



PATIENT

Freya Wentzien

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15-17 years

WEIGHT

7.31 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Dr. Blouin

INVOICE

69015

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: - 11-21-25 Presented first time to get established with us - Hx of fear aggression so patient had received 100 mg gabapentin - Comparison from previous records shows 1.44 lb weight loss since 9-10-24, unintentional - Hx: pickier appetite, holding out for treats instead of food - Temperature = 102.4, unusual for small cat on gabapentin - Palpation of abdomen: wedge-shaped firm mass cranial right abdomen with effusion - Patient left our appointment and went home, then passed bloody diarrhea at home - Patient returned, was quiet but responsive, given Yunnan Baiyao, diarrhea resolved at home - Concern that palpation of possible mast cell mass with GI extension, resulted in degranulation and the above response ABNORMAL Labwork Values - low end normal albumin and globulin * we will email Current Medications will arrive on gabapentin 100 mg Notes to Specialist (if any) - She will be on gabapentin again - probably won't aspirate mass unless we get clotting time, but will get sample of effusion

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a thickened and irregular appearance of the dorsal wall with the rest of the wall having a normal thickness and smooth appearance. 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 3.4 cm, right measured 3.3 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 0.77 cm in length x 0.49 cm in width. The right adrenal gland measured 0.65 cm in length x 0.38 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 0.6 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 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, poorly vascularized, hypoechogenic mass in a loop of small intestine measuring 3.0 x 3.6 cm in size with no obvious luminal obstruction evident. Hyperechogenic appearance of the mesentery surrounding the mass. The rest of the small intestine is 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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Urinary bladder thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the small intestinal mass would be neoplasia with granulomatous disease and focal perforation an unlikely differential diagnosis.

Etiologies for the urinary bladder thickening would be chronic bacterial cystitis, granulomatous disease and emerging neoplasia.



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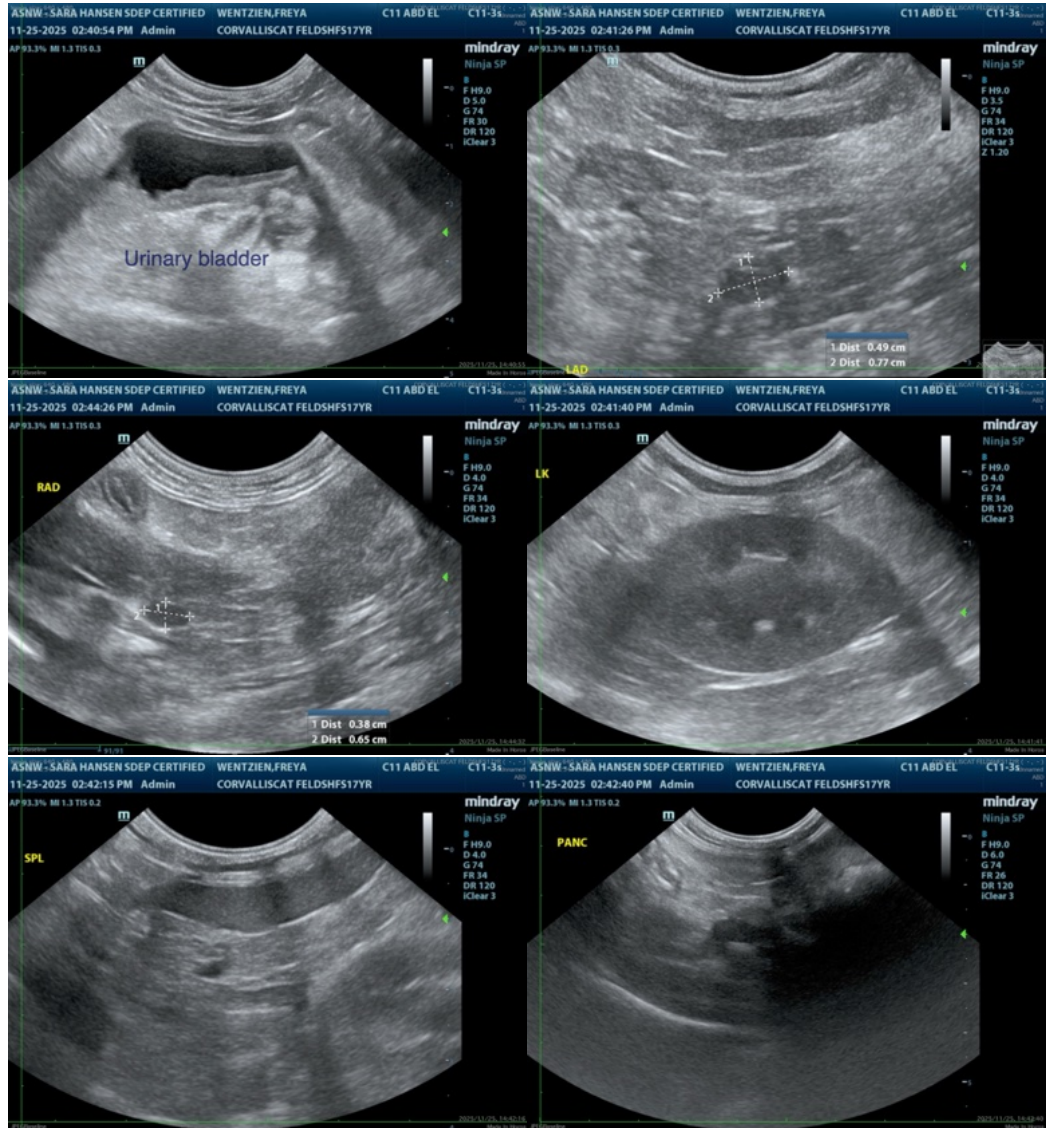
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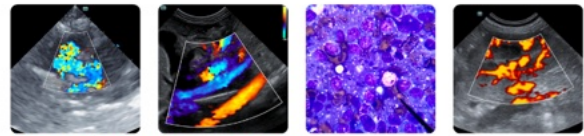
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Further assessment would be three view thoracic radiographs, urinalysis, possibly urine culture and FNA cytology of the small intestinal mass.

