



PATIENT

Lola Donato

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

5 lbs 13 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Renee Ziegler Post

HOSPITAL NAME

For Cats Only
Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler Post

INVOICE

71576

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Decreased appetite and rapid weight loss

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Empty 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 measured 3.5 cm. Right kidney measured 3.6 cm. Normal color flow pattern evident in both kidneys. Bilateral mild corticomedullary rim sign evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.93 cm in length x 0.41 cm in width. Right measures 0.82 cm in length x 0.28 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.

Gastrointestinal

Thickening of the gastric wall (up to 0.60 cm) is noted, with no loss of layering, and maintaining a 1:3 muscularis to mucosa ratio. Normal thickness of the small intestine (up to 0.24 cm), with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen. Normal size and appearance of the ileocecal junction. Thickening of the colonic wall (up to 0.32 cm), with no loss of layering, and maintaining a 1:3 muscularis to mucosa ratio. Fecal material present within the colon.



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Pancreas

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

Free Abdomen

Prominent mesenteric lymph nodes noted, measuring up to 1.0 cm in length, but maintaining normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteropathy.
- Renal corticomedullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Although the corticomedullary rim sign may be an incidental finding, it can be associated with bacterial nephritis, granulomatous disease, and lymphoma.

Further assessment would include urinalysis, possibly urine culture, cobalamin and folate assay, and endoscopy of both the upper and lower GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding a novel protein/ hypoallergenic diet, a course of Fenbendazole, cobalamin supplementation, and if there is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.





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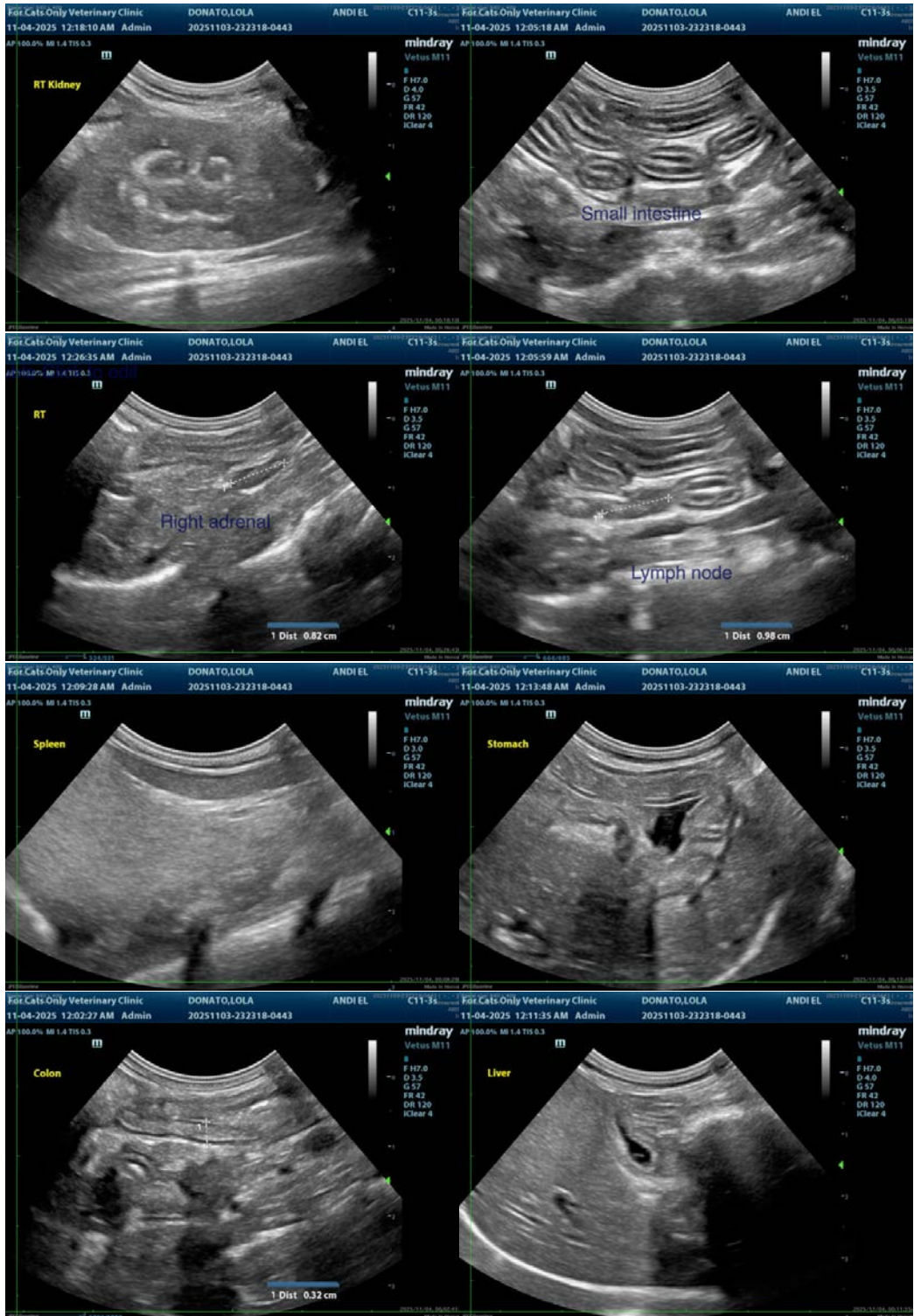
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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