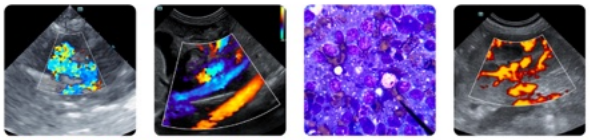


PATIENT

Geb Oury

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

3 years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Hession

HOSPITAL NAME

Spring Run VH

REFERRING VET

Dr. Goebel

INVOICE

68872

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: P has been vomiting at least once daily for the past month, usually several hours after eating.
Texas A&M GI panel-normal. FNA of gastric lymph node taken during ultrasound-pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of non-adhered, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra (0.2 cm), and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes (0.5 x 1.2 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.5 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.

Adrenal Glands

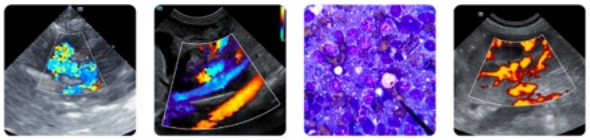
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.37 cm and 0.41 cm. The right adrenal gland measured 0.33 cm and 0.38 cm in width.

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 1.0 cm in width.

Liver

The liver was enlarged with rounded edges, diffuse increased echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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. The bile duct measured 0.2 cm in diameter.

Gastrointestinal

Thickening of the gastric wall measured up to 0.8 cm with some loss of layering and a hypoechogenic appearance. Thickening of the small intestines (up to 0.35 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. Normal appearance of the duodenum, 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. The duodenum measured 0.38 cm, colon measured 0.17 cm.

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. The left pancreas measured 0.9 cm in width and the right pancreas measured 0.5 cm in width.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.6 x 1.6 cm in size maintaining a normal shape, but with a hypoechogenic appearance.

Enlarged gastric lymph node measuring 1.1 x 1.4 cm in size with a rounded shape and a hypoechogenic appearance. FNA was taken of the gastric lymph node with no obvious post aspirate hemorrahge evident.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric thickening.
- Enteropathy.
- Mesenteric and gastric lymphadenomegaly.
- Hepatopathy
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the gastric thickening would be neoplasia with granulomatous disease and severe chronic gastritis a differential diagnosis.

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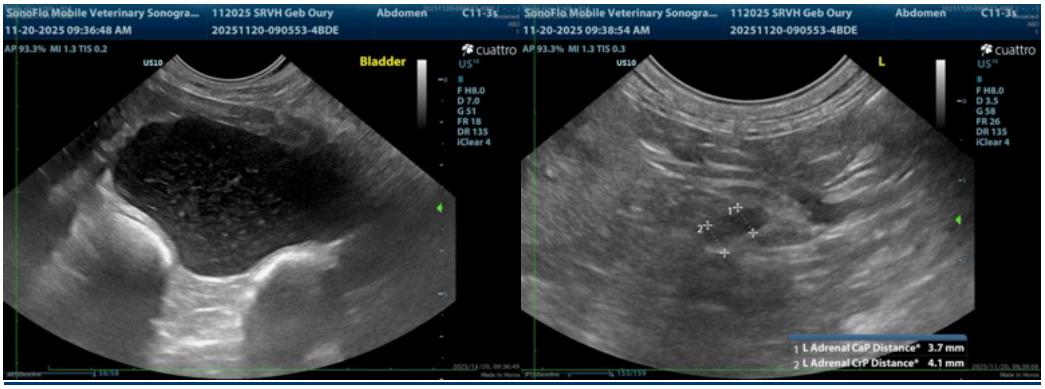
Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease and possibly emerging lymphoma.

