



PATIENT

Watson Smith

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered male

AGE

12 ½ years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Alivernini

INVOICE

69407

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Hx chronic vomit if eats fast - manages with small frequent feedings. 8/2025 hairball obstruction requiring surgical explore - hair in stomach and small intestines. November acute onset vomit with rads showing thickened intestines and an empty stomach (treated with cerenia). Concerned for hairballs and underlying reasons for vomit and hairballs.

Abnormal PE/Chem/CBC/UA Results: heart murmur, dx HCM treated with Pimobendan. malabsorption panel (B12/folate, TLI/PLI pending) CBC/VS/T4/UA pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small 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 3.9 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.47 cm in width. The right adrenal gland measured 0.54 cm in width.

Spleen

The spleen was enlarged and measured 1.2 cm in width, but maintained a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule.

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

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenomegaly would be reactive hyperplasia with splenitis and infiltrative neoplasia a highly unlikely differential diagnosis.

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

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying gastroenteropathy such as chronic gastritis, Helicobacter gastritis, ulcerative disease, parasitic gastroenteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment and therapy needs to be based on the pending results, but could include a fecal analysis, endoscopy of the upper GI tract with biopsies and FNA cytology of the spleen.



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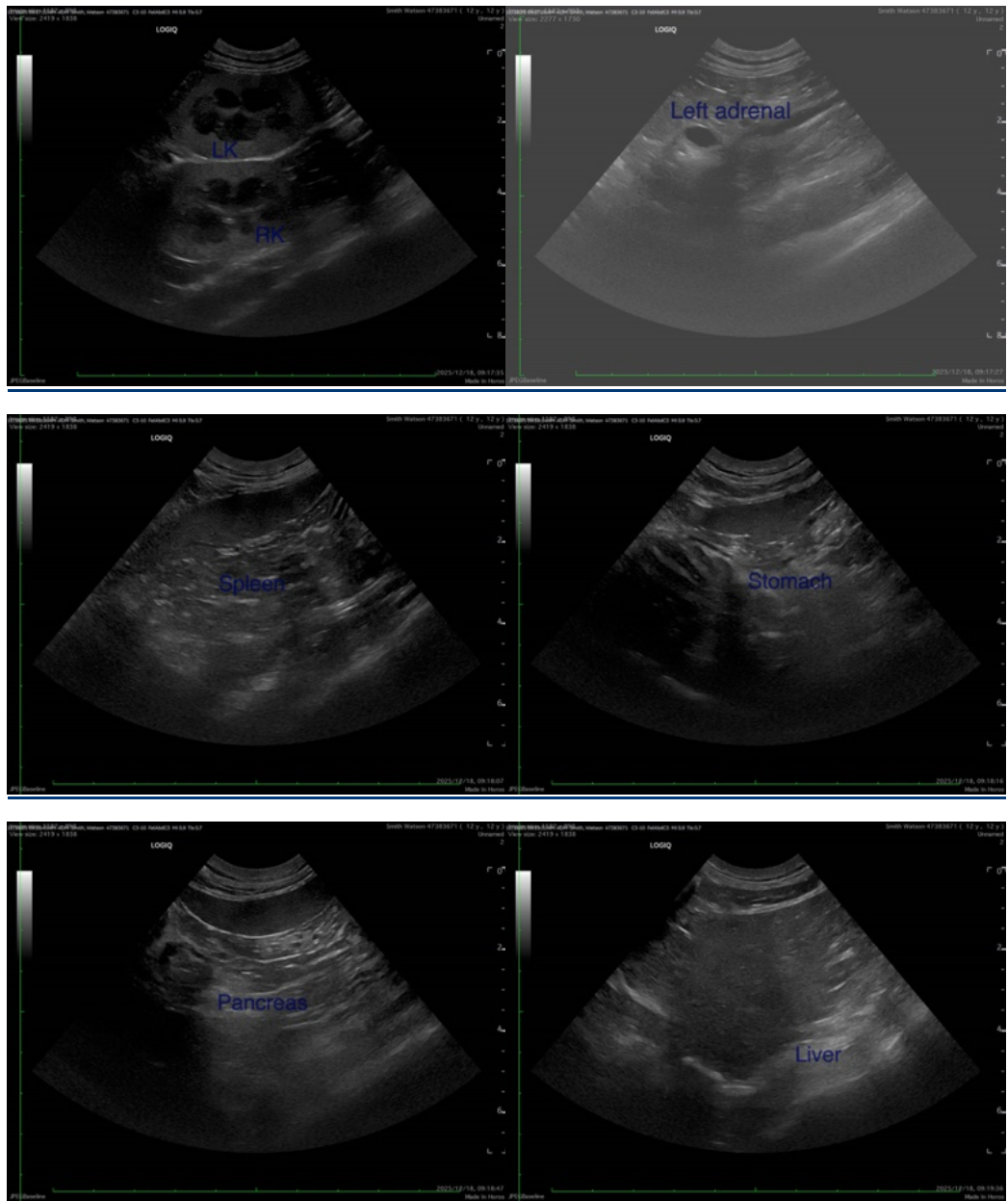
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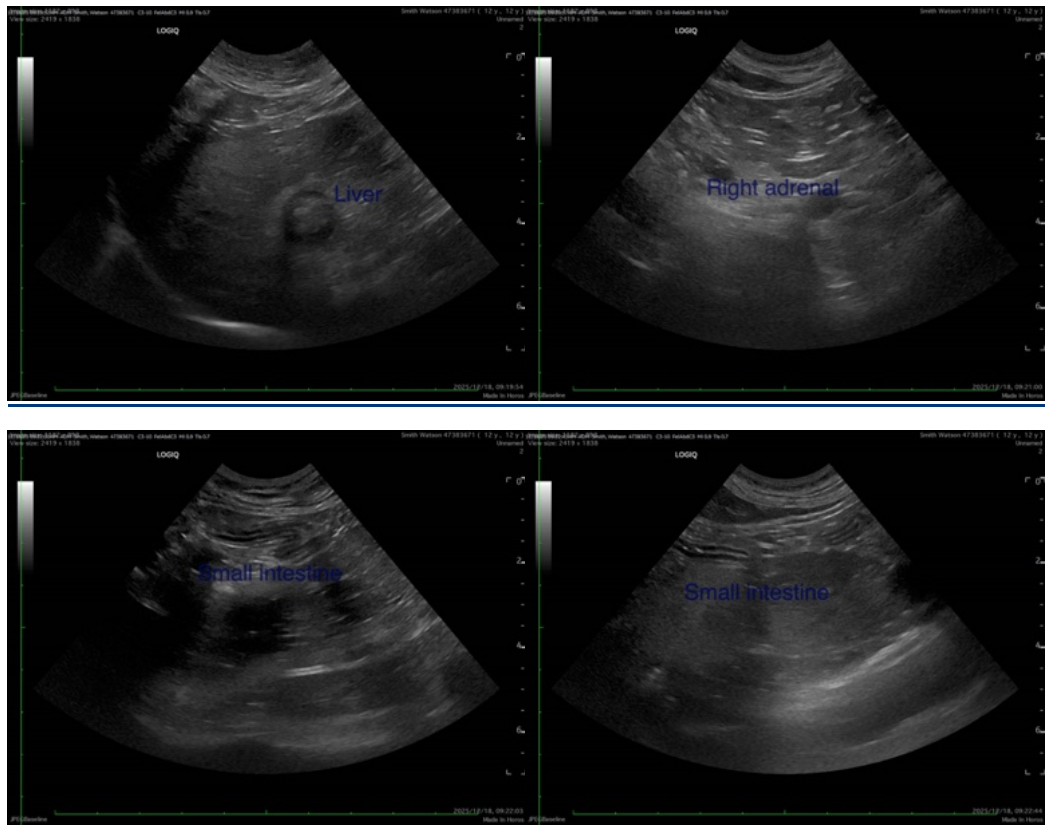
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com