



PATIENT

Kino Ochsner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

5 years

WEIGHT

13.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mark Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Garvin

INVOICE

69617

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Kino presents for a recheck examination following a visit to an emergency clinic the previous night for vomiting and lethargy. The owner reports that two nights ago, she found two piles of vomit containing some solid material. She then witnessed Kino vomit a third time, which consisted of only clear liquid. Following the vomiting episodes, Kino became inappetent, which is abnormal for her as she is typically very food-motivated. The next morning, the owner found more yellow, liquid vomit. At the emergency clinic, radiographs and a brief ultrasound were performed. The owner was told there were signs of inflammation but no definitive foreign body was identified. Kino was treated for dehydration with subcutaneous fluids and received an anti-nausea injection. Since receiving the injection, Kino has not vomited. Her demeanor has also improved significantly; yesterday she was withdrawn and remained in one spot, but today she is much more active and moving around. Abnormal PE/Chem/CBC/UA Results: BAR. *attached labwork*

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 (left measured 3.5 cm, right measured 4.0 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 0.36 cm in width. The right adrenal gland measured 0.38 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 measured 0.6 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.



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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.

Gastrointestinal

Normal thickness of the gastric wall with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio, but severely fluid distended with no obvious pyloric obstruction evident. 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

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

- Fluid distended stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs and improvement of symptomatic therapy the most likely etiology for the fluid filled stomach would be resolving gastritis. However, a small pyloric or proximal duodenal foreign cannot be conclusively excluded.

Further management would be to continue with the symptomatic therapy, feed small frequent meals of a low-fat intestinal type diet and to repeat the ultrasound in 18-24 hours especially if there is not a complete resolution of the clinical signs.

If there is no improvement in the appearance of the stomach on ultrasound and/or there is no improvement in the clinical picture then a laparotomy would be indicated.



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