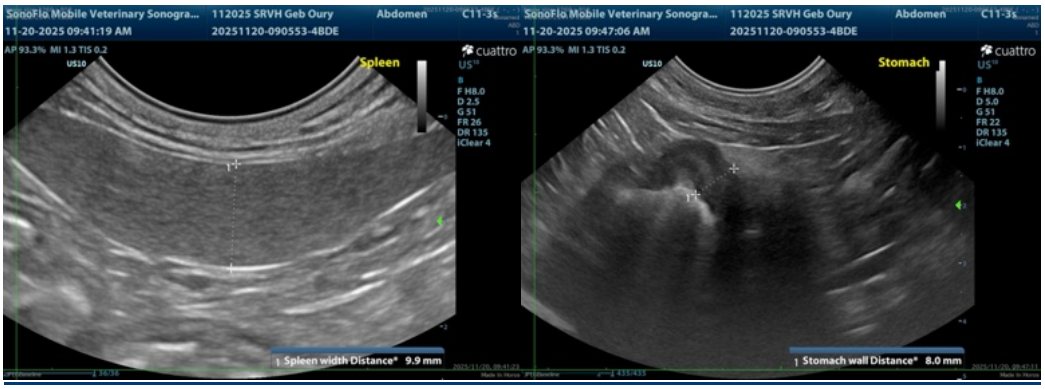
Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia.

Etiologies for the hepatopathy would be cholangiohepatitis complex, neutrophilic/lymphocytic cholangitis, granulomatous disease and possibly infiltrative neoplasia.

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 and therapy needs to be based on the pending cytology results, but could include urine and fecal analysis, possibly urine culture, FNA cytology of the liver and endoscopy of the upper GI tract with biopsies.





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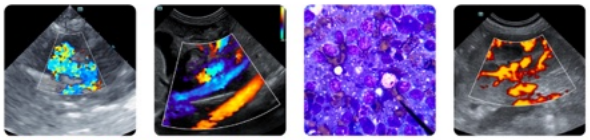

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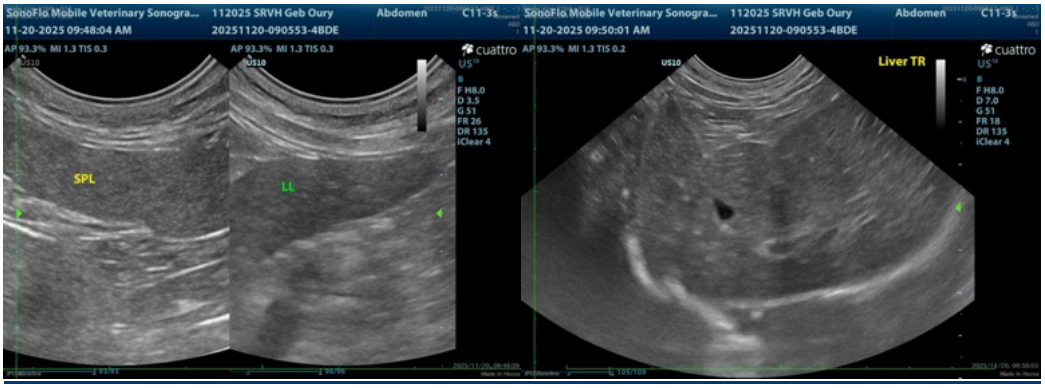

