

PATIENT

Emma Glasgow

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 years

WEIGHT

6.48

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Celia Galanti

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Wylie Cooper

INVOICE

10716

DATE

11/7/2025

PRESENTING CLINICAL SIGNS

History Signalment: 12yo female spayed domestic shorthair cat Presenting Complaint: Emma presents for diarrhea, lethargy, and vomiting Patient History: - Previous UTI treated with amoxicillin approximately 2-3 weeks ago - Urinary signs (frequent litter box visits, urinating in inappropriate locations) resolved after antibiotic treatment - Diarrhea started during amoxicillin course and persists despite completing 10-day course (finished October 28th) - Decreased appetite since UTI episode - refuses treats - Weight loss of almost 1 pound since last visit - Vomiting episodes, yesterday's vomit contained food particles and some dark liquid (possibly blood) - Decreased activity level and energy - Single litter box shared between both cats - History of linear foreign body concerns - owner has observed hair protruding from rectum with fecal material - No coughing or sneezing noted by owner.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full 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 measures 3.3 cm, and the right kidney measures 3.6 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.32 cm in width, and the right adrenal measures 0.3 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 measures 0.5 cm in width.

Liver

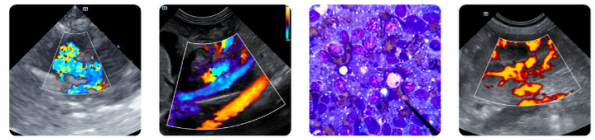
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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, 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



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lumen. Normal thickness of the duodenum and the small intestine 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

Normal size with a hypoechogenic appearance and an irregular capsule. Hyperechoic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Enteropathy.

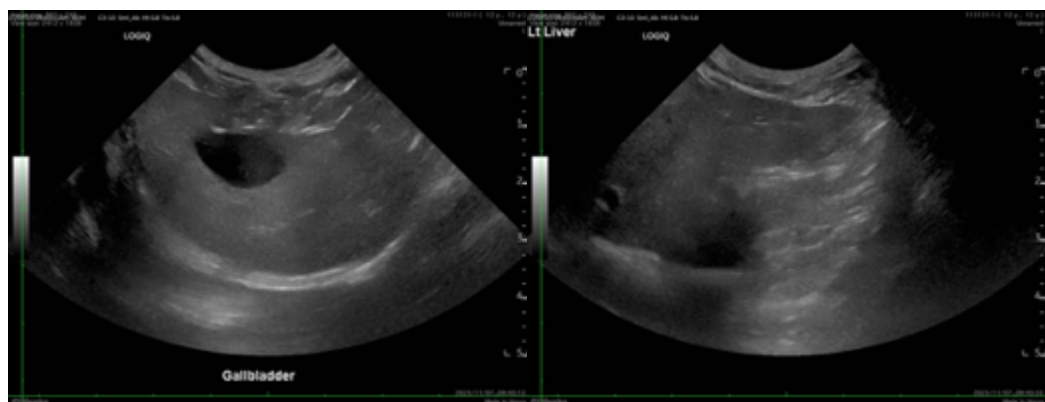
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

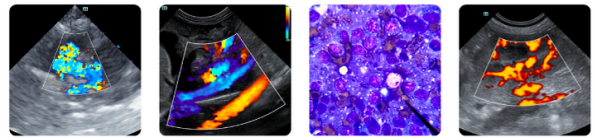
Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease secondary to the pancreatitis with emerging lymphoma a less likely differential diagnosis.

Initial further assessment would be fecal analysis, cobalamin folate, and fPLI/PSL assay. Endoscopy of the upper GI tract could also be considered.

Specific therapy would be dependent on an etiological diagnosis.

Initial management would be feeding small frequent meals of a low fat intestinal type diet, antiemetics, and intestinal absorbents/protectants.





