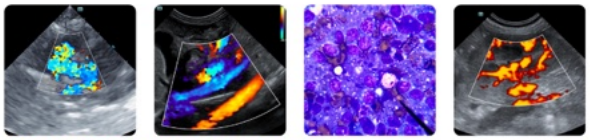


PATIENT

Oliver Sobh

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

6.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Oakland AH

REFERRING VET

Dr. Pellicano

INVOICE

68721

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Constant vomiting food, weight loss.

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 is noted.

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 4.0 cm, right measured 4.3 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

The adrenal glands were not overtly visualized, but appear to be of normal shape, echogenic appearance and size.

Spleen

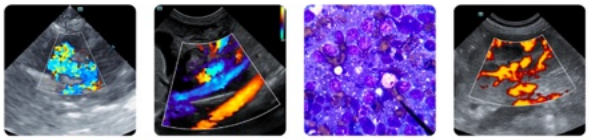
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.5 cm in width.

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 small and double 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, irregular, hypoechogenic mass in a loop of small intestine measuring 2.6 x 3.6 cm in size. Hyperechogenic appearance of the mesentery surrounding the mass. The rest of the small intestine is of normal thickness (up to 0.25 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. A small amount of fluid accumulation is noted in sections of the small intestine.

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.

A small amount of acellular ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Intestinal mass.
- Enteropathy.
- Ascites.
- Urinary bladder sediment.
- Double gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease and lymphoma.

The ascites can be ascribed as secondary to the intestinal mass.

The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis an unlikely differential diagnosis.

The double gallbladder can be considered an incidental congenital abnormality.

Initial further assessment would be three view thoracic radiographs and FNA cytology of the mass.

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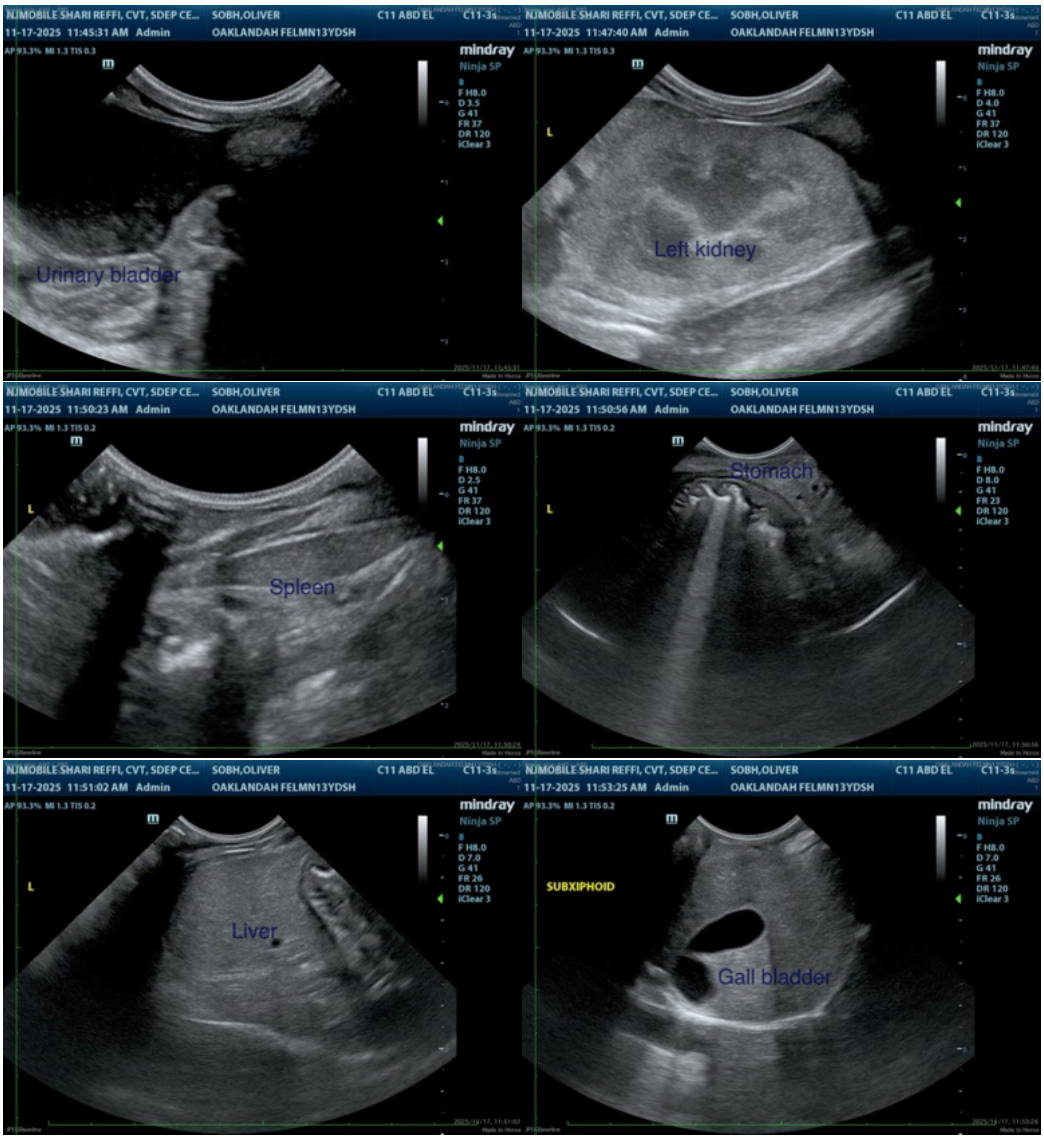
Additional diagnostics for the enteropathy would be fecal analysis, cobalamin and folate assay and possibly endoscopy of the upper GI tract with biopsies.

Laparotomy should be considered as it could be both diagnostic and therapeutic as well as allowing for full thickness intestinal biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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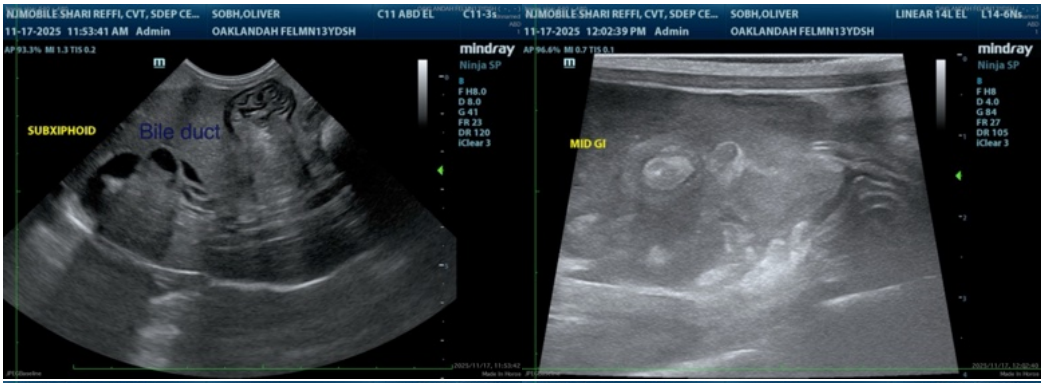

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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