



PATIENT

Gizmo Norton

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

2.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Acton VC

REFERRING VET

Dr. Poremba

INVOICE

72923

DATE

1/2/26

PRESENTING CLINICAL SIGNS

P presented today for vomiting and losing weight - presented in August for similar reason and had vomited string at that time, this time O said he had eaten some of her Christmas tree -P has lost 1.3kg since August visit, DVM is not convinced that his condition is caused by a foreign body and that this has been going on for some time -Bloodwork done today did not reveal any obvious diagnosis Current Medications P sent home with Mirataz ointment

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam Is there anything abnormal internally that can explain Gizmo's weight loss? BW attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 3.5 cm. Right kidney measures 3.6 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.70 cm in length x 0.31 cm in width. Right measures 0.61 cm in length x 0.38 cm in width.

Spleen

Normal size (0.40 cm in width) 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.

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

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

Focal shadowing material is noted in a loop of small intestine, measuring approximately 1.8 cm in length, with no obvious intestinal obstruction evident. The rest of the small intestine appears normal. Normal appearance of the stomach, 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

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes in the region of the shadowing material in the small intestine, measuring approximately 0.60 cm x 1.4 cm in size, maintaining normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Intestinal foreign body.
- Focal mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Initial management would be fluid therapy to correct the electrolyte anomalies and repeating the ultrasound scan after approximately 18-24 hours. If there is still no change in the appearance of the small intestinal loop, then a laparotomy would be indicated.

Additional diagnostics that could be considered would be FNA cytology of the lymph node, as although this is most likely reactive hyperplasia, lymphadenitis and infiltrative neoplasia would be differential diagnoses.





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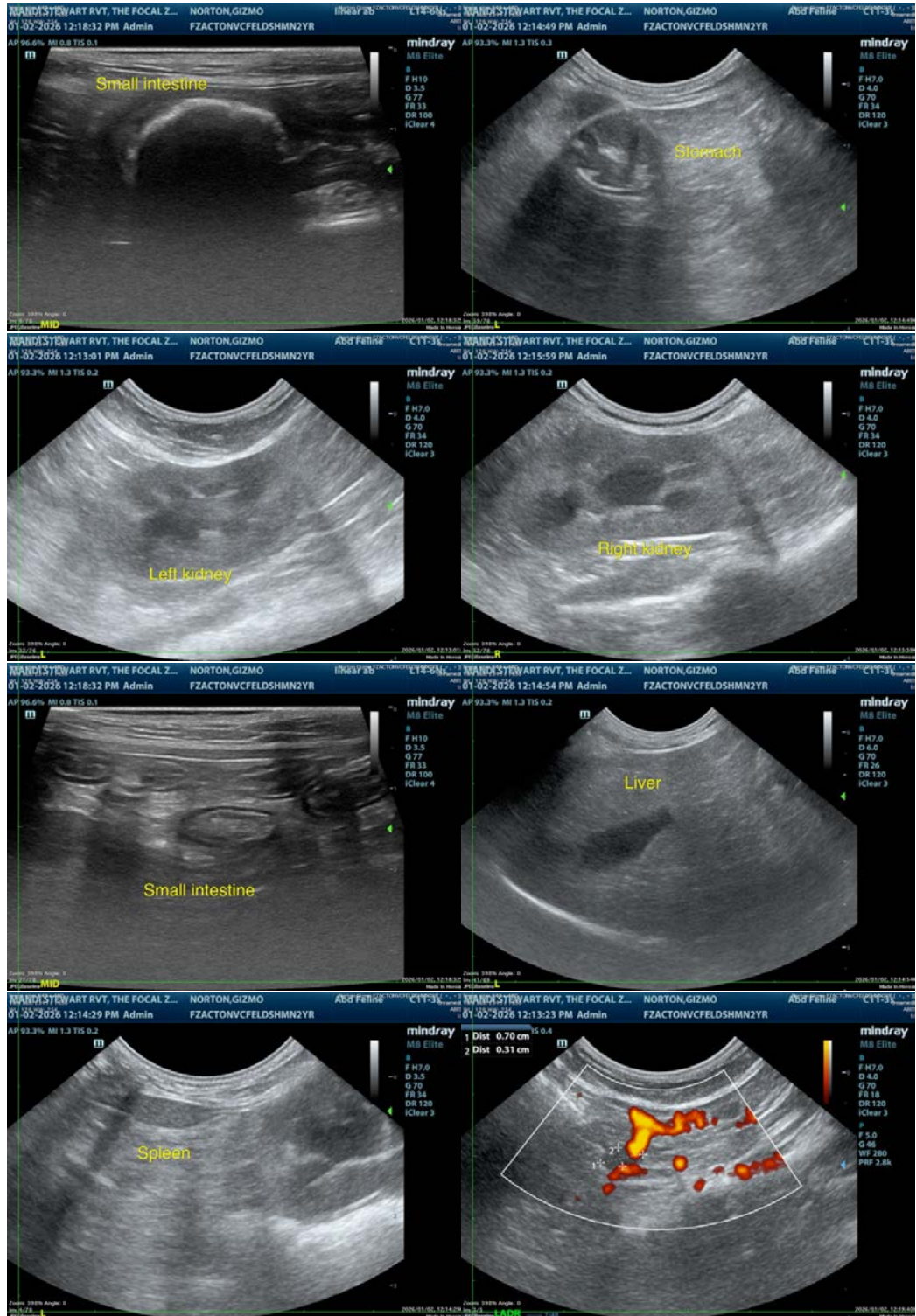
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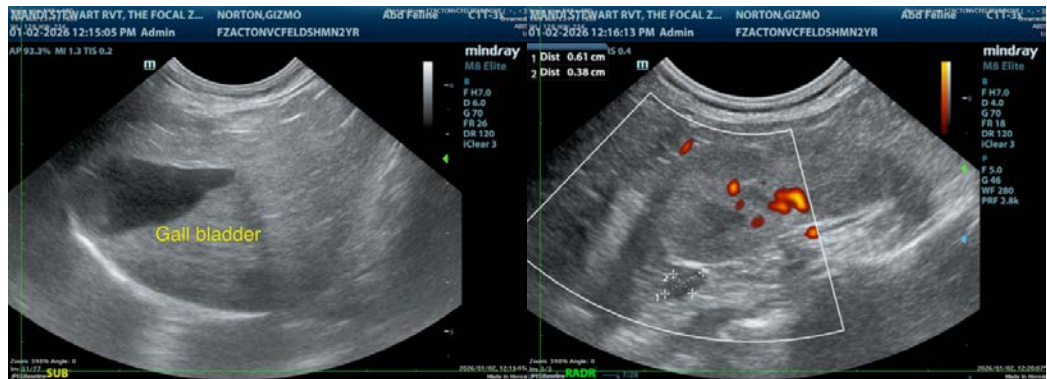
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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