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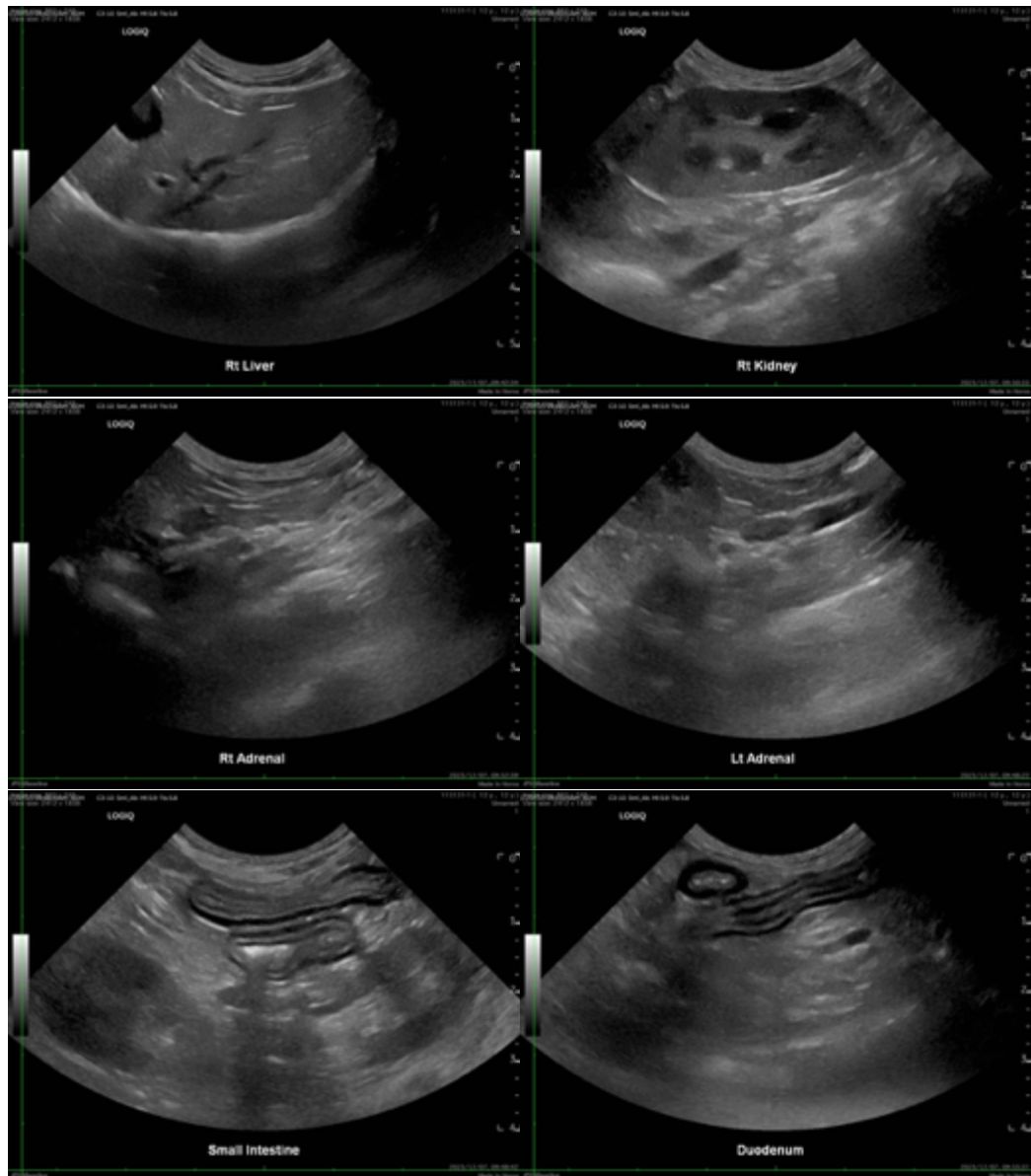
Dr. Wylie Cooper

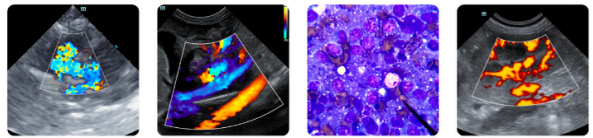
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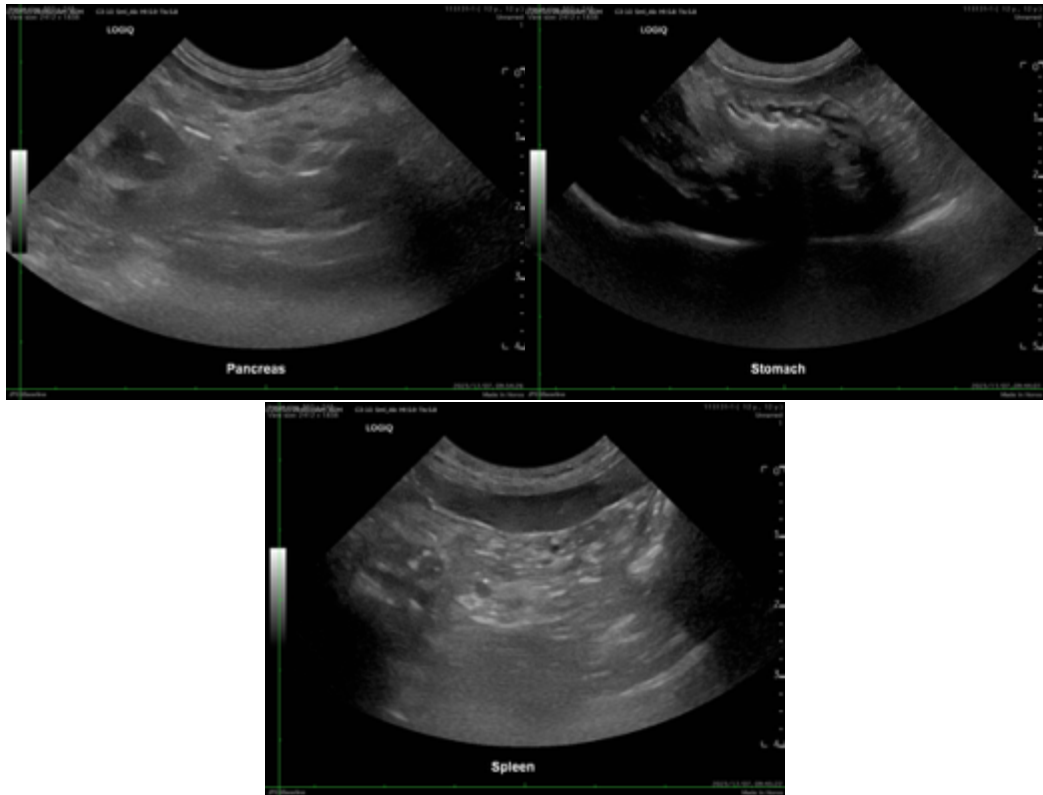
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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