



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kitty Cornelius
SPECIES History: Elev. liver enzymes, hyporexia, grade 2 HM, underconditioned, muscle waste, prev AUS antech 2025 showed thickened SE w/ liver nodules
Feline Abnormal PE/Chem/CBC/UA Results: cpk-51 bili-0.7 glob-6 ast-401 alp-559 alt-668 alb-2.3 lymph-854 eos-2135 hgb-8.7 sdma-16.2 t4-1.5

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Domestic Shorthair
Urinary System

SEX The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Spayed Female
Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

AGE Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

17 ½ years

WEIGHT Normal renal size (left measured 3.3 cm, right measured 3.6 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.

8 lbs

INTERPRETED BY

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

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.32 cm in width. The right adrenal gland measured 0.4 cm in width.

IMAGING PERFORMED BY

Kerri Becker

Spleen

The spleen is diffusely enlarged measuring 1.1 cm in width, but maintained a normal 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.

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Lawlor

Liver

INVOICE The liver is enlarged with a mottled echogenic and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are diffuse, hyperechogenic and measure up to 1.0 cm in size. No masses evident. Multiple, parenchymal cysts are present and measure up to 2.6 x 2.7 cm in size with some of the cysts containing anechoic fluid and others containing hyperechogenic sediment like material. Normal appearance of the hepatic and portal vasculature.

78318

DATE

6/3/26



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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, small intestine, 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. Fecal material was present in the colon.

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

- Nodular hepatopathy.
- Hepatic cysts.
- Splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the nodular hepatopathy would be nodular hyperplasia, granulomatous disease, chronic hepatitis and possibly infiltrative neoplasia.

A differential diagnosis for the hepatic cysts would be cystadenoma.

The most likely etiology for the splenomegaly would be reactive hyperplasia with splenitis and infiltrative neoplasia an unlikely differential diagnosis.

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

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.



