



## PATIENT

Mao Mao Ho

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

14 years

## WEIGHT

11.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mallory Frois

## HOSPITAL NAME

The Pet Hospital of  
Stratford

## REFERRING VET

Dr. Giuliani

## INVOICE

68332

## DATE

11/5/25

## PRESENTING CLINICAL SIGNS

History: O noted PU/PD for the past 3-4 mo. O noted p yawling in the litter box. A couple days after initial visit p also vomited a few times. Lethargic and not eating well. xrays showed mild intestinal gas and artifact bladder stones.

Abnormal PE/Chem/CBC/UA Results: elevated eosinophils, dilute urine. urine c&s - normal flora

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic sediment.

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 4.0 cm, right measured 3.8 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

### *Adrenal Glands*

The adrenal glands were not clearly visualized, but appeared 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 measured 0.7 cm in width.

### *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, hypoechoic, parenchymal nodule in the left lobe measuring 0.5 cm in size. No additional 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. Dilated and tortuous appearance of the common bile duct measuring 0.4 cm in diameter with no obvious obstruction evident.



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## *Gastrointestinal*

Normal appearance of the stomach, 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. Normal thickness of the small intestine (up to 0.3 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.

## *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 measuring up to 0.8 x 1.4 cm in size maintaining a normal shape, but with a hypoechogenic appearance.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.
- Age related renal changes versus early chronic kidney disease.
- Urinary bladder sediment.
- Hepatic nodule.
- Dilated tortuous bile duct.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with granulomatous disease and lymphoma a less likely differential diagnosis.

With the eosinophilia, dietary hypersensitivity and parasitic enteritis would be important considerations.

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

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

The hepatic nodule can be considered an incidental finding. The appearance of the common bile duct can be considered an incidental age related change.

Further assessment would be urine and fecal analysis, possible urine culture, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.