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





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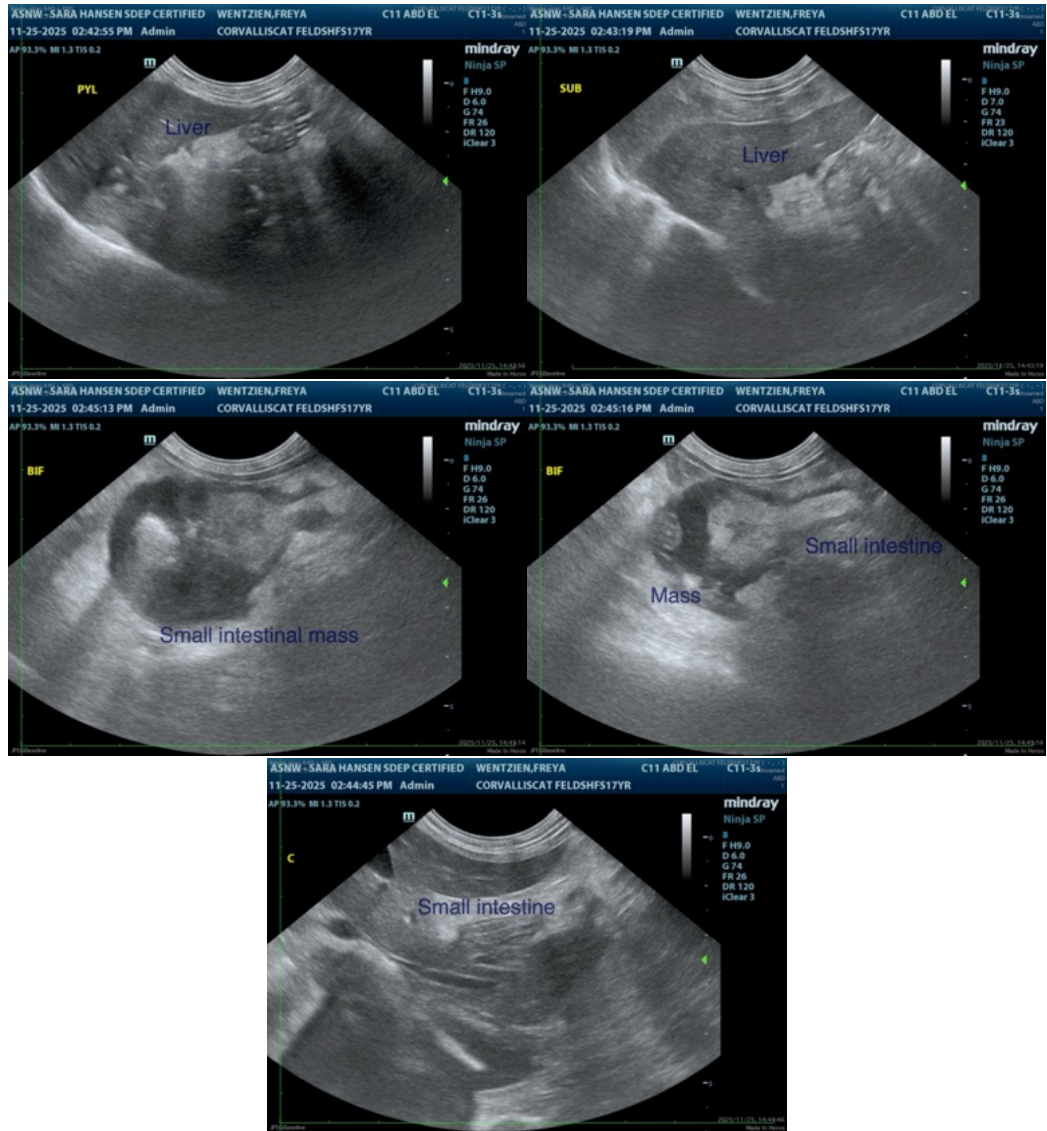
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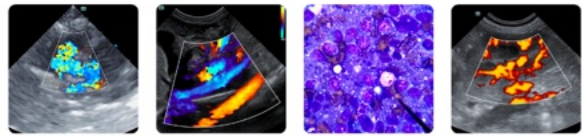
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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