



PATIENT

Achilles Sidhu

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

14.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Mike DeLucia

INVOICE

11918

DATE

5/8/2026

PRESENTING CLINICAL SIGNS

Concern for abdominal mass, suspect GI origin, possible lymphoma. The left kidney seemed abnormally shaped on radiographs. Patient was seen on March 24, 2021, for diarrhea and acting up. Physical exam was normal except for the thought of a mildly enlarged left kidney. The owner had recently returned home from a trip with the cat, and there were other animals and people in the house. Stress was thought to be the cause of the diarrhea. Patient returned on May 4th as the problem had continued. On physical exam, a firm, lobulated mass was found in the abdomen, not the left kidney as previously thought. Radiographs showed an area in the mid-caudal abdomen that appeared to be a mass, and the left kidney appeared misshapen. Radio/imaging report for 2/10/26 Right kidney appears normal, left slightly smaller and mildly misshapen. The bladder appears normal. Air throughout the small intestine. Very small amount of stool in colon. Mass vs thickened area of intestine noted, difficult to say if SI or colon. CLINICAL SIGNS: Lost nearly 5 lbs, chronic diarrhea.

Abnormal PE/Chem/CBC/UA Results: February 10, 2026 CBC Plateletcrit 0.98% HIGH T4 1.5 ug/dL WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, 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 3.9 cm. The right kidney contains a focal hypoechoic nodule/small mass on the cranial pole measuring approximately 1.0 cm x 1.1 cm in size with subcapsular fluid accumulation around the nodule. The right kidney measures 4.6 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.44 cm in width, and the right adrenal measures 0.37 cm 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. 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.



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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. Focal, hypoechogenic small intestinal mass measuring approximately 2.3 cm x 5.0 cm in size with no luminal obstruction evident. Hyperechogenic appearance of the mesentery surrounding the mass. FNA taken of the mass. The rest of the small intestine is normal.

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 in the region of the small intestinal mass measuring approximately 0.4 cm x 1.0 cm in size with a hypoechogenic appearance but maintaining a normal shape. The rest of the mesenteric lymph nodes appear to be of normal size and shape.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Regional lymphadenomegaly.
- Right kidney nodule/small mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the regional lymphadenomegaly would-be reactive hyperplasia, lymphadenitis, and possibly infiltrative neoplasia.

Etiologies for the right kidney nodule/small mass would be granuloma, organized hematoma, and metastatic nodule.

Further assessment needs to be based on the pending results but could include three view thoracic radiographs and FNA cytology of the renal nodule/small mass.

Specific therapy would be dependent on an etiological diagnosis.

Surgical resection of the small intestinal mass and a right sided nephrectomy could be considered.



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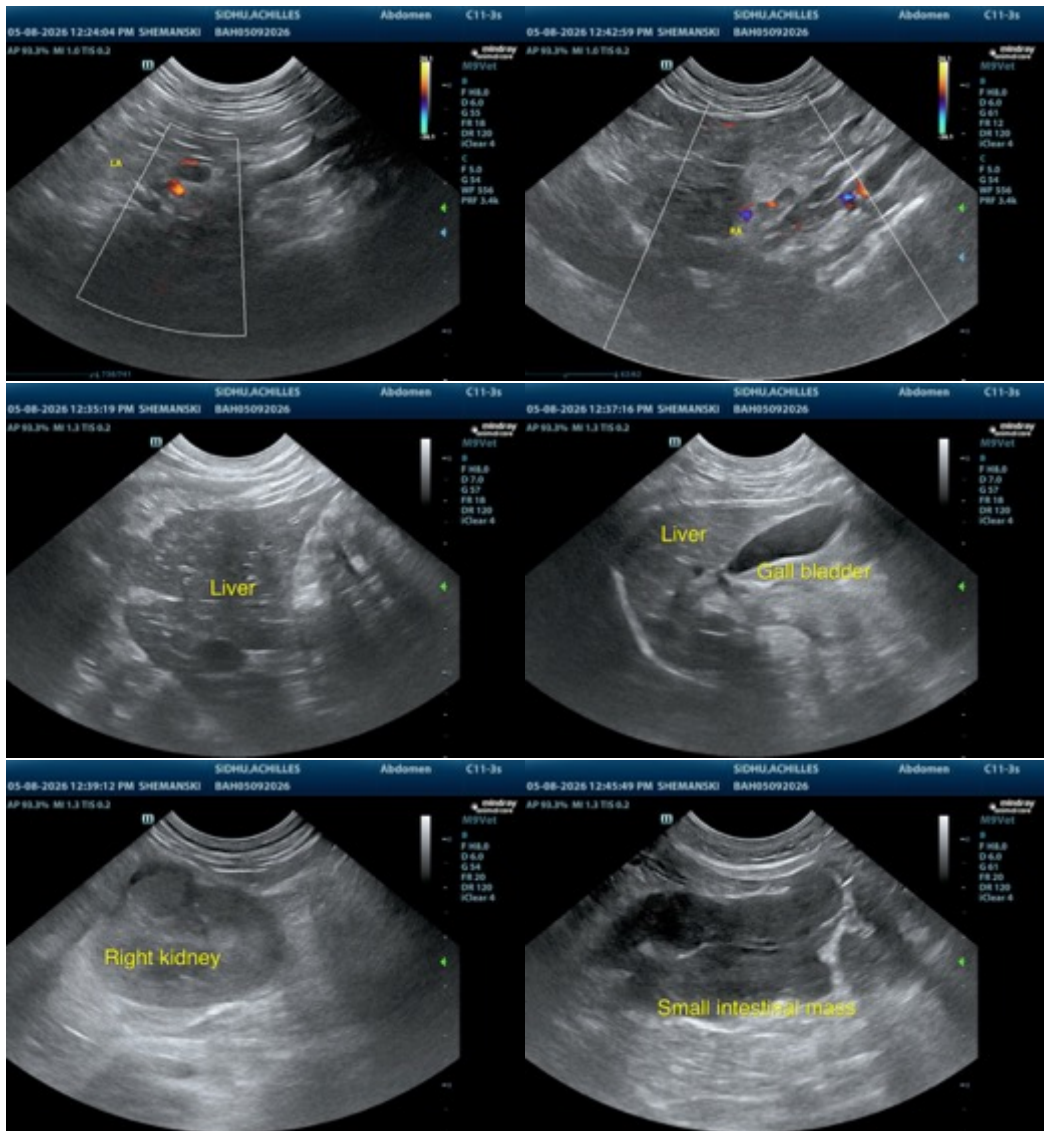
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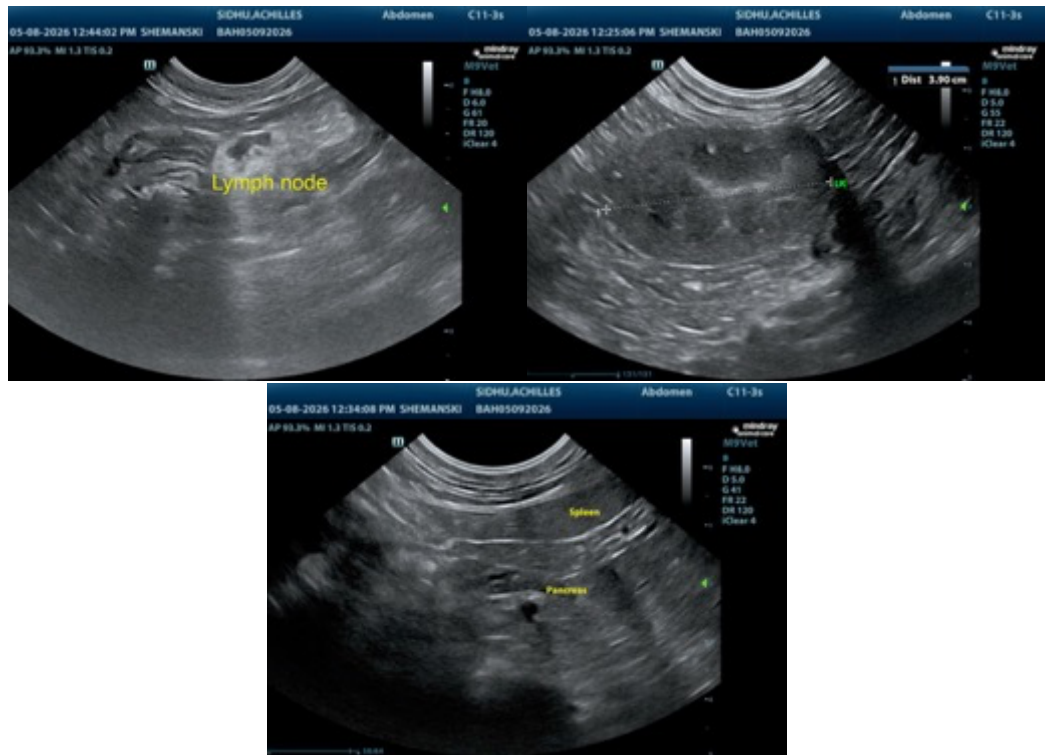
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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