



PATIENT

Mulligan Scherzi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

11.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle
Shemanski, DVM

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Turner

INVOICE

70080

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Mulligan has a history of inflammatory bowel disease (IBD), chronic cholecystitis, pancreatitis, and a gallbladder mucocele. He presents for a recheck due to a recent significant increase in inappropriate urination behavior and occasional diarrhea. A new heart murmur was noted at his last visit. He is on a diet of Purina One Sensitive Stomach (turkey and lamb blends, both dry and wet) as he will not eat prescription food. He has two large litter boxes and uses both, though he favors one over the other for urination. He uses the litter boxes consistently but also urinates inappropriately in the house CLINICAL SIGNS: The owner reports that Mulligan continues to have soft stool, with occasional explosive diarrhea. His attitude is fine, and he does not appear to be in any pain. His weight has been consistent at approximately 12 lbs. He is eating and drinking well with no excessive drinking noted. MEDICATIONS: Pepcid Ursodiol 1/4 tab, entero flora pro 1/8 tsp with food Current Medications - Gabapentin - Ursodiol - Zylkene - Clomipramine (1/2 tab once a day) - Denamarin - B12 injections

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A moderate 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 4.1 cm, right measured 4.4 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 0.41 cm in width. The right adrenal gland measured 0.42 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 0.8 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 full containing a small amount of non-adhered, hyperechogenic sediment. 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.

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary and gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence this is a normal ultrasound examination of the abdomen as both the urinary and gallbladder sediment can be considered incidental findings.

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



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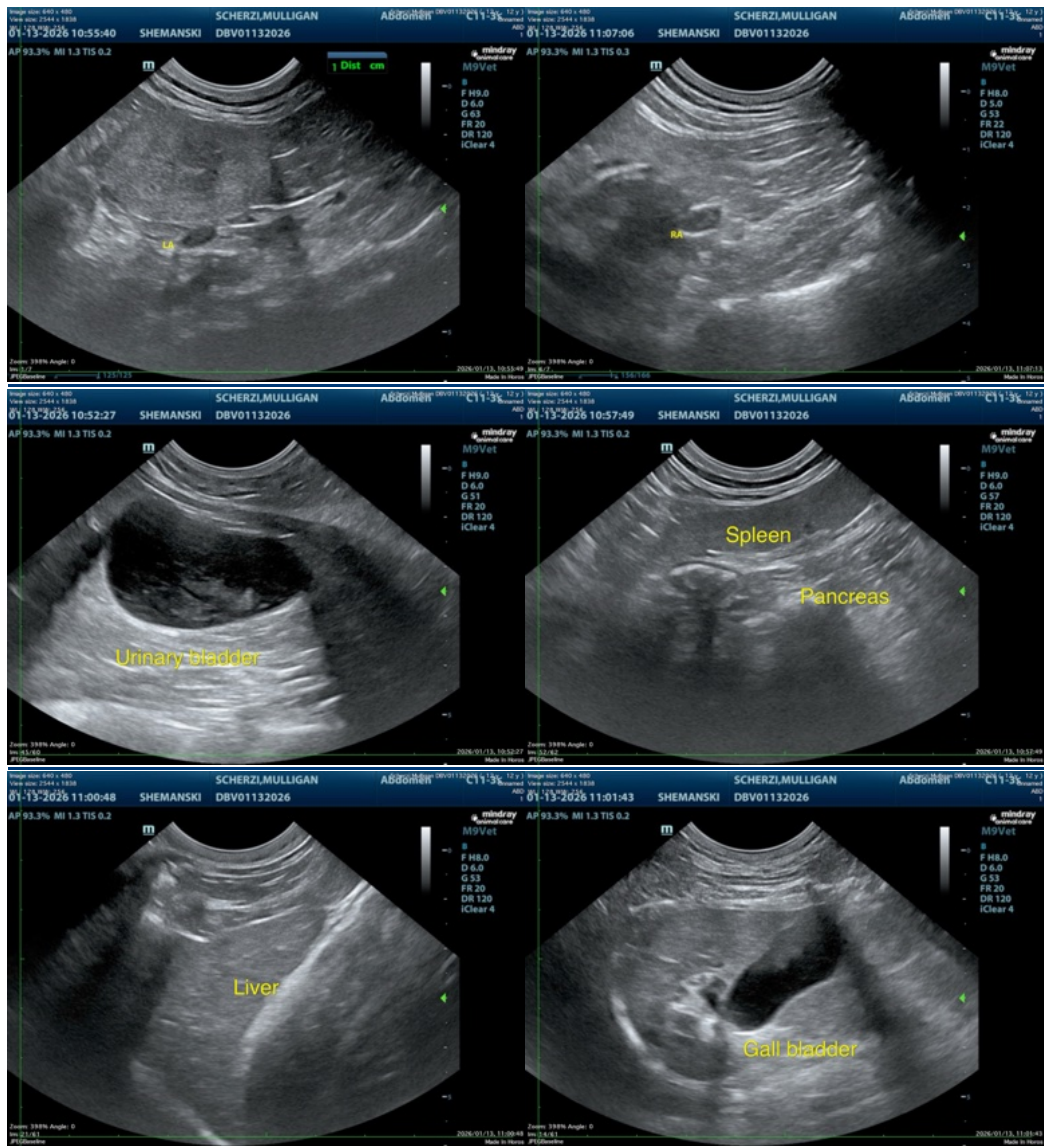
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Further assessment that can be considered would be urinalysis and possibly urine culture.

Further specific therapy would be dependent on an etiological diagnosis.





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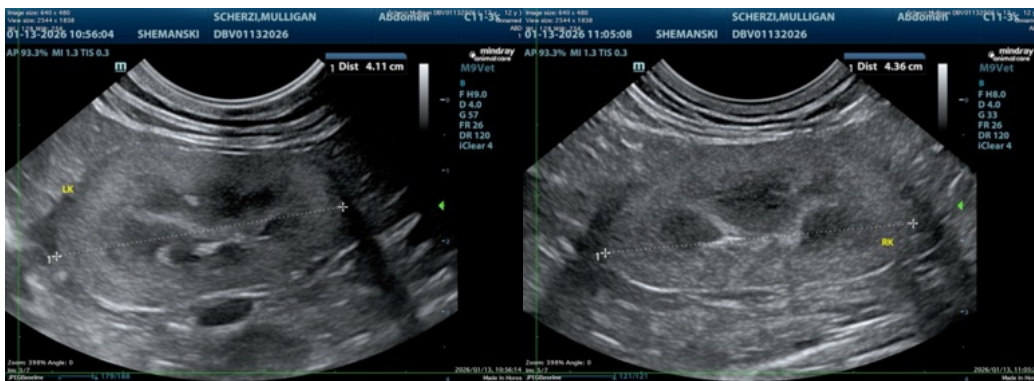
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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