



PATIENT

Emily Chadwick

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

9.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Klein

HOSPITAL NAME

Alison AH

REFERRING VET

Dr. Klein

INVOICE

68951

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Pt presented on 11/1/25 for annual exam. O states over the past 2 months, since the passing of sibling cat, Emily has had a decrease in appetite and will vomit up green bile 3-4x weekly. Pt will now only eat a portion of her canned breakfast and does not show interest in her dinner. During exam annual bloodwork was performed. CBC/T4/BNP WNL. Elevated liver enzymes on chem: ALT 471 (27-158 wnl), AST 189 (16-67wnl), ALP 157 (12-59 wnl). GGT slightly elevated. Normal stool. Normal energy. Pt has lost 2 pounds over 1 yr.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 (left measured 3.5 cm, right measured 3.8 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 0.41 cm in width. The right adrenal gland was not clearly 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 0.8 cm in width.

Liver

Normal size with a diffuse, increased echogenic appearance and coarse, 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 moderate amount of 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

Focal, enlarged mesenteric lymph node measuring 0.7 x 1.2 cm in size with a hypoechogenic appearance and a slightly rounded shape. The rest of the mesenteric lymph nodes appear normal.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Focal mesenteric lymphadenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be cholangiohepatitis complex, neutrophilic/lymphocytic cholangitis, with metabolic, granulomatous disease, and infiltrative neoplasia a less likely differential diagnosis.

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

The gallbladder sediment is most likely an incidental finding.

Further assessment would be FNA cytology of the liver and the focal mesenteric lymphadenomegaly. A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.



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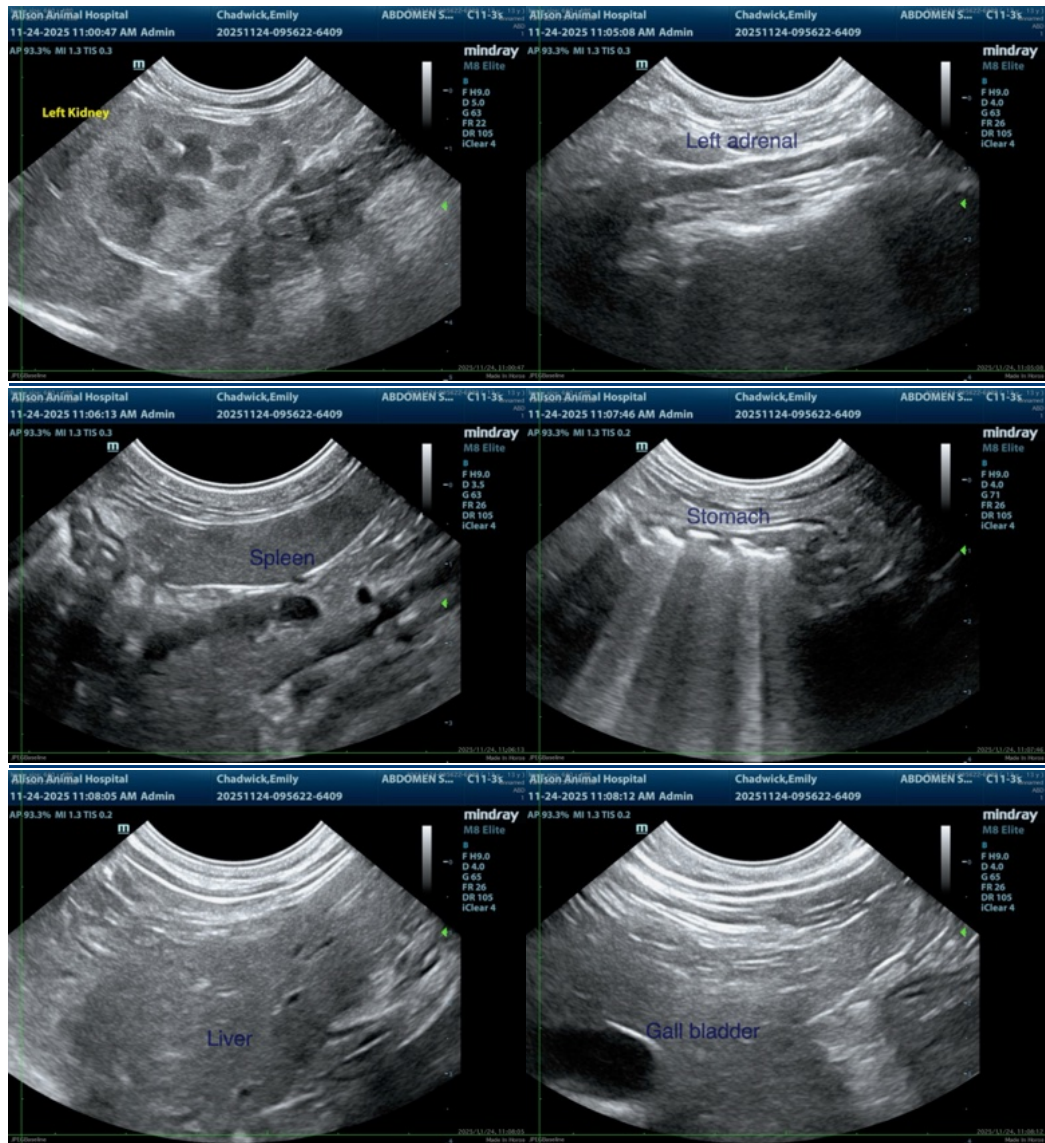
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Symptomatic management that can be considered would be the use of Ursodiol and if there is still not a satisfactory improvement in liver enzyme activity and/or weight gain, then a course of Prednisolone would then be indicated.





