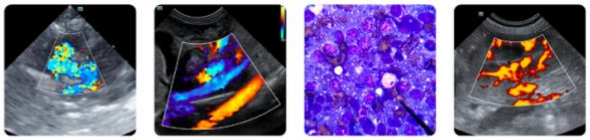



**PATIENT**

Daisy Hirata

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

3.56 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Huntington

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

Dr. Huntington

**INVOICE**

35984

**DATE**

12/21/25

## PRESENTING CLINICAL SIGNS

History Weight loss Hyporexia Vomiting r/o dietary indiscretion, gastrointestinal foreign body, infectious (viral, bacterial, parasitic), pancreatitis, toxin, systemic/metabolic disease, inflammatory/IBD, neoplasia.

Abnormal PE/Chem/CBC/UA Results: Musculoskeletal: Sarcopenia Integument: Dull hair coat Respiratory: Abnormal: Stress induced tachypnea with intermittent mouth breathing with stimulation Oral Cavity: Abnormal: Moderate dental tartar, gingival recession Hydration: Slightly dehydrated.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Small, almost empty, urinary bladder with a thickened and irregular appearance of the wall, wall measuring 0.6 cm. 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. Both kidneys measured 3.2 cm in width. Normal color flow pattern is evident in both kidneys.

### *Adrenal Glands*

The adrenal glands were not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

### *Spleen*

Normal size (0.8 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 gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

### *Gastrointestinal*

A moderate amount of ingesta was present within the stomach. Normal appearance of the 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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The pancreas is normal in size with a diffuse increased echogenic appearance but maintaining a regular curvilinear capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

### *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Ingesta filled stomach
- Urinary bladder thickening
- Chronic pancreatitis versus pancreatic fibrosis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

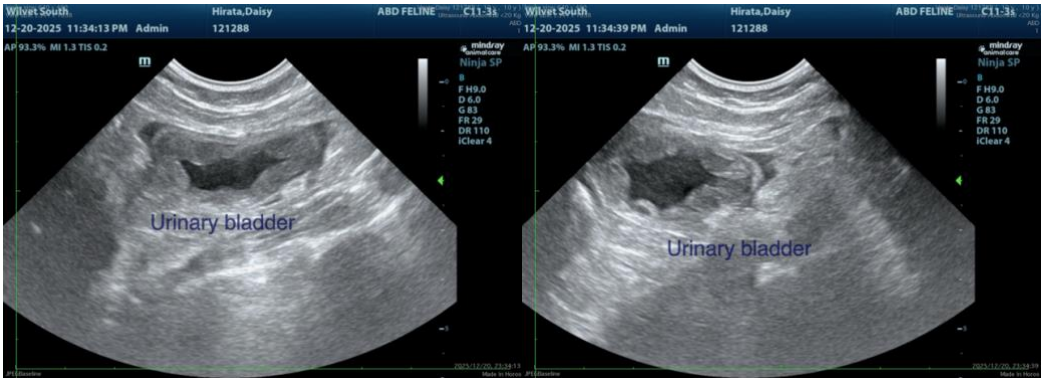
Although the ingesta filled stomach may merely be a reflection of a recent meal, gastric hypomotility, chronic gastritis, and helicobacter gastritis would be differential diagnoses.

Although the urinary bladder thickening may merely be artifactual, as the bladder is very small, chronic bacterial cystitis and granulomatous disease should still be considered.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity, and IBD should still be considered.