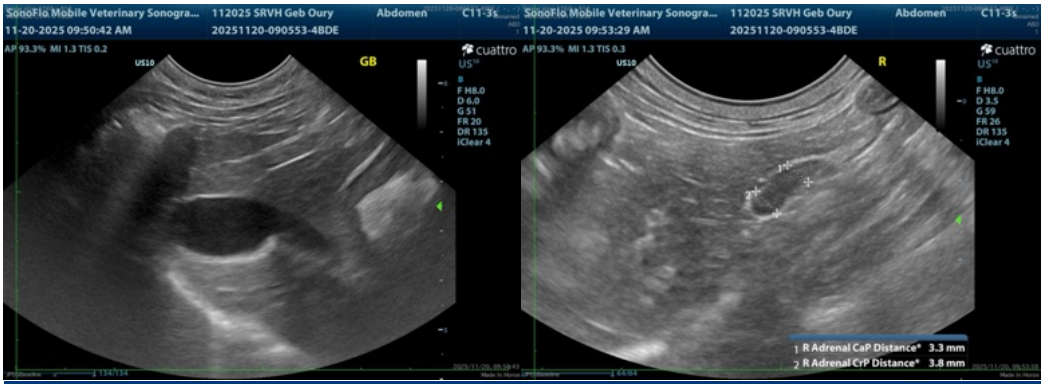

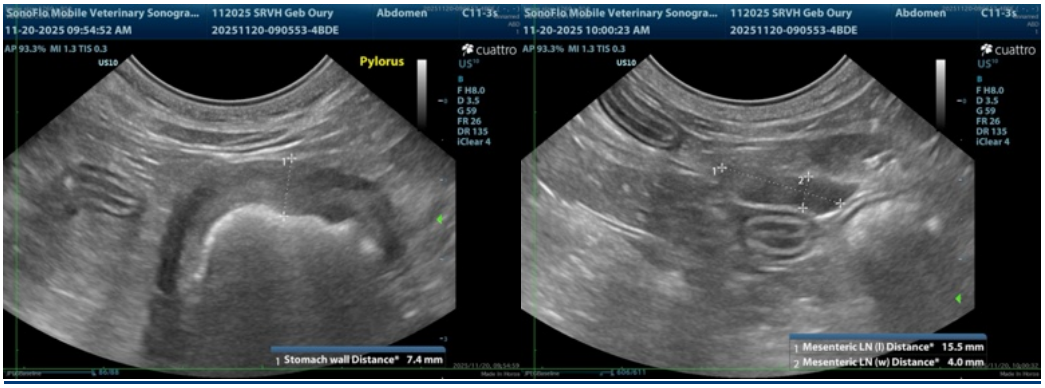

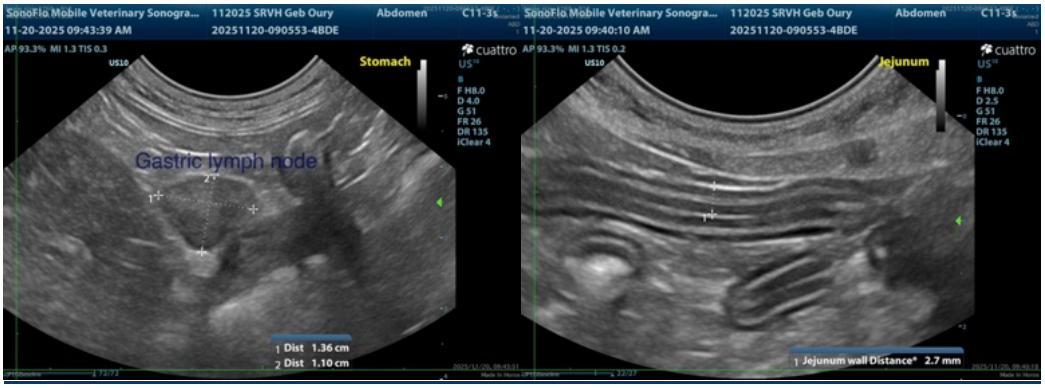

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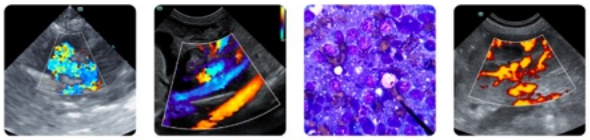

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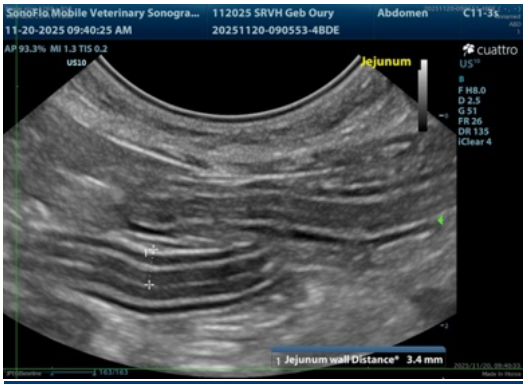

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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