



## PATIENT

Smokey Steingrueber

## SPECIES

Feline

## BREED

Siamese

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

4.78

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jessie Evoniuk

## HOSPITAL NAME

State Ave Vet Clinic

## REFERRING VET

Dr. Jessie Evoniuk

## INVOICE

71714

## DATE

11/12/25

## PRESENTING CLINICAL SIGNS

Presented on emergency 11/9 for constipation, straining to defecate. Rads taken and showed formed stool in rectum/colon. Warm water Enema, PO lactulose, SQ fluids and passed stool. Maropitant, lactulose, and Metronidazole sent home. Does get Gabapentin PRN for OA, Prednisolone course PRN for bronchitis/asthma (currently well controlled). Ate enthusiastically Monday. Tuesday night eating slowed. Today licked gravy/broth and V+ after.

Abnormal PE/Chem/CBC/UA Results: Chem WNL Recheck rads- gas within colon/rectum, fecal opacities cleared TPR WNL. No abdominal pain or discomfort noted on PE.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

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 3.4 cm. Normal color flow pattern evident in both kidneys.

### Adrenal Glands

Not clearly visualized, but appear to be of normal shape, echogenic appearance, and size.

### Spleen

Normal size (1.4 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.

### 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. Small amount fluid present within the stomach and a small amount fluid present in loops of small intestine. Fecal material present in the colon.



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**Pancreas**

Normal size with a mottled echogenic appearance and an irregular capsule. Increased echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

Normal mesenteric lymph nodes.

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic pancreatitis versus pancreatic fibrosis.
- Urinary bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

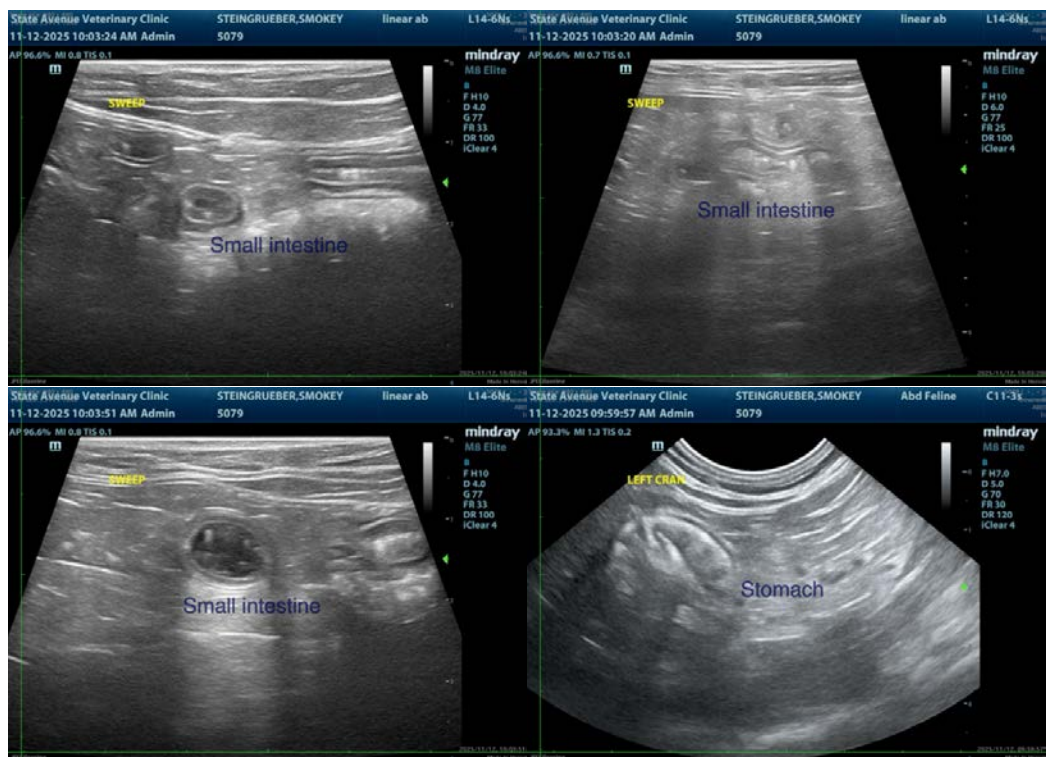
The most likely etiology for the urinary bladder sediment would be incidental debris, with crystalluria and bacterial cystitis being unlikely differential diagnoses.