Further Assessment would be urine and fecal analyses, possibly urine culture, cobalamin, folate and fPL/PSL assay, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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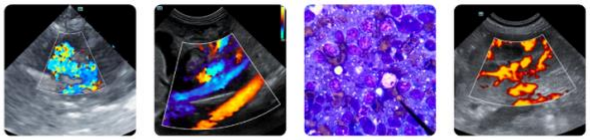

Clinical Sonography & Telecytology
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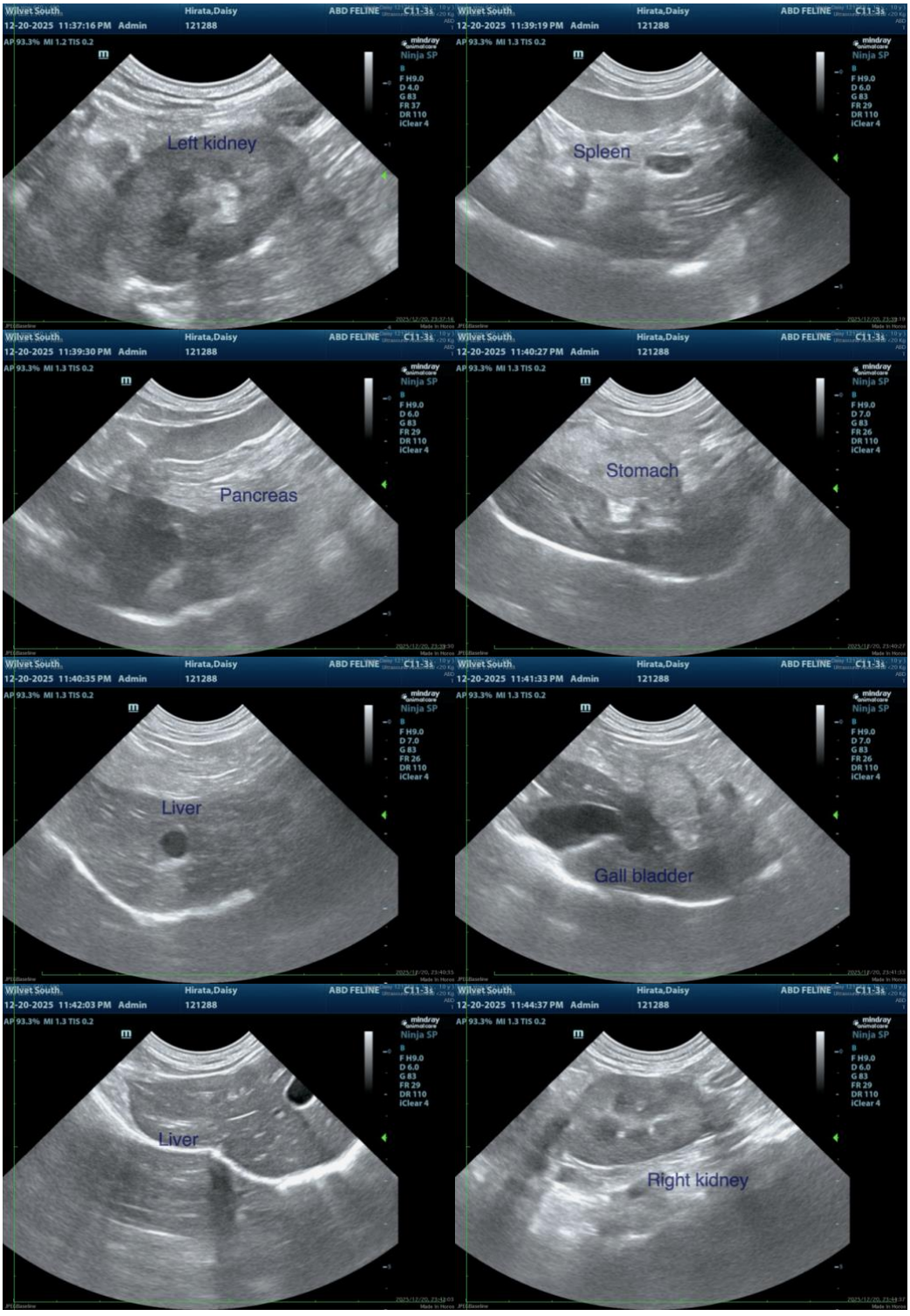

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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