



PATIENT

Paws Miranda

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

9.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Yvonna Aranda

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

68431

DATE

11/7/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: weight loss anorexia soft stool abdominal mass r/o: neoplasia
Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values CBC: monocytosis, PLT 553
Chem: SDMA 26, Cystatin B 100, CI 113 Spec fPL elevated at 4.8 T4 is 1.7 Urinalysis: sp gravity 1.016,
ph = 6.5, 2+ protein, 2-5 WBC, 2-5 RBC, 3+ epi cells Current Medications none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

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.

The kidneys are bilaterally enlarged (left measured 4.7 cm, right measured 5.4 cm), with increased echogenic appearance, but with normal cortico-medullary differentiation, pelvis and capsule. Small, non-obstructive renolith is present in the left kidney measuring 0.7 cm in size. No renoliths are evident in the right kidney. No infarcts, mineralization are present in either of the kidneys. Normal color flow pattern is evident in both kidneys. A small amount of perinephric fluid accumulation is noted around the right kidney.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.93 cm in length x 0.45 cm in width. The right adrenal gland measured 0.9 cm in length x 0.47 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 0.7 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

Double gallbladder 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. Large, hypoechoic, irregular, poorly vascularized mass in a loop of small intestine measuring 2.1 x 4.6 cm in size with no luminal obstruction evident. Hyperechoic appearance of the mesentery surrounding the mass.

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 surrounding the small intestinal mass measuring up to 1.9 x 2.0 cm in size with a rounded shape and hypoechoic appearance. The rest of the mesenteric lymph nodes are normal.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Regional lymphadenomegaly.
- Renal disease.
- Urinary bladder sediment.
- Double gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the small intestinal mass would be neoplasia with granulomatous disease a less likely differential diagnosis.

The most likely etiology for the regional lymphadenomegaly would be infiltrative neoplasia with lymphadenitis and reactive hyperplasia a less likely differential diagnosis.

The appearance of the kidneys is highly suggestive of lymphoma with bacterial nephritis, acute kidney injury and granulomatous disease differential diagnosis.



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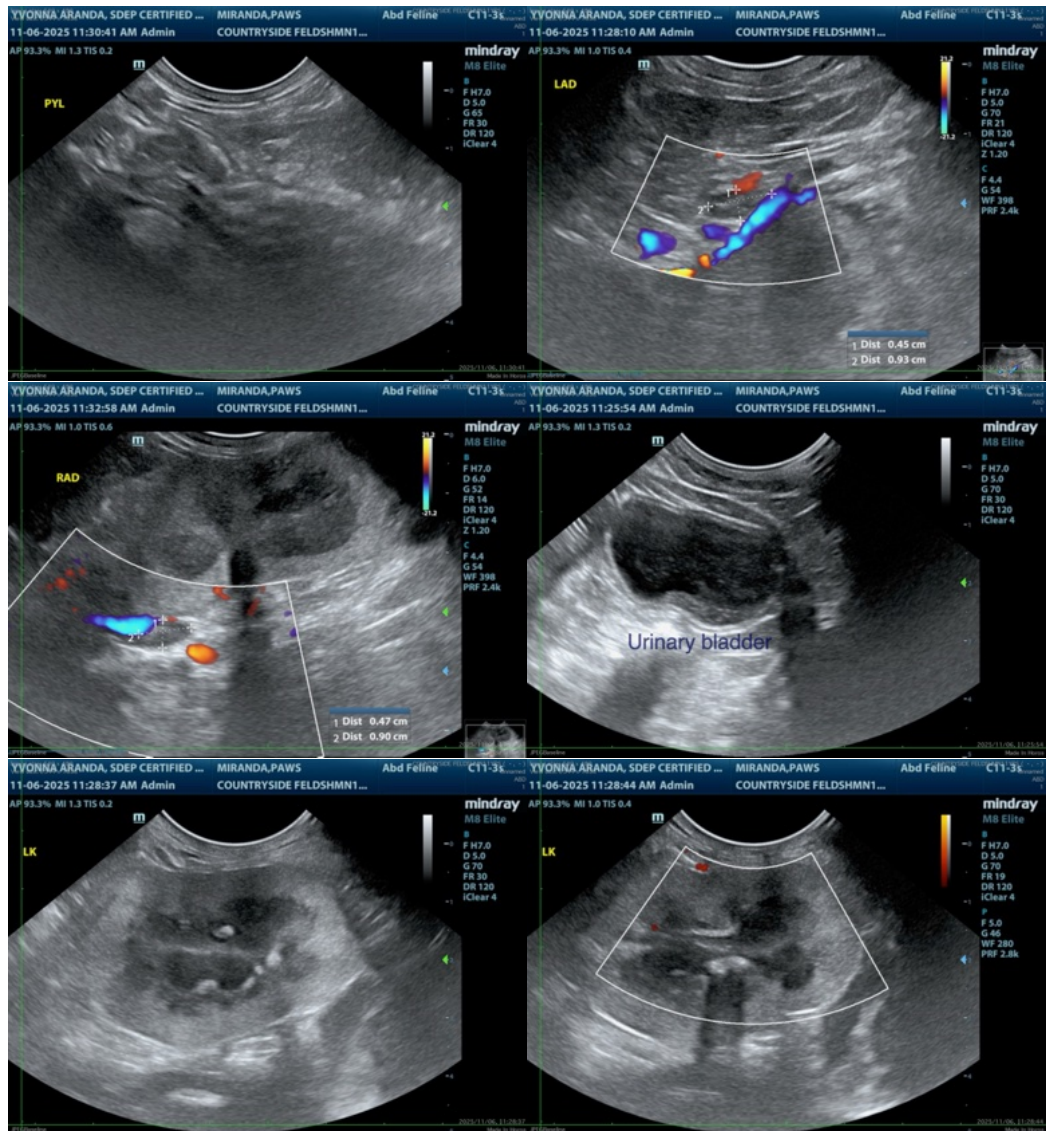
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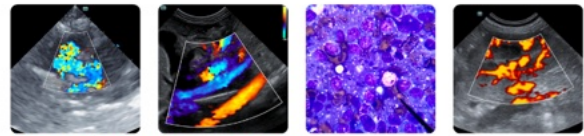
Etiologies for the urinary bladder sediment would be incidental debris, crystalluria and bacterial cystitis.