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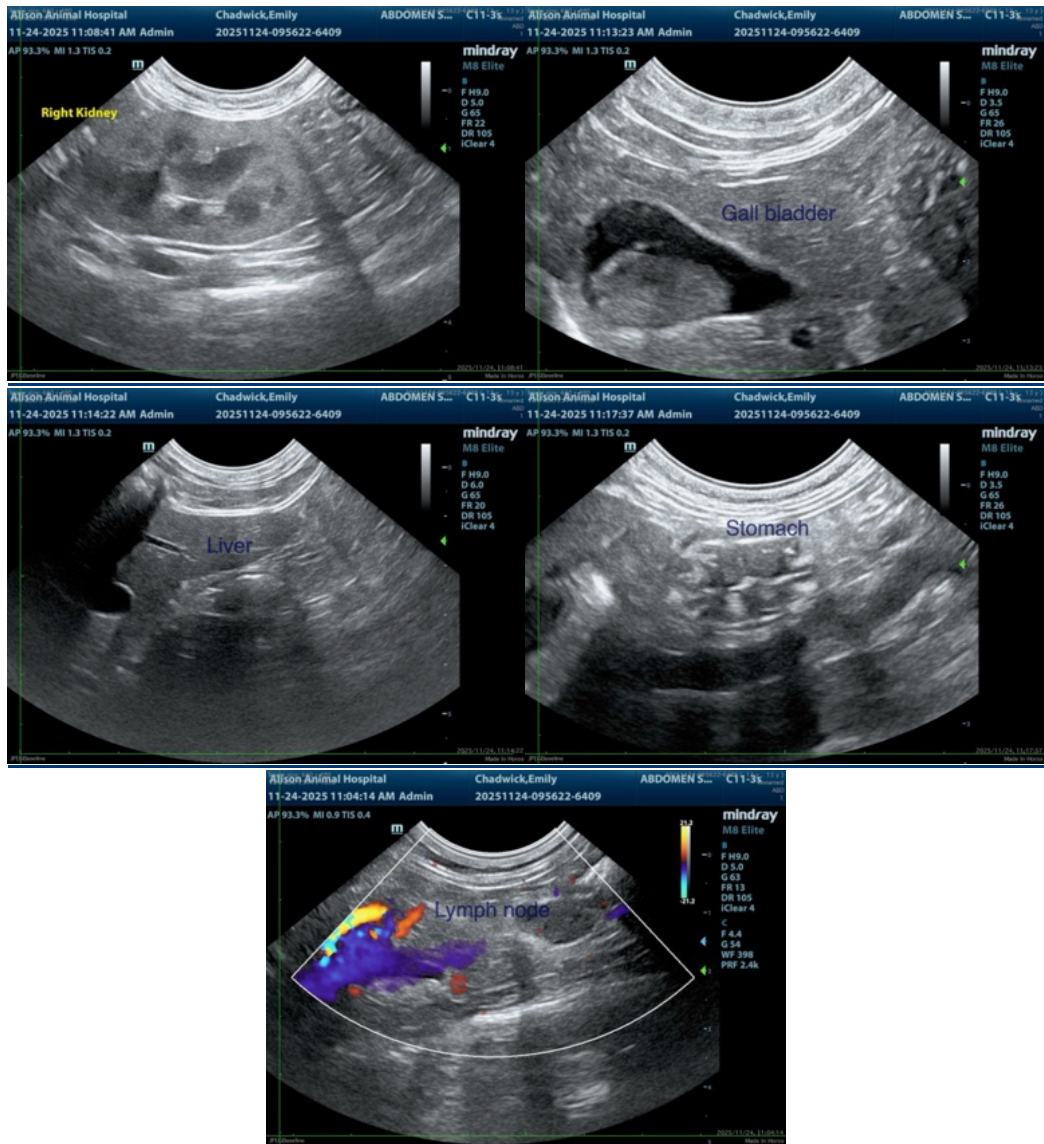
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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