



PATIENT

Corrina Case

SPECIES

Feline

BREED

Siamese

SEX

Spayed female

AGE

6 years

WEIGHT

2.38 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Patrick Hennigan

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Leshkivich

INVOICE

69809

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Hx of PPDH 2020 (sx not pursued). Originally presented on June 10th for vomiting off and on (duration not listed) and recent vomitus was blood tinged per owner. Weight decreased 8oz since 2021. Treated with flagyl, cerenia, AD canned. Re-presented October 8th for lethargy, V/D for about a week. DVM took abd rad and noted increased opacity in stomach r/o ingesta, hairball, etc (rads not sent out). Treated with cerenia, flagyl. Re-presented October 21st for continued vomiting. Re-rad - ingesta in stomach. Sent home on cerenia and planned for fated send out rads next morning. Rad report: Gastric wall thickening and moderate cardiomegaly. November 5th CBC/chem/TT4 with increased neuts 16K. Started prednisolone 5mg SID, B12 and continued Cerenia. Vomiting abated by pred per owner. Re-presented December 1st for sneezing. Temp 104.4. Convenia inj given. Recheck Dec 4th. T 103.3. Lethargic and vomited once. Veraflox started. Dec 9th recheck repeat CBC revealed 45K neuts. Dec 23rd and 31st rechecked which revealed continuing weight loss (~8oz), lethargy and decreased appetite. Persistent fever even at home >103. SC fluids and mirtazipine trans added. Temp at AUS today 105.2.

Abnormal PE/Chem/CBC/UA Results: CBC: Nov 5th Neuts 16K, Dec 10th neuts 45K

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 3.0 cm, right measured 3.4 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

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.28 cm in width. The right adrenal gland was poorly visualized, but appears 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 measures 0.5 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 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

Diffuse thickening of the gastric wall measuring up to 1.1 cm with a hypoechoic appearance and loss of layering. A moderate amount of fluid was present in the stomach. Normal appearance of the 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

Enlarged mesenteric lymph nodes in the cranial abdomen measuring up to 0.5 x 1.2 cm in size with a rounded shape and hypoechoic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric thickening.
- Mesenteric lymphadenomegaly.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be chronic gastritis, granulomatous disease, ulcerative disease and neoplasia.

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



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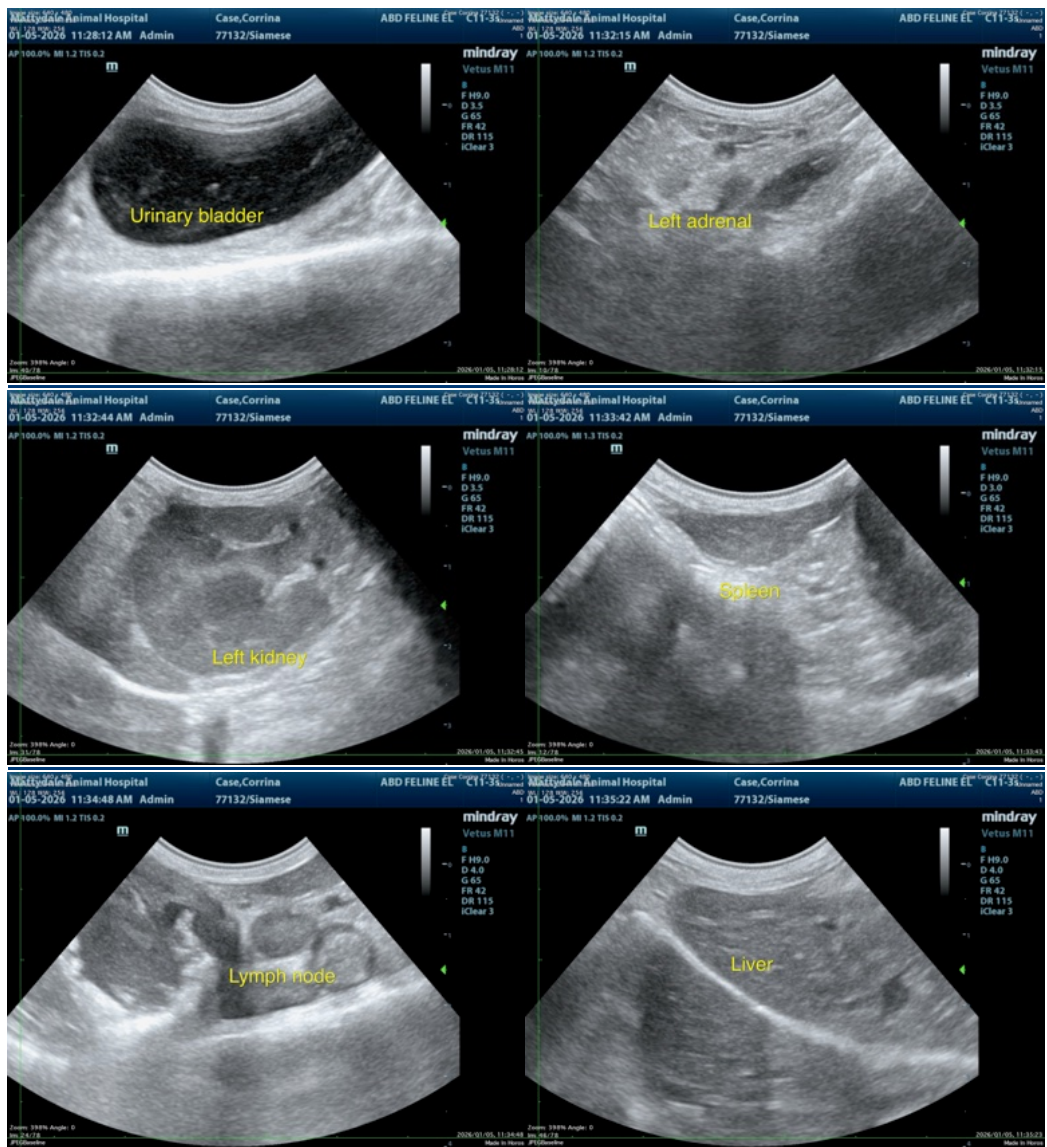
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The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis a less likely differential diagnosis.

