



PATIENT

Patches Shortall

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

4.36 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Nicole Goldstein

HOSPITAL NAME

Hudson AH

REFERRING VET

Dr. Goldstein

INVOICE

75488

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: New onset periuria on owner's bed with negative urine culture via cystocentesis. Owner reports and has video of lower urinary tract signs including pollakuria and stranguria. No hematuria noted. Trial of Clavamox started prior to urine culture and completed. Trial of Solensia initiated for potential mobility concerns playing a role.

Concurrent problem list includes: Chronic weight loss and vomiting (3.4 lbs since 10/2022) and history inappropriate defecation. History HCM. History right forequarter amputation due to appendicular OSA. History nasopharyngeal polyp that recurred after traction removal and was treated by lateral ear canal resection as a part of excision.

2/3/26: CBC- neutrophilia 19,200, monocytosis 768, eosinophilia 1024, remainder NSF; Chem - elevated amylase 1302, creatinine 1.7, remainder NSF, USG 1.011, trace proteinuria with inactive sediment, T4- normal (0.9) 4/16/26: UA- USG 1.020, pH 5.5, inactive sediment Urine culture no growth

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.

Normal renal size (left measured 3.7 cm, right measured 3.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The adrenal glands are not visualized.

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 0.9 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.



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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, 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. Focal, hypoechoic, small intestinal mass was noted and measured approximately 1.5 x 1.7 cm in size with no luminal obstruction. Hyperechoic appearance of the mesentery surrounding the mass. The rest of the small intestine had no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

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

- Small intestinal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the small intestinal mass would be neoplasia and granuloma with focal perforation a less likely differential diagnosis.

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

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



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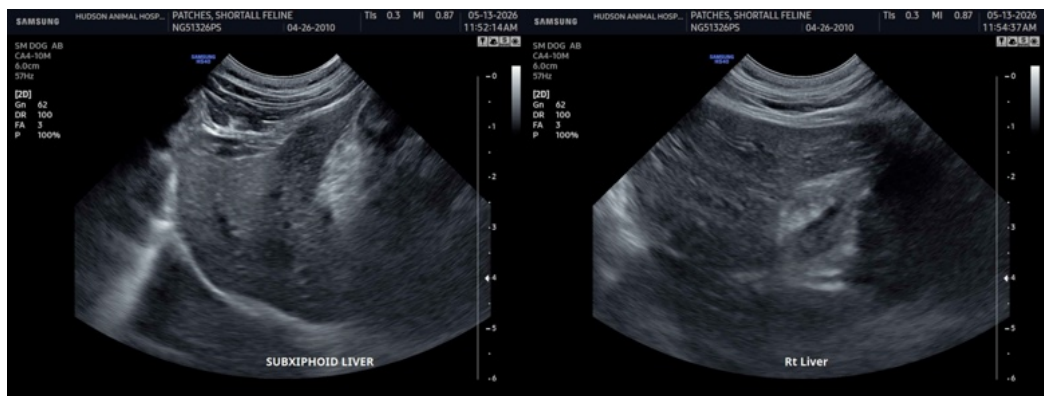
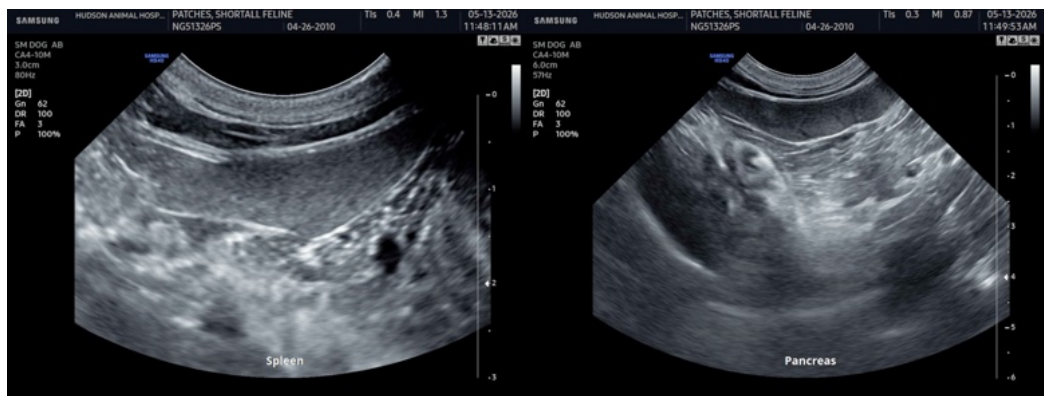
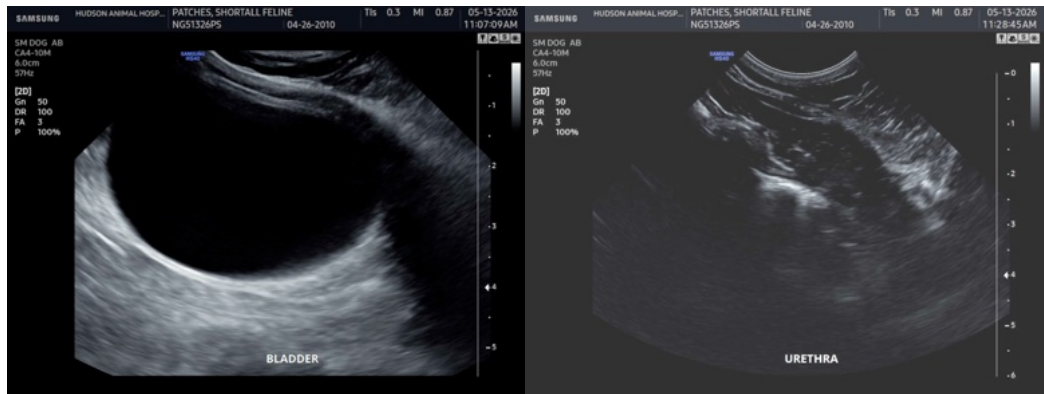
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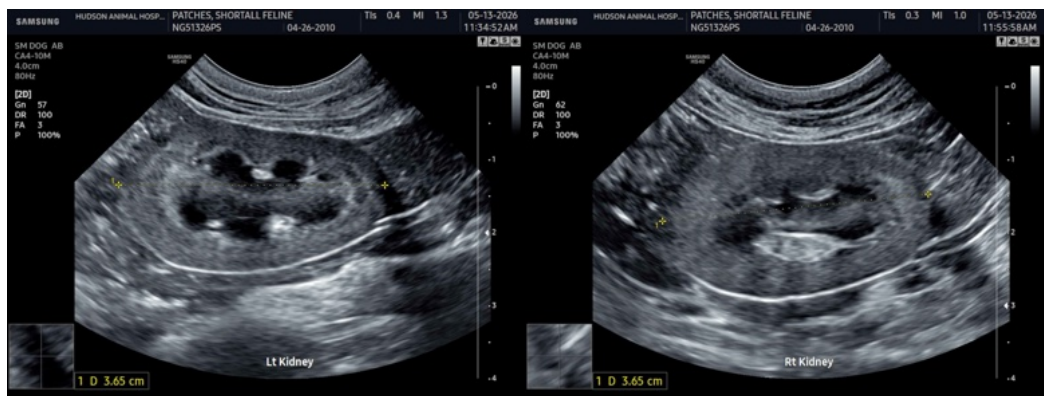
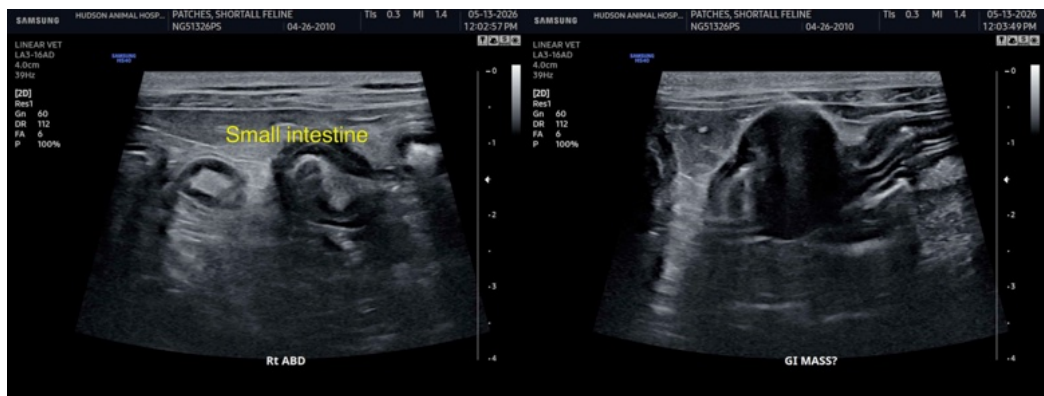
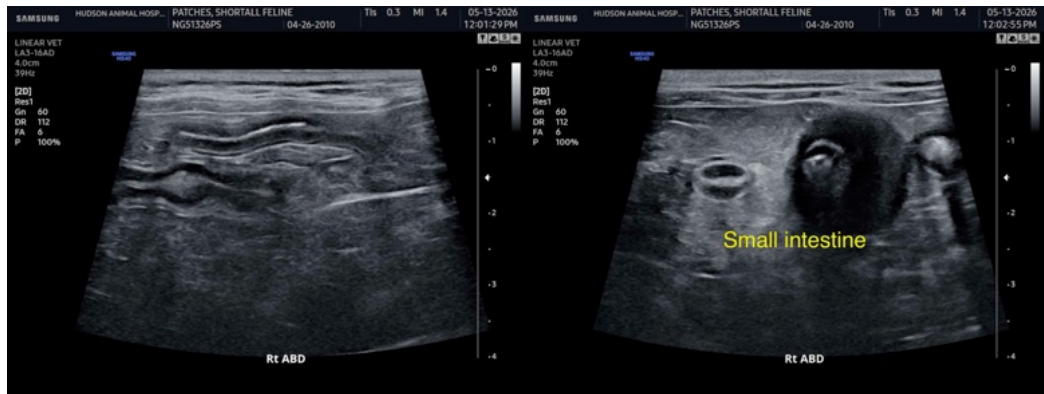
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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