



PATIENT

Vin Mortimer

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

11.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Brenda Buck

INVOICE

11895

DATE

5/6/2026

PRESENTING CLINICAL SIGNS

Seen at urgent care for vomit and diarrhea, healthy prior to this. Abdominal ultrasound is recommended to further evaluate the appearance of peritoneal space and gastrointestinal tract. Clinical History: Yesterday morning, the owner observed a string protruding from the rectum. String length appeared to increase. The owner trimmed some of the protruding string at home. No bowel movement observed for 24 hours, urinating normally, eating, drinking plain, otherwise acting normal prior to presentation. No known history of ingesting foreign objects. First occurrence per owner. The owner reports that the string was removed at the emergency vet. Patient then had diarrhea for about a week. She had a bowel movement this morning that was more solid. The energy level is back to normal.

CLINICAL SIGNS: bout of vomit and diarrhea, she had a BM this morning after more than 24 hrs.

Abnormal PE/Chem/CBC/UA Results: April 27, 2026 (Daya Urgent Veterinary Services) - Low potassium: 3.1 mmol/L - Sodium: 153 mmol/L - Chloride: 128 mmol/L - Glucose, mild elevation: 134 mg/dL - Hematocrit: 34% Radiograph Conclusions - Material within the stomach to be a small volume of ingesta versus less likely foreign material. - No definitive evidence of linear FBO associated with small intestinal colon. - Ill-defined soft tissue nodules and wispy soft tissue opacity w/n peritoneal space, concerning for mesenteric nodules, which may be assoc w/ carcinomatosis, from an unidentified primary aberrant parasitic migration and assoc cysts or lymphoid follicles. - Peritoneal effusion likely contributing to appearance. - ABD US is rec to further evaluate the appearance of peritoneal space and gastrointestinal tract.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing scant amount of floating hyperechogenic sediment with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 3.7 cm and the right kidney measures 3.8 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature.

Left adrenal measures 0.34 cm in width and the right adrenal measures 0.91 cm in length x 0.3 cm and 0.36 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



PATIENT

Vin Mortimer

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

11.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Brenda Buck

INVOICE

11895

DATE

5/6/2026

evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 0.7 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

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. Thickening of the small intestine (up to 0.42 cm) with no loss of layering but with a marked increase in the muscularis to mucosa ratio. Normal peristaltic activity, and no distension of the lumen.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.7 cm x 1.5 cm in size with a slightly rounded shape, and hypoechogenic appearance. FNA taken.

Small amount of ascites present. Diffuse hypoechogenic and nodular appearance of the mesentery.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.
- Mesenteric pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the mesenteric pathology would be sterile peritonitis, early bacterial peritonitis, granulomatous disease, and possibly abdominal carcinomatosis.

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis, and infiltrative neoplasia.

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease, and possibly emerging lymphoma.