Further assessment would be urinalysis, possibly urine culture, three view thoracic radiographs and FNA cytology of the gastric wall and mesenteric lymph nodes.

Gastroscopy with biopsies could also be considered.

Specific therapy would be dependent on an etiological diagnosis.





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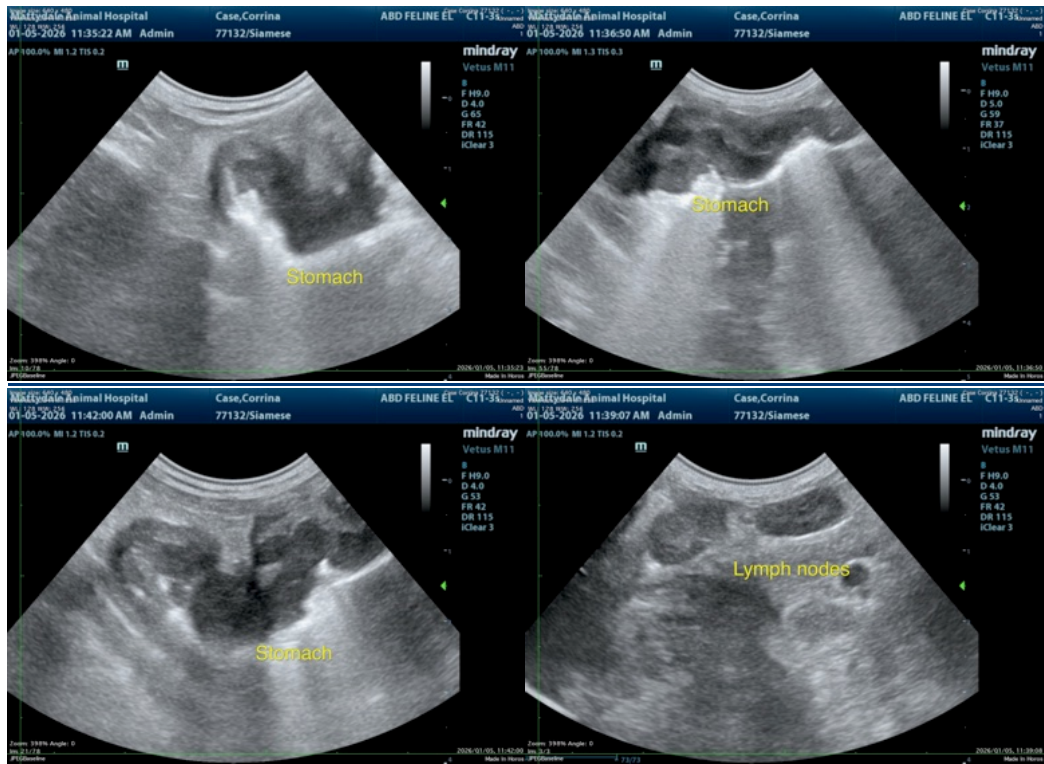
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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