The double gallbladder can be considered an incidental congenital anomaly.

Further assessment would be urinalysis, possibly urine culture and FNA cytology of the small intestinal mass, regional lymphadenomegaly and the kidneys.

Specific therapy would be dependent on an etiological diagnosis.





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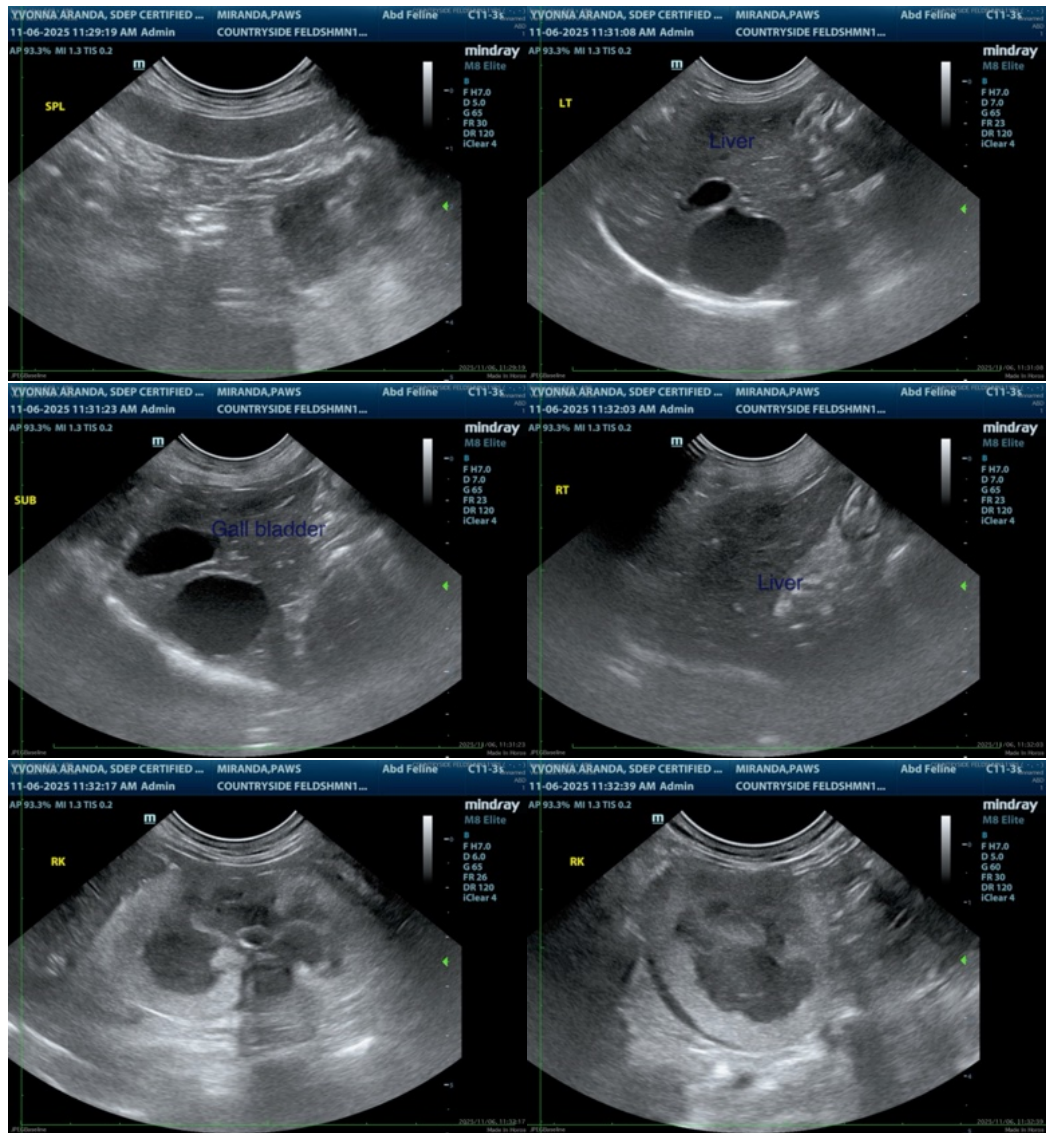
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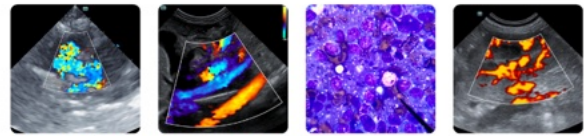
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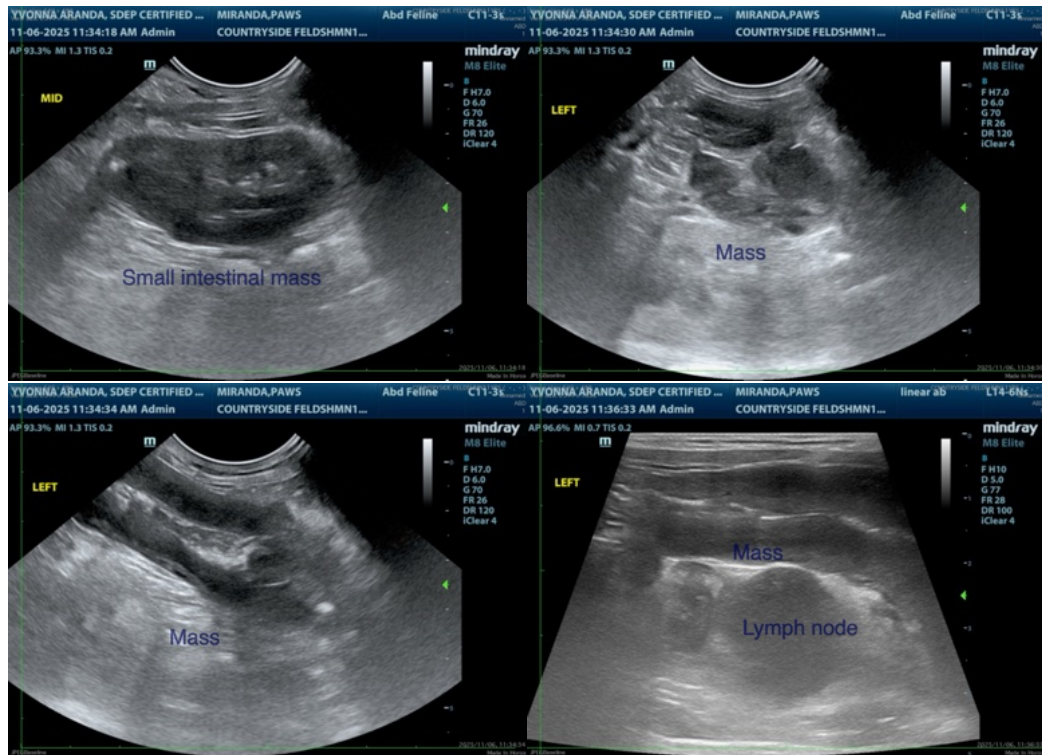
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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