PATIENT

Vin Mortimer

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

11.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Brenda Buck

INVOICE

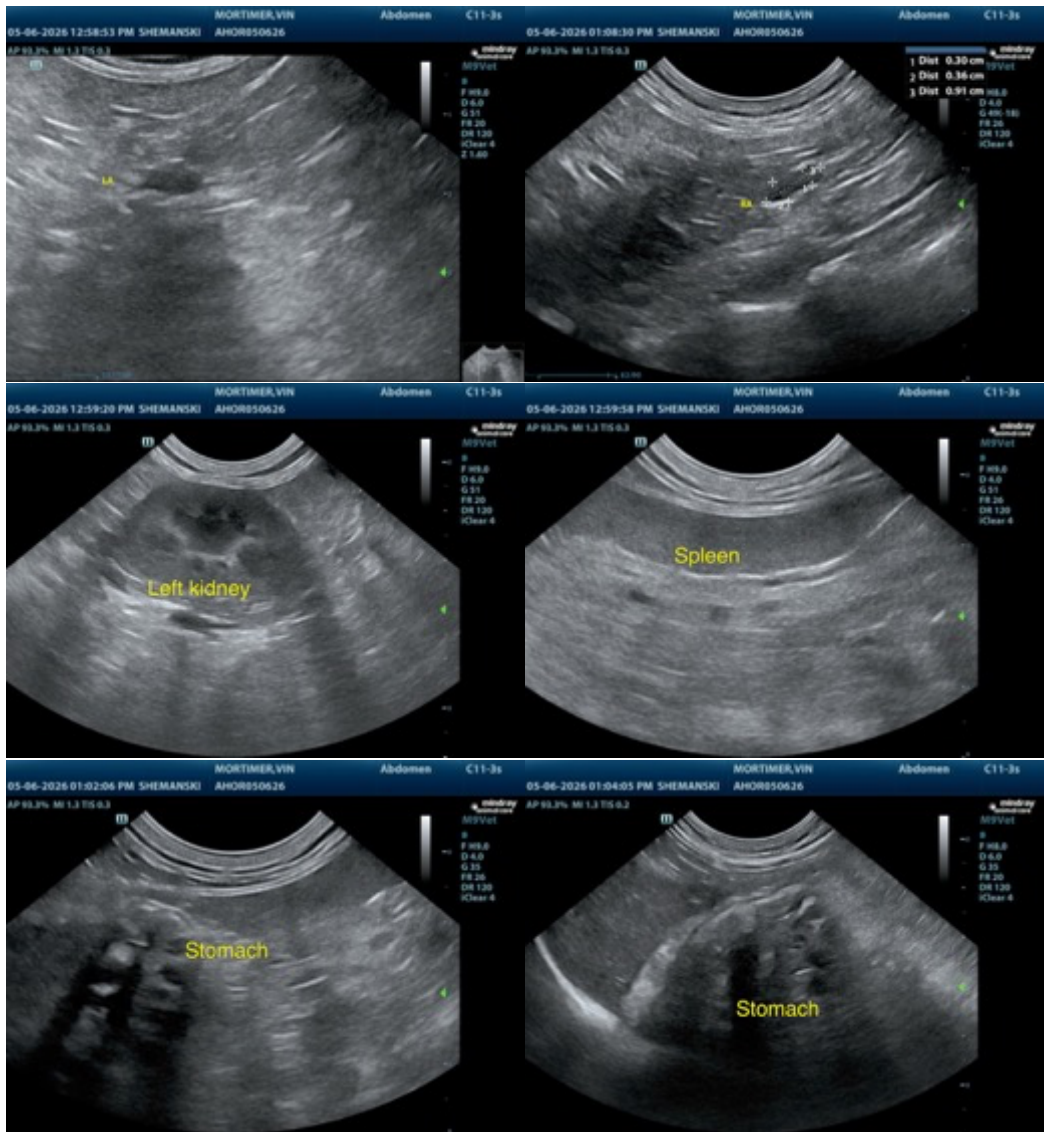
11895

DATE

5/6/2026

Further assessment needs to be based on the pending results but could include fecal analysis, cobalamin and folate assay, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.





PATIENT

Vin Mortimer

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

11.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

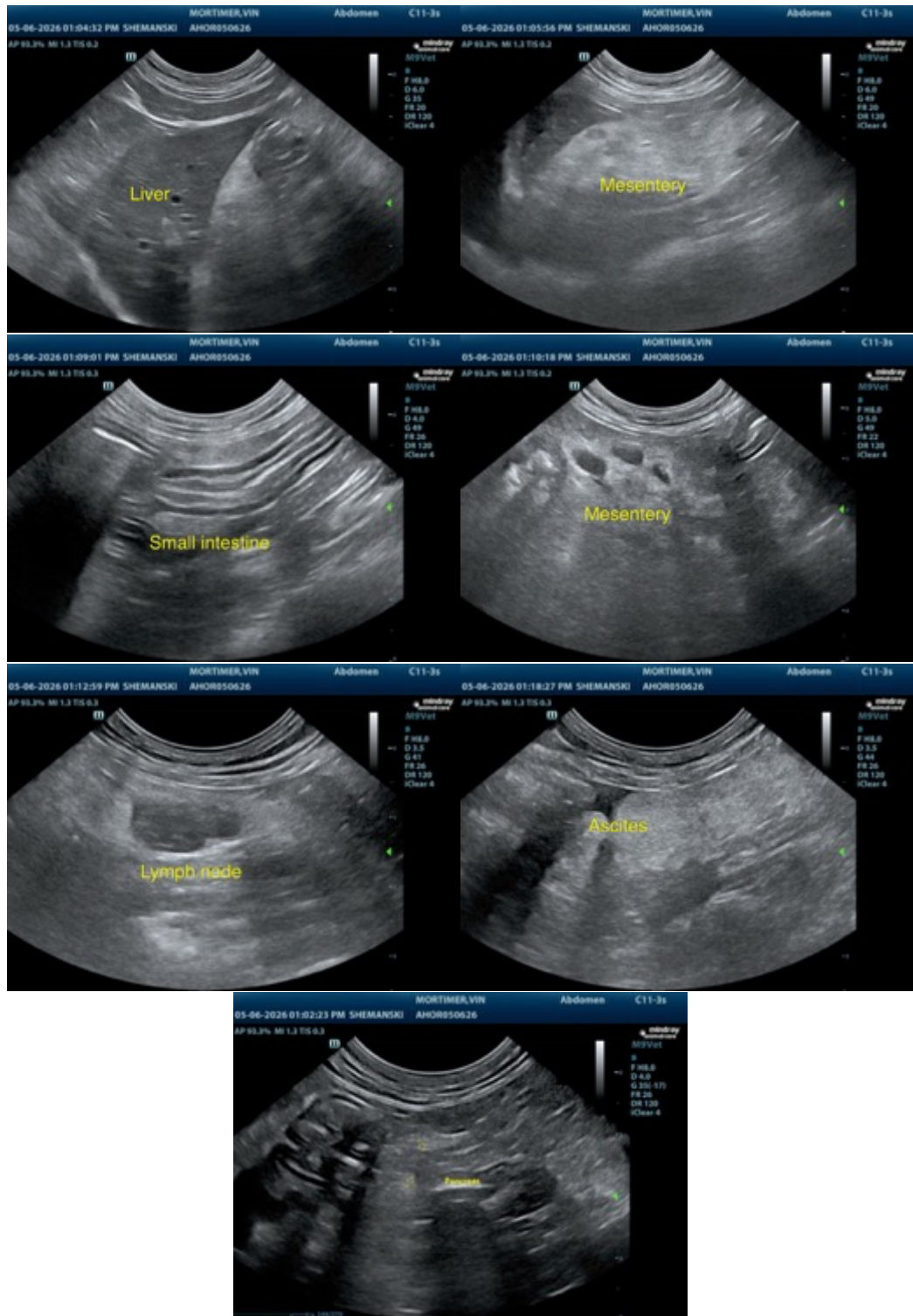
Dr. Brenda Buck

INVOICE

11895

DATE

5/6/2026





PATIENT

Vin Mortimer

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

11.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Brenda Buck

INVOICE

11895

DATE

5/6/2026

The information and recommendations provided are based on the images presented by the referring veterinarian. 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