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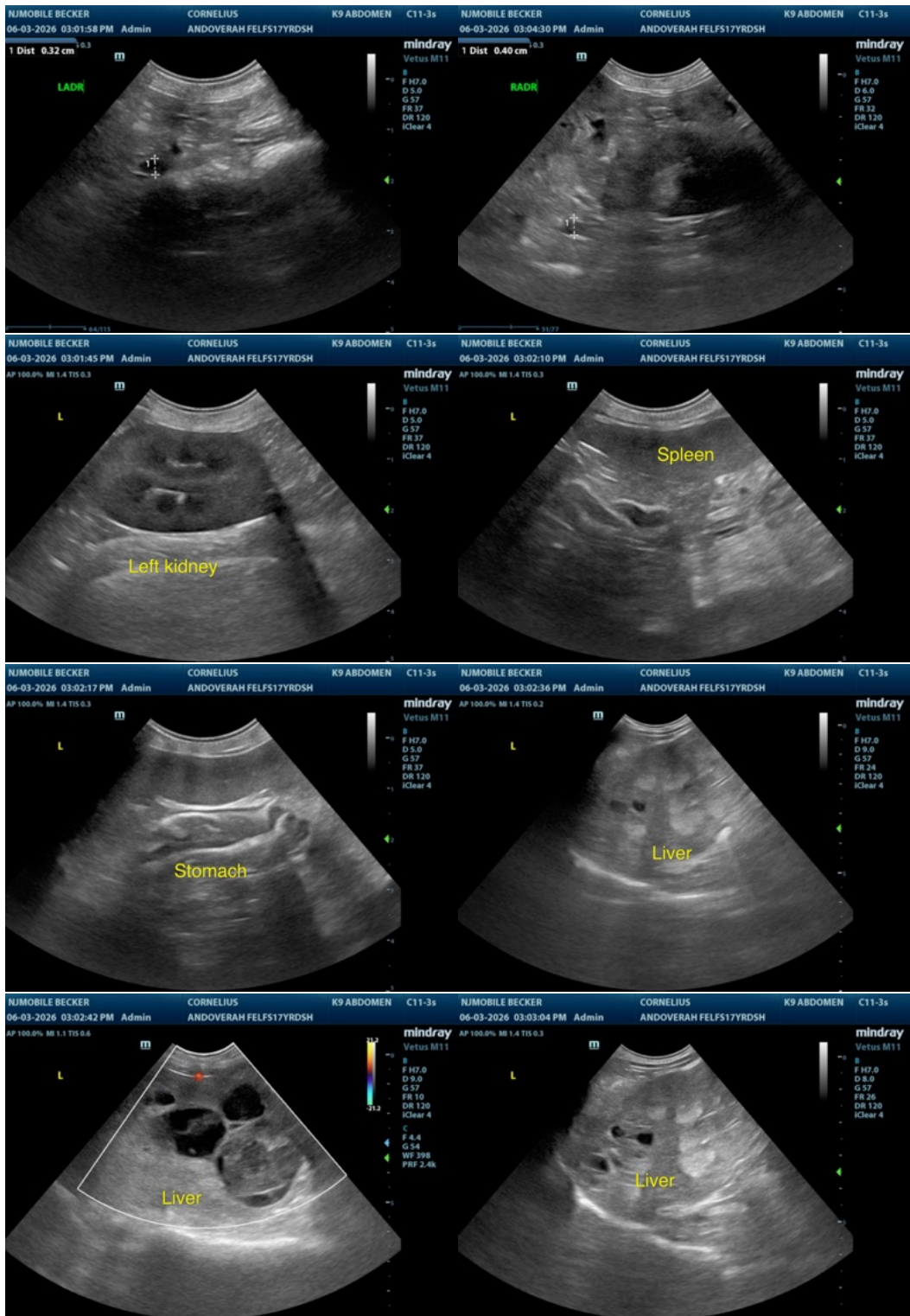
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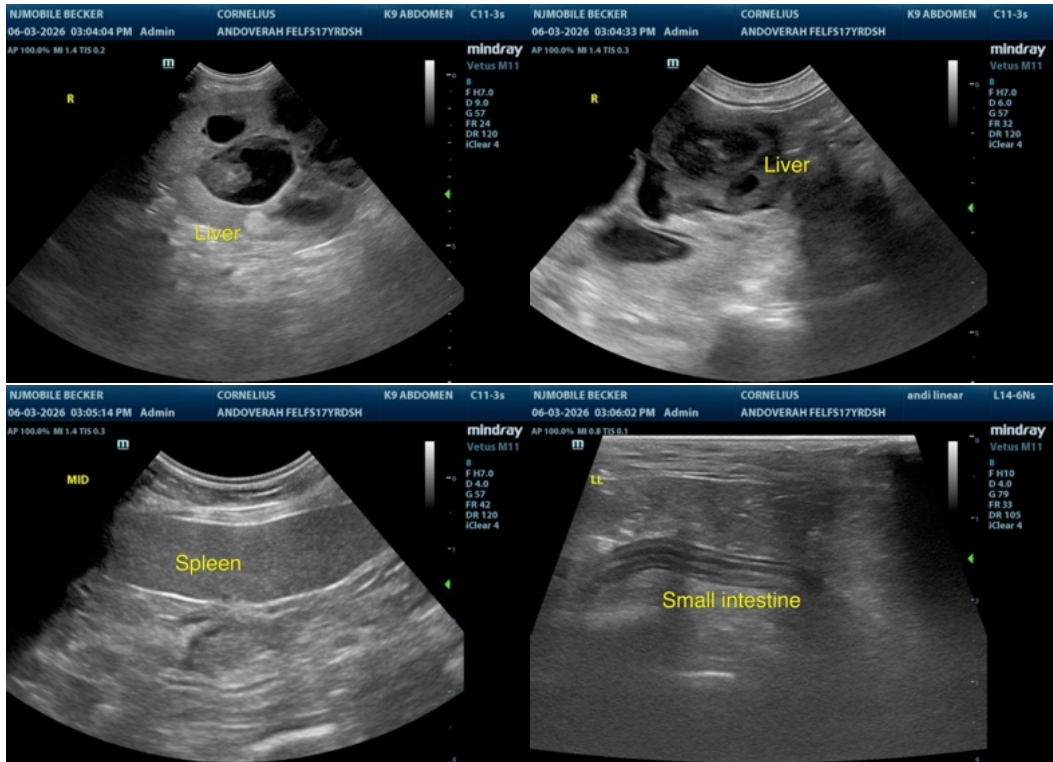
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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