



PATIENT

Tanner Curlings

SPECIES

Feline

BREED

Siamese

SEX

Neutered male

AGE

12 years

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Harmony Heights AH

REFERRING VET

Dr. Sechrist

INVOICE

69293

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: P presented for US due to V/D decreased appetite, lethargy, weight loss

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, 3.9 cm, right measured 4.0 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

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.28 cm in length x 0.44 cm and 0.51 cm in width. The right adrenal gland was not visualized.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipoma was present. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.8 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.

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.



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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 14.7 x 4.9 cm in size with no luminal structure present. The rest of the small intestine is of normal with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal 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. The left pancreas measured 0.4 cm in width.

Free Abdomen

Enlarged and irregular lymph node measuring 0.8 x 2.2 cm in size in the region of the small intestinal mass.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Enteropathy
- Focal lymphadenomegaly.

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.

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

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease and with the small intestinal mass, lymphoma would be an important differential diagnosis.

Further assessment would be three view thoracic radiographs and FNA cytology of the small intestinal mass and regional lymph node.

Additional diagnostics that can be considered would be fecal analysis and cobalamin and folate assay. Laparotomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on the etiological diagnosis.



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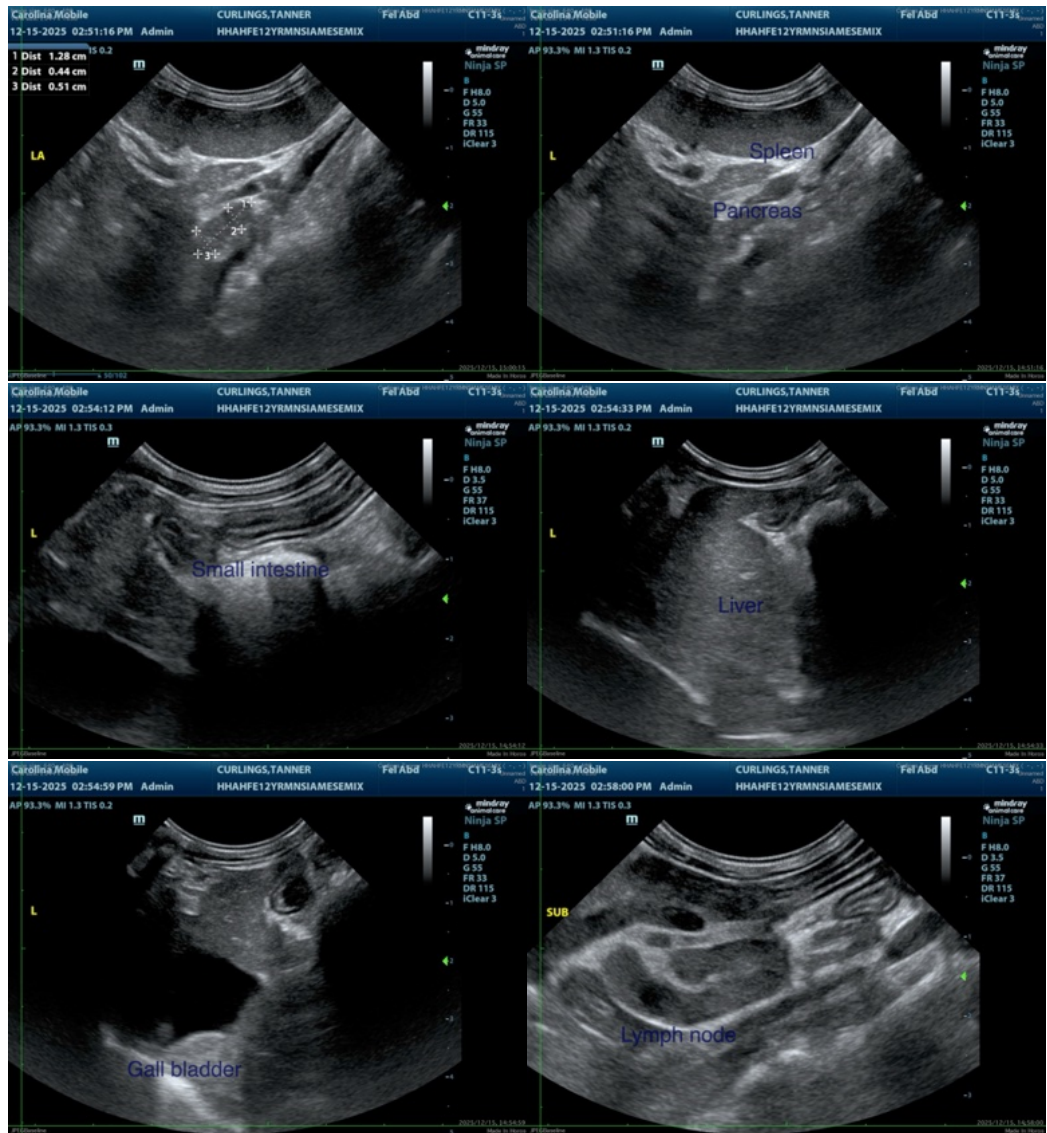
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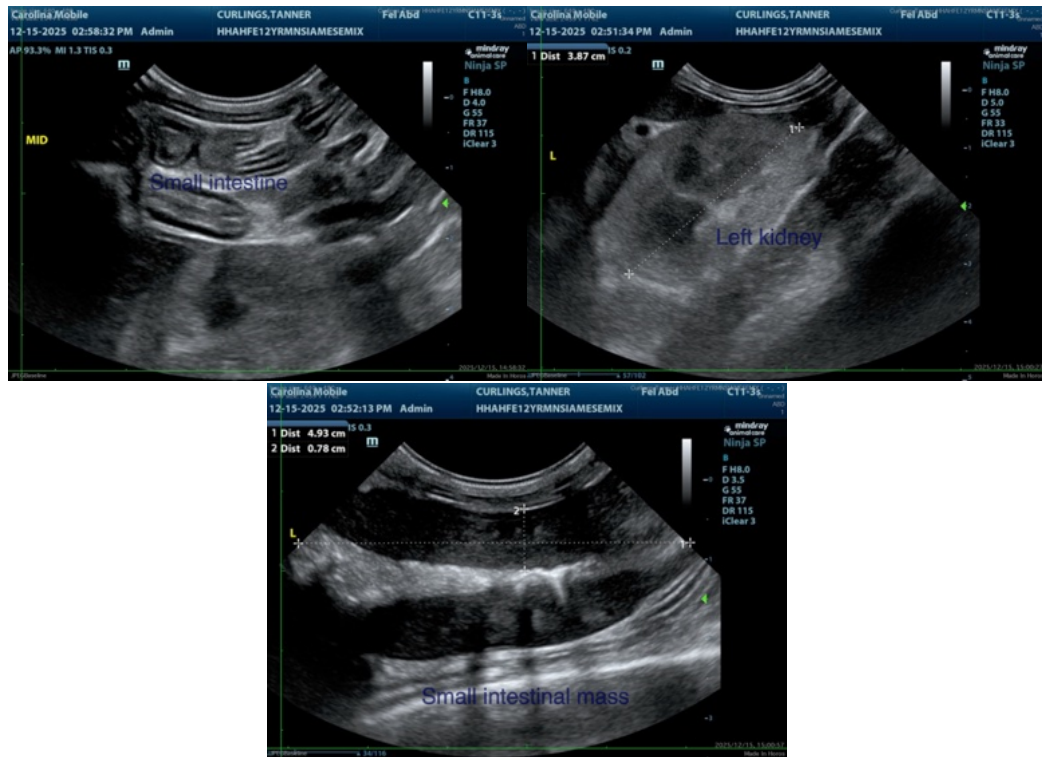
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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