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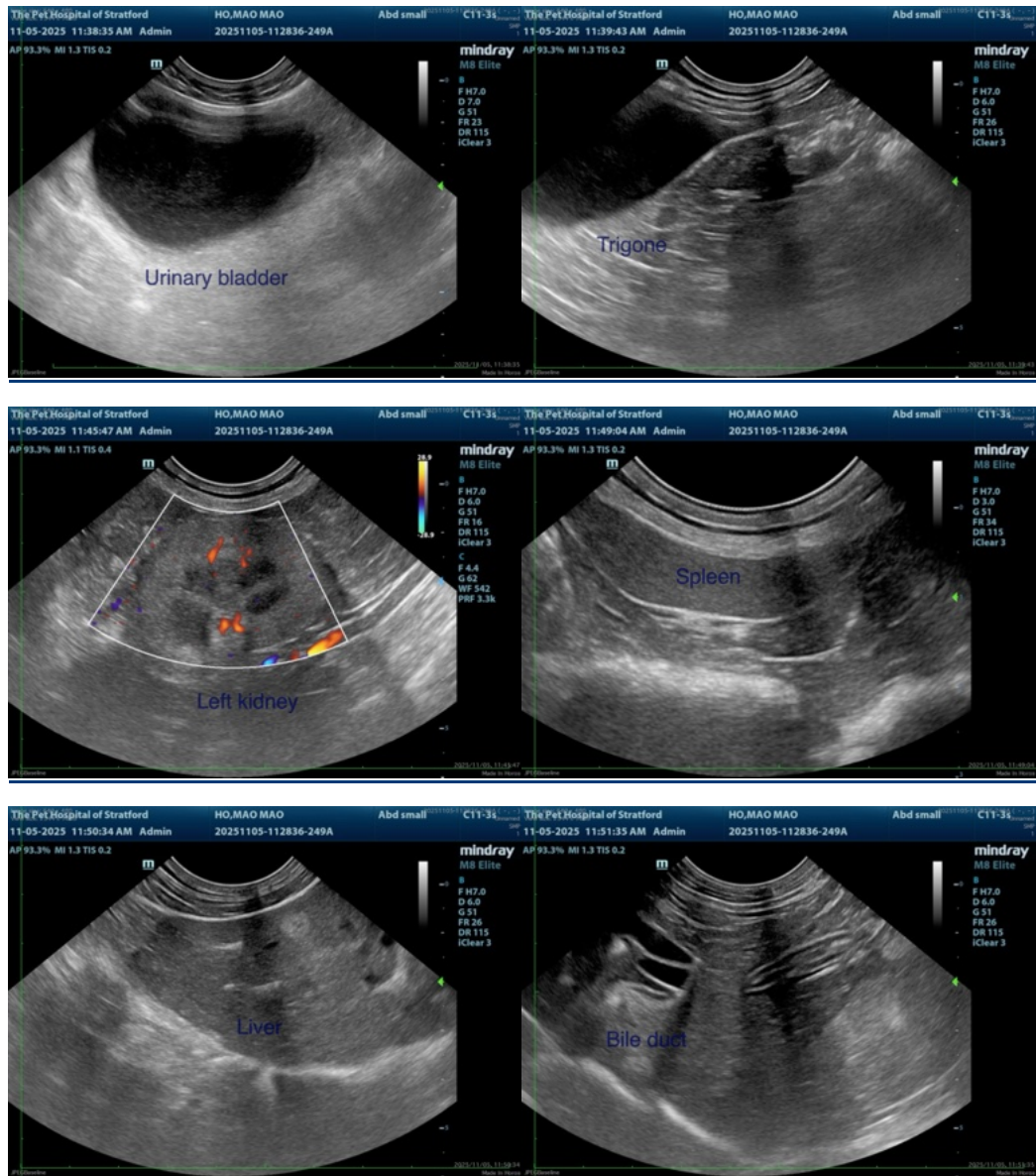
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FNA cytology of the mesenteric lymph nodes can also be considered.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, 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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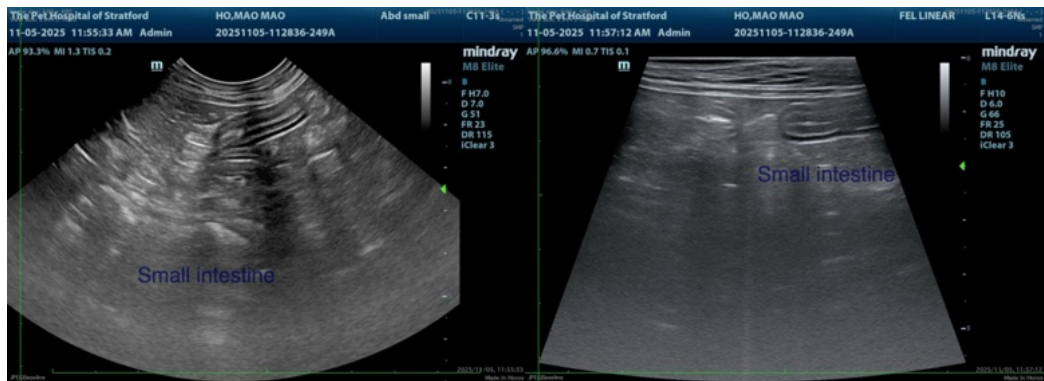
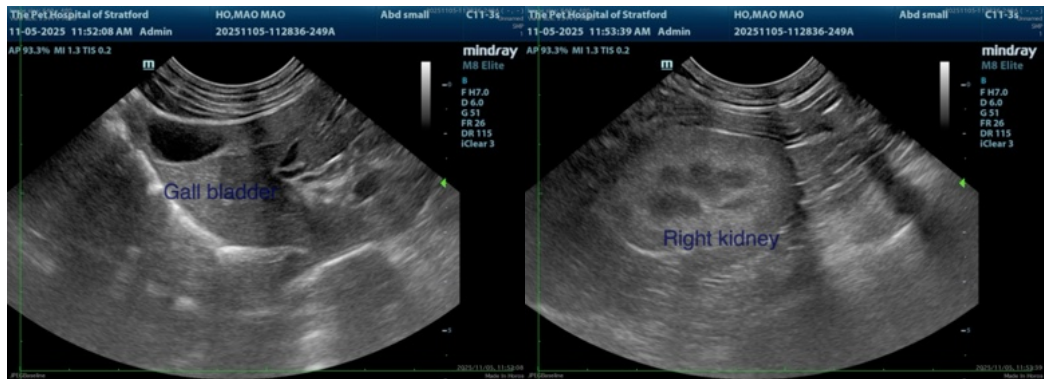
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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