



## PATIENT

Fifi Gerard

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed Female

## AGE

9 years

## WEIGHT

11.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Klein

## HOSPITAL NAME

Alison Animal Hospital

## REFERRING VET

Dr. Klein

## INVOICE

10702

## DATE

11/7/2025

## PRESENTING CLINICAL SIGNS

Pt is presented for decreased appetite and vomiting of undigested food for 5-7 days. Will eat when hand fed. Normal BM. Normal urine. CBC/FpL WNL. Elevated ALT 557 U/L (20-100 U/L) on Chem.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder containing a small amount of floating hyperechogenic sediment with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no 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 4.2 cm, and the right kidney measures 4.3 cm.

### Adrenal Glands

The left adrenal gland is of normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measures 0.35 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 an increased echogenic and coarse appearance, increased 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, 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



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

**Free Abdomen**

Normal mesenteric lymph nodes.

No ascites evident.

Small amount of pleural effusion evident.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy.
- Pleural effusion.
- Urinary bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

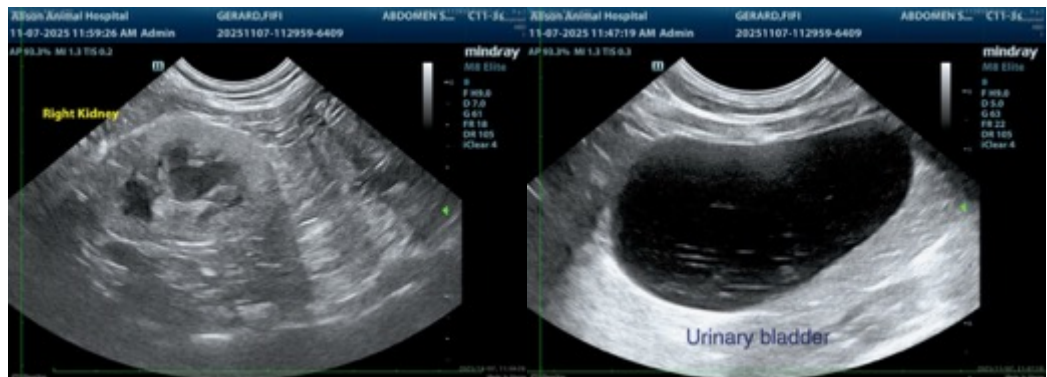
Etiologies for the hepatopathy would be cholangiohepatitis complex, neutrophilic/lymphocytic cholangitis, and granulomatous disease with infiltrative neoplasia a less likely differential diagnosis.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, and possibly bacterial cystitis.

Further assessment would be three view thoracic radiographs, urinalysis, possibly urine culture, and FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the hepatopathy would be a course of antibiotics (penicillins, cephalosporins, quinolones) ursodiol, and if there's still not a satisfactory improvement, then a course of prednisolone.





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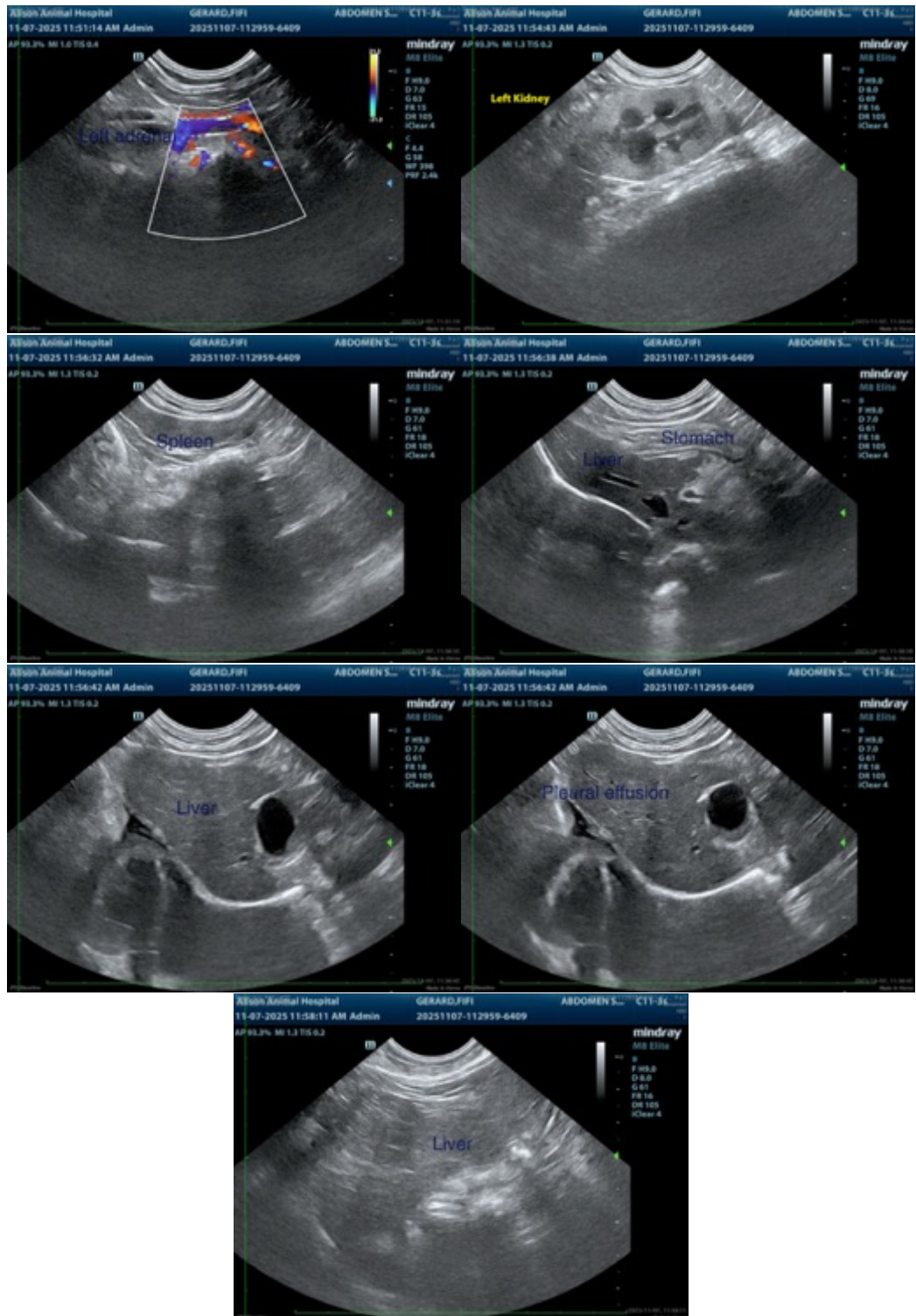
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)