



PATIENT	PRESENTING CLINICAL SIGNS
Pepper Reed	History: Lethargic, not eating, owner has done bloodwork and fluids and meds. Pet is not responding.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
DSH	Normal appearance of the trigone area, proximal urethra (measuring 0.20 cm), and iliac blood vessels.
SEX	Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.
Spayed Female	
AGE	Normal renal size (left kidney 4.20 cm) (right kidney 4.40 cm) and echogenic appearance, with some loss of cortico-medullary differentiation and normal pelvis. Normal capsule of the left kidney. Irregular appearance of the capsule of the right kidney. No infarcts, mineralization or renoliths evident.
13 years	
WEIGHT	Adrenal Glands
13 lbs	Normal shape, echogenic appearance, size (left 0.38 cm) (right 0.30 cm), position, and appearance of the visible peri-renal vasculature.
INTERPRETED BY	Spleen
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Normal size (measuring 1.00 cm) with normal echogenic appearance. Smooth homogenous parenchyma and irregular capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.
IMAGING PERFORMED BY	Liver
Dr Wiseman	Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
HOSPITAL NAME	Gallbladder
Mobile Vet Imaging	The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.
REFERRING VET	Gastrointestinal
Dr Temprano	Normal appearance of the stomach, duodenum (measuring 0.29 cm), 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. Segmental thickening of the small intestine (up to 0.41 cm) with sections showing loss of layering; however, maintaining a normal 1:3 muscularis: mucosa ratio, normal peristaltic activity and no distension of the lumen. Irregular hypoechoic jejunal mass (measuring 2.30 x 5.20 cm) with no obvious obstruction evident. FNA taken of the mass with no obvious post-aspirate hemorrhage or leakage evident.
INVOICE	Pancreas
14027	Normal size (left 0.90 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.
DATE	Free Abdomen
8.10.23	Mesenteric lymphadenomegaly (measuring 0.50 x 1.30 cm), with a rounded and hypoechoic appearance.
	Scant amount of ascites present. Diffuse hyperechogenic appearance of the mesentery, especially in the cranial abdomen.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Pepper Reed

Primary Findings

SPECIES

- Small intestinal mass

Feline

- Small intestinal thickening

BREED

- Lymphadenomegaly

DSH

- Splenomegaly

SEX

- Mesenteric inflammation with ascites

Spayed Female

AGE

Secondary Findings

13 years

- Age-related renal changes

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

13 lbs

The most likely etiology for the intestinal mass and the segmental thickening of the small intestine would be lymphoma, with granulomatous enteritis a less likely differential diagnosis.

INTERPRETED BY

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

Etiologies for the lymph nodes and spleen would be reactive and infiltrative neoplasia, with lymphadenitis and splenitis, respectively, less likely differential diagnoses.

IMAGING

The ascites and mesenteric inflammation can be ascribed to the small intestinal pathology.

PERFORMED BY

Further assessment needs to be based on the pending cytology results.

Dr Wiseman

With the extent of the pathology in the small intestine, surgical resection would not be feasible, and specific therapy would be dependent on an etiological diagnosis.

HOSPITAL NAME

Mobile Vet Imaging

REFERRING VET

Dr Temprano

INVOICE

14027

DATE

8.10.23





PATIENT

Pepper Reed

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 years

WEIGHT

13 lbs

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MMedVet (Med),
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**IMAGING
PERFORMED BY**

Dr Wiseman

HOSPITAL NAME

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REFERRING VET

Dr Temprano

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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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