Further assessment would include fPL/PSL assay.

As the patient is on Metronidazole, it could account for the progressive hyporexia.

Specific therapy would be dependent on an etiological diagnosis.

Discontinuing the Metronidazole should be considered.





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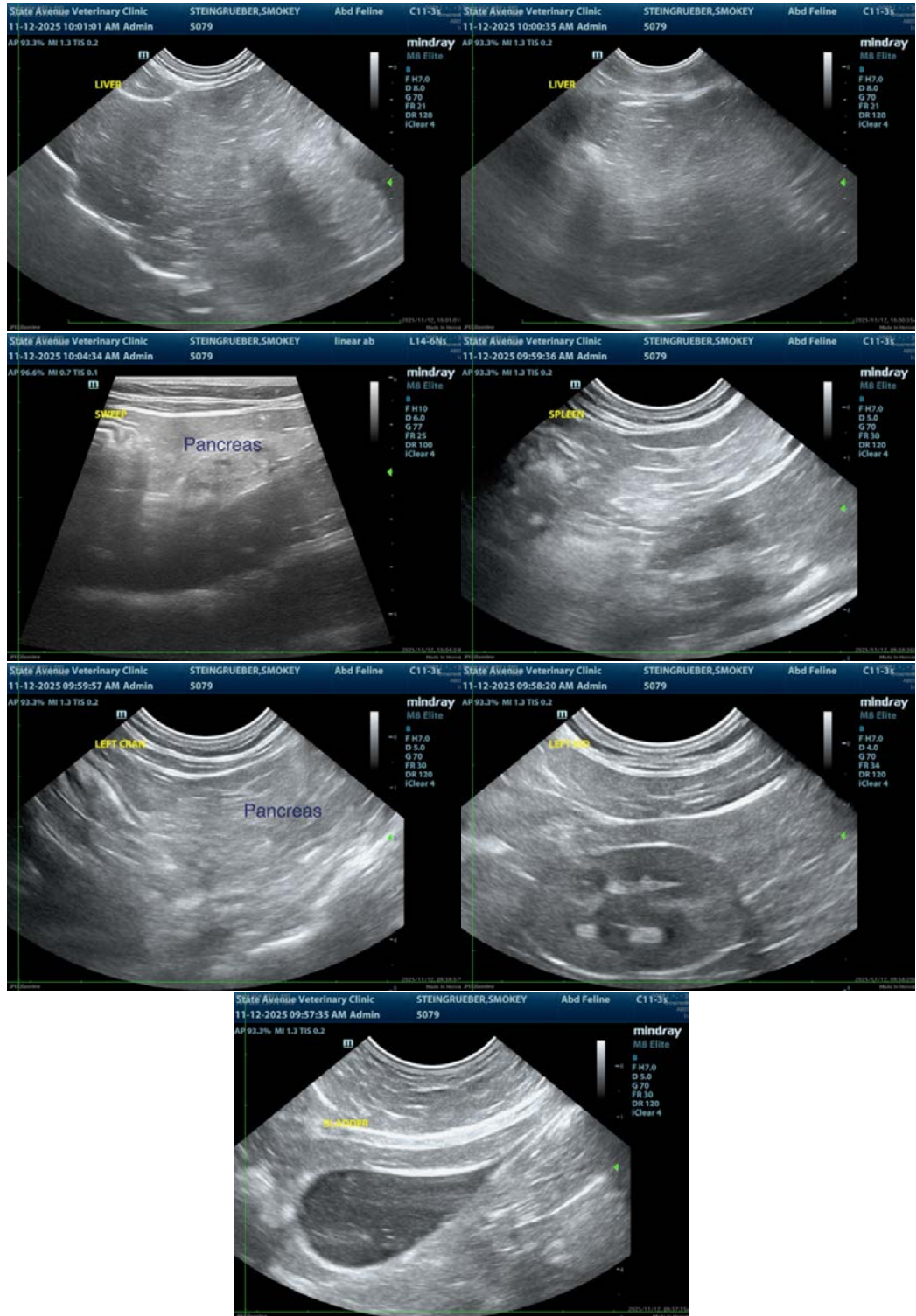
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

[info@sonopath.com](mailto:info@sonopath.com)