



## PATIENT

Thommy Montesino

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

9 years

## WEIGHT

13.1 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Shemanski

## HOSPITAL NAME

Western New York VS

## REFERRING VET

Dr. Lefler Brockport  
AH

## INVOICE

78155

## DATE

5/29/26

## PRESENTING CLINICAL SIGNS

Patient presented 5/20 for weight loss, anorexia, and inappropriate urination. Patient lost 3lbs since 10/2025. On PE, the bladder was half full but firm. Per the owner, the patient was urinating inappropriately around the house; no straining to urinate was noted.

History:

- Inappropriate urination for approximately 2 weeks.
- Occasional vomiting, which started after the antibiotics. Vomit is not a whole food. He is not typically a vomiter in the past, but sometimes gets "the zoomies" after eating and then vomits.
- No diarrhea noted.
- Anorexia and weight loss were first noticed about 2 weeks ago.
- Not drinking water.
- Diet: Recently started on Smalls fresh food. Eating mainly wet food with water added.

CLINICAL SIGNS:

Frequent and inappropriate urination, significant weight loss and vomiting

MEDICATIONS: Enrofloxacin 68 mg ½ PO BID, Mirtazapine transdermal SID

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry/T4 were all unremarkable. Free catch urine: SG=1.048, pH=7.0 urine protein 1+ blood 4+ Sed: RBC= >50/HPF WBC=2/HPF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small with a thickened, but smooth appearance of the wall. The bladder wall measured up to 0.6 cm. Normal anechoic urine with no sediment evident. A few, small, uroliths measuring up to 1.0 cm in size.

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 4.3 cm, right measured 4.8 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 0.37 cm in width. The right adrenal gland measured 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. 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.

## *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.

## *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. Two, hypoechogenic, irregular, small intestinal masses were noted. One mass measured 2.5 x 3.4 cm in size and the other measured 2.0 x 3.0 cm in size with no luminal obstruction evident. 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. FNA was taken of one of the small intestinal masses.

## *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.

## *Thorax*

Normal appearance of the heart. No pericardial or pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Small intestinal masses.
- Uroliths.
- Urinary bladder thickening.



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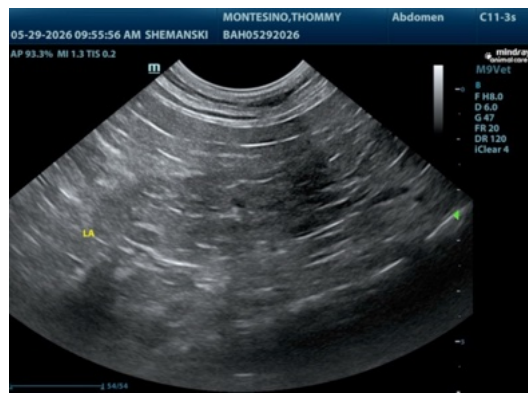
5/29/26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the small intestinal masses would be neoplasia with granulomatous disease a possible differential diagnosis.

The urinary bladder thickening is most likely secondary to the uroliths.

Further assessment and therapy needs to be based on the pending cytology results, but could include three view thoracic radiographs and urine culture. Laparotomy can be considered as it could be both diagnostic and therapeutic fo the small intestinal masses as well as a allowing for a cystotomy to remove the uroliths.





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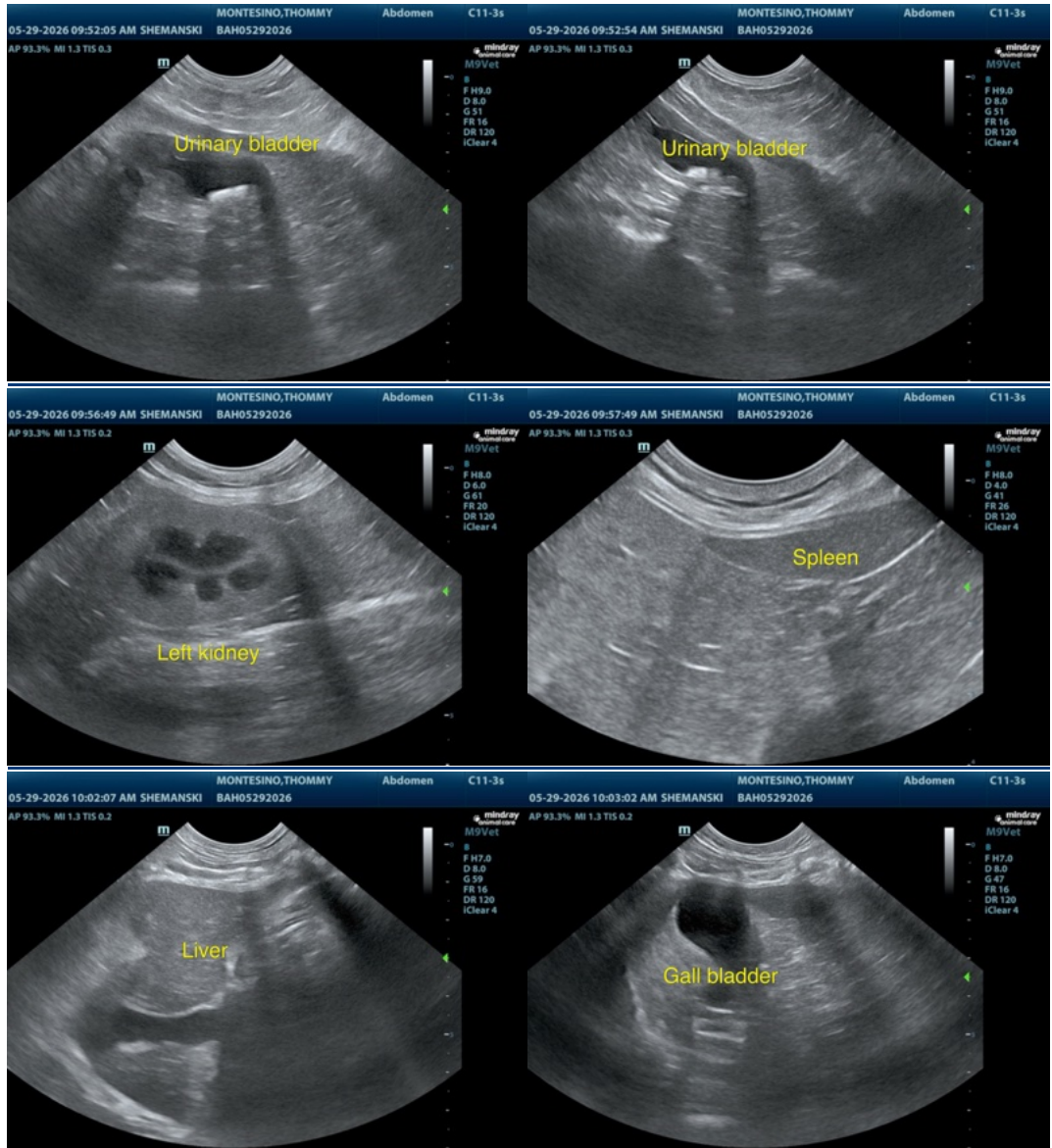
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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