



PATIENT

Mercedes Skinner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

11.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jaime Griffin

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Dr. Griffin

INVOICE

78279

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: Seen for increase in the frequency of vomiting and a decrease in appetite. The vomiting occurs several times a week, but not more than once a day. There is a history of vomiting after defecation, though this has not been observed recently. On exam there was an irregular, space-occupying semi soft structure was palpated in the mid-abdomen. The patient vocalized during palpation of this area.

Abnormal PE/Chem/CBC/UA Results: Palpable abdominal mass

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 3.6 cm, right measured 3.4 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.39 cm in width. The right adrenal gland measured 0.34 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 0.9 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.



PATIENT

Mercedes Skinner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

11.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jaime Griffin

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Dr. Griffin

INVOICE

78279

DATE

6/2/26

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. Focal, irregular, hypoechoic small intestinal mass measuring 1.3 x 2.3 cm in size with no luminal obstruction evident. Hyperechoic appearance of the mesentery surrounding the mass. The rest of the small intestine has 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

Enlarged mesenteric lymph nodes in the region of the small intestinal mass measuring up to 1.7 x 3.0 cm in size with a hyperechoic appearance and rounded shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Regional mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

Further assessment would be three view thoracic radiographs and FNA cytology of the small intestinal mass and mesenteric lymphadenomegaly.

