



PATIENT

Chanel Cummings

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Farrell

INVOICE

77694

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: Seen by urgent care 5/2 for lethargy, weight loss, vomiting and diarrhea. PE QAR, TPR WNL, moderate dehydration. Uncomfortable with palpation in the mid-abdomen (over her kidneys), occasional gallop rhythm. CBC WNL, Chem decreased K (2.9), and T4 elevated (8.6, hx hyperthyroid had been well regulated on 5mg SID). Treated with SQ fluids and Cerenia. Increased Methimazole dose to 2.5mg am, 5mg pm. Recheck planned for 4 weeks. Seen by urgent care 5/16 for decreased mobility, hiding, V x 1, decreased appetite, and straining in litter box to pass hard stool. Abd xray suspected colonic mass with some formed BM in colon. Gave SQ fluids, Cerenia SQ and enema. Rx Bup PO, BID. x 8 doses. Recommended Abd US.

Abnormal PE/Chem/CBC/UA Results: 12/12/25: Chem/CBC WNL, T4 3.2 5/2: CBC WNL, Chem K 2.9, T4 8.6 5/16: Abdominal rads suspect colonic mass

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small 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.

Normal renal size (left measured 3.7 cm, right measured 3.6 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.62 cm in length and 0.31 cm in width. The right adrenal gland measured 0.85 cm in length and 0.45 cm in width.

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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.0 cm in width.

Liver

A large, irregular, mottled echogenic, cystic and poorly vascularized mass in the caudal aspect of the right lobe measuring 3.6 x 4.0 cm in size. Small, hyperechogenic, parenchymal nodule in the cranial aspect of the right lobe measuring 0.5 x 0.7 cm in size. A hypoechoic, parenchymal nodule was noted



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in the caudal aspect of the right lobe measuring 0.6 x 0.8 cm in size. The rest of the liver is of normal size, maintaining a normal echogenic appearance, portal markings and a regular curvilinear capsule. 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. The common bile duct measured 0.3 cm in diameter.

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. Focal, hypoechoic, colonic mass measuring 2.6 x 4.2 cm in size with no luminal obstruction evident. 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. The colonic wall measured 0.14 cm. The stomach measured 0.22 cm, duodenum measured 0.22 cm, small intestine measured up to 0.23 cm.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.5 cm.

Free Abdomen

Enlarged colonic lymph nodes measuring up to 0.8 x 2.1 cm in size with a rounded shape and hypoechoic appearance.

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Colonic mass.
- Colonic lymphadenomegaly.
- Hepatic mass.
- Hepatic nodules.
- Urinary bladder sediment.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

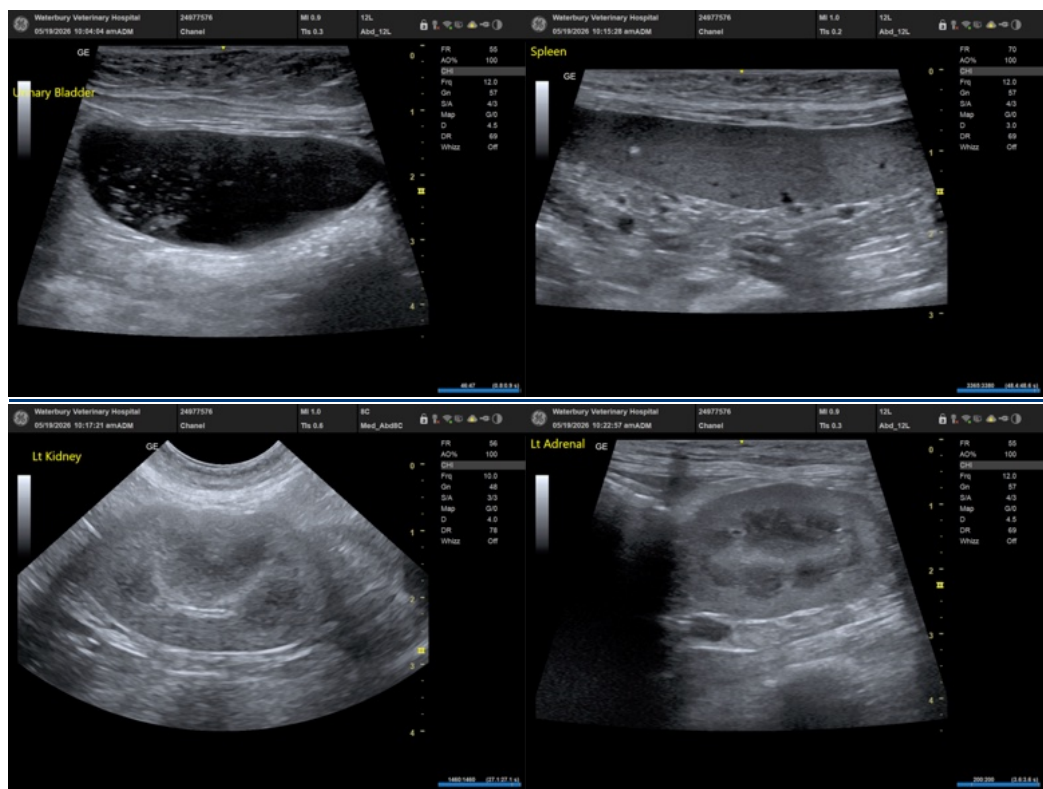
The most likely etiology for the colonic mass would be neoplasia such as lymphoma or adenocarcinoma with granulomatous disease a less likely differential diagnosis.

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

The hepatic nodules can be considered incidental findings, most likely representing nodular hyperplasia.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, hematuria and possibly bacterial cystitis.

Further assessment and therapy needs to be based on the pending results.





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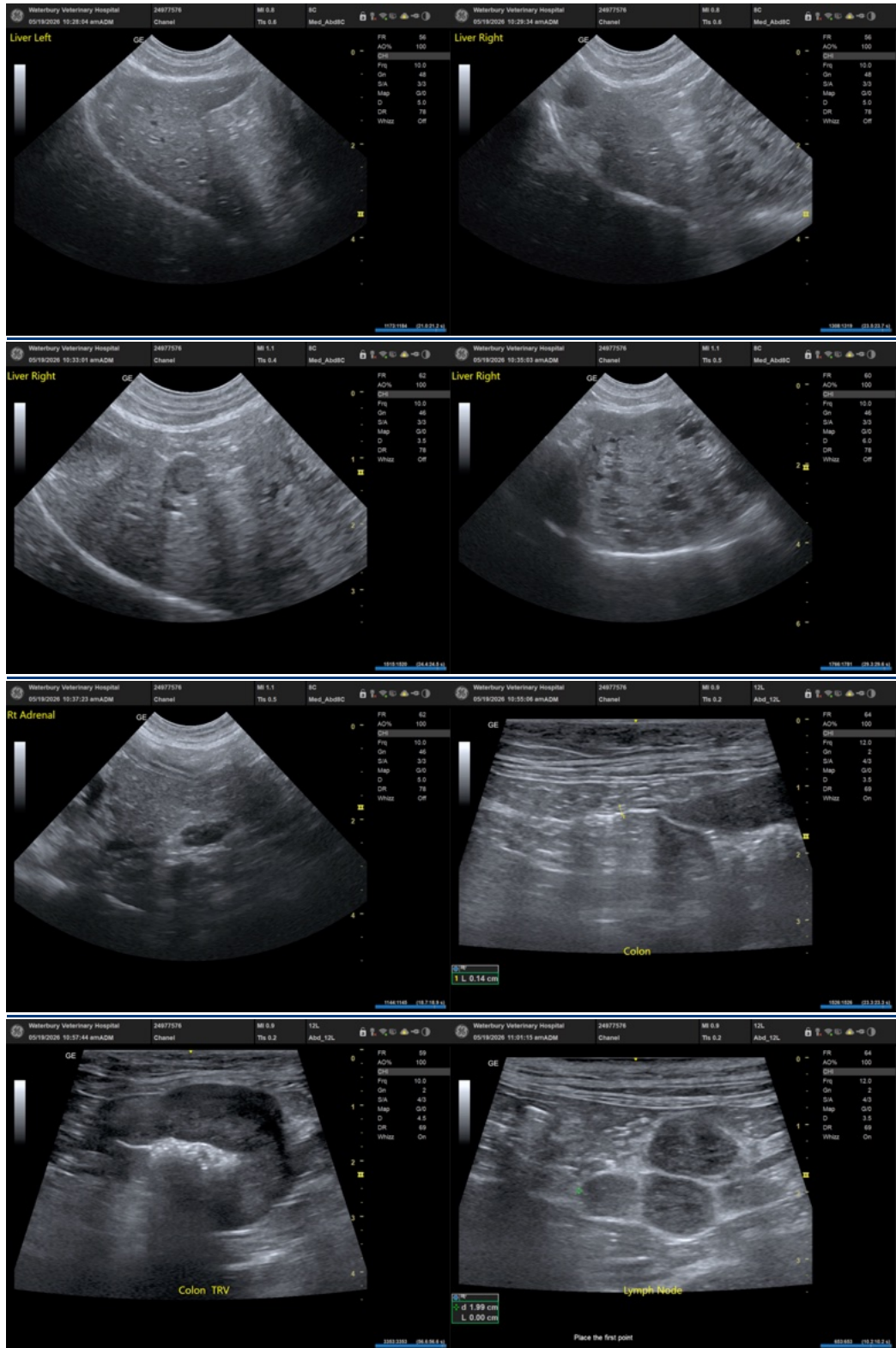
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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