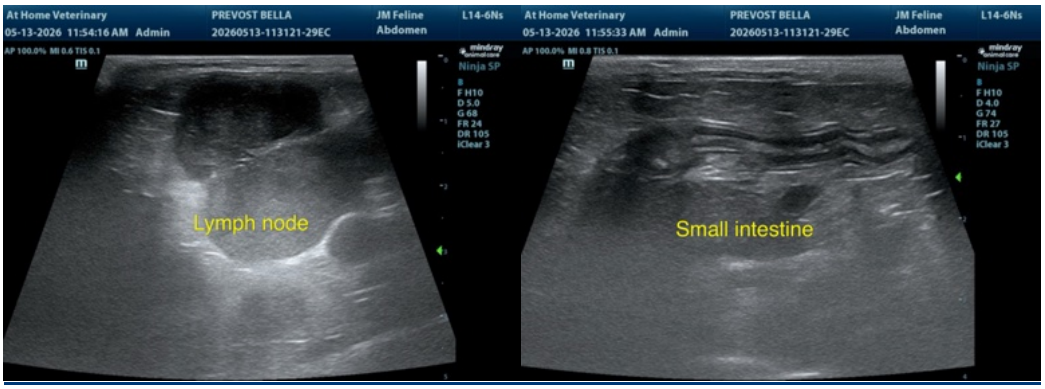

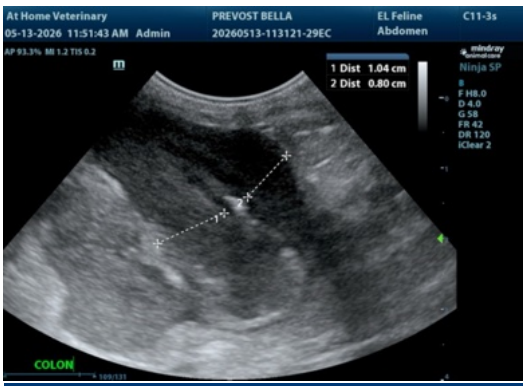

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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