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



PATIENT

Mercedes Skinner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

11.9 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jaime Griffin

HOSPITAL NAME

Seven Fields VH

REFERRING VET

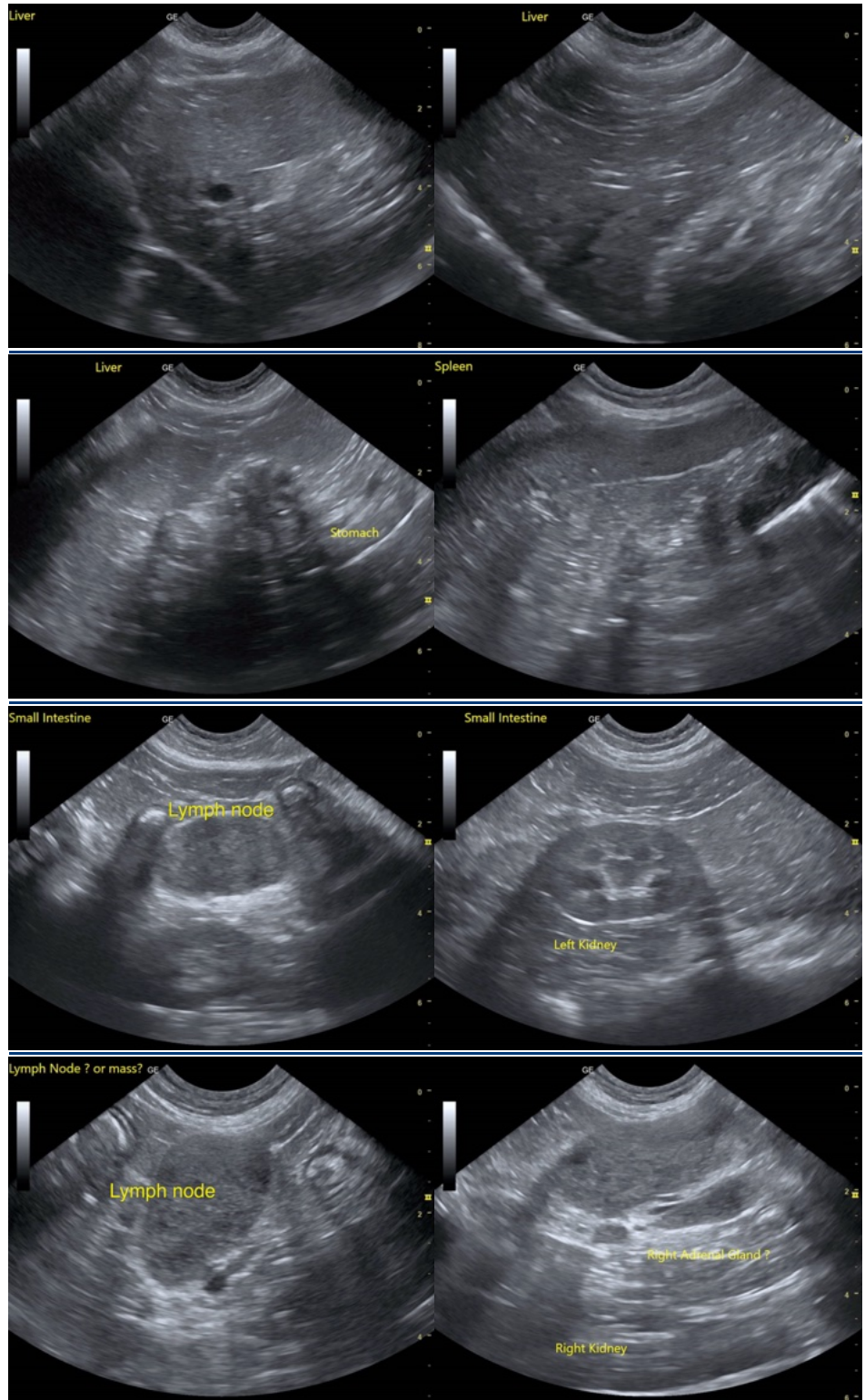
Dr. Griffin

INVOICE

78279

DATE

6/2/26





PATIENT

Mercedes Skinner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

11.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jaime Griffin

HOSPITAL NAME

Seven Fields VH

REFERRING VET

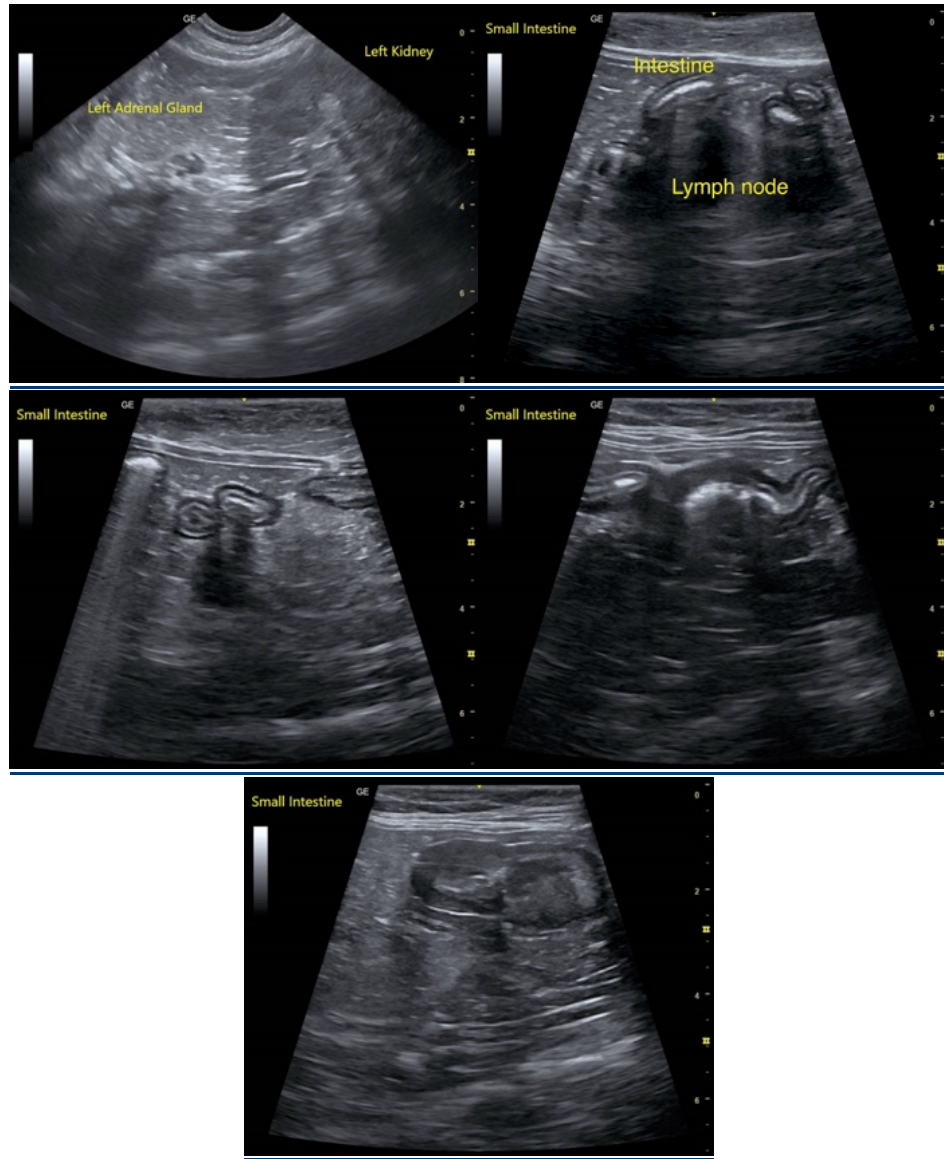
Dr. Griffin

INVOICE

78279

DATE

6/2/26



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)

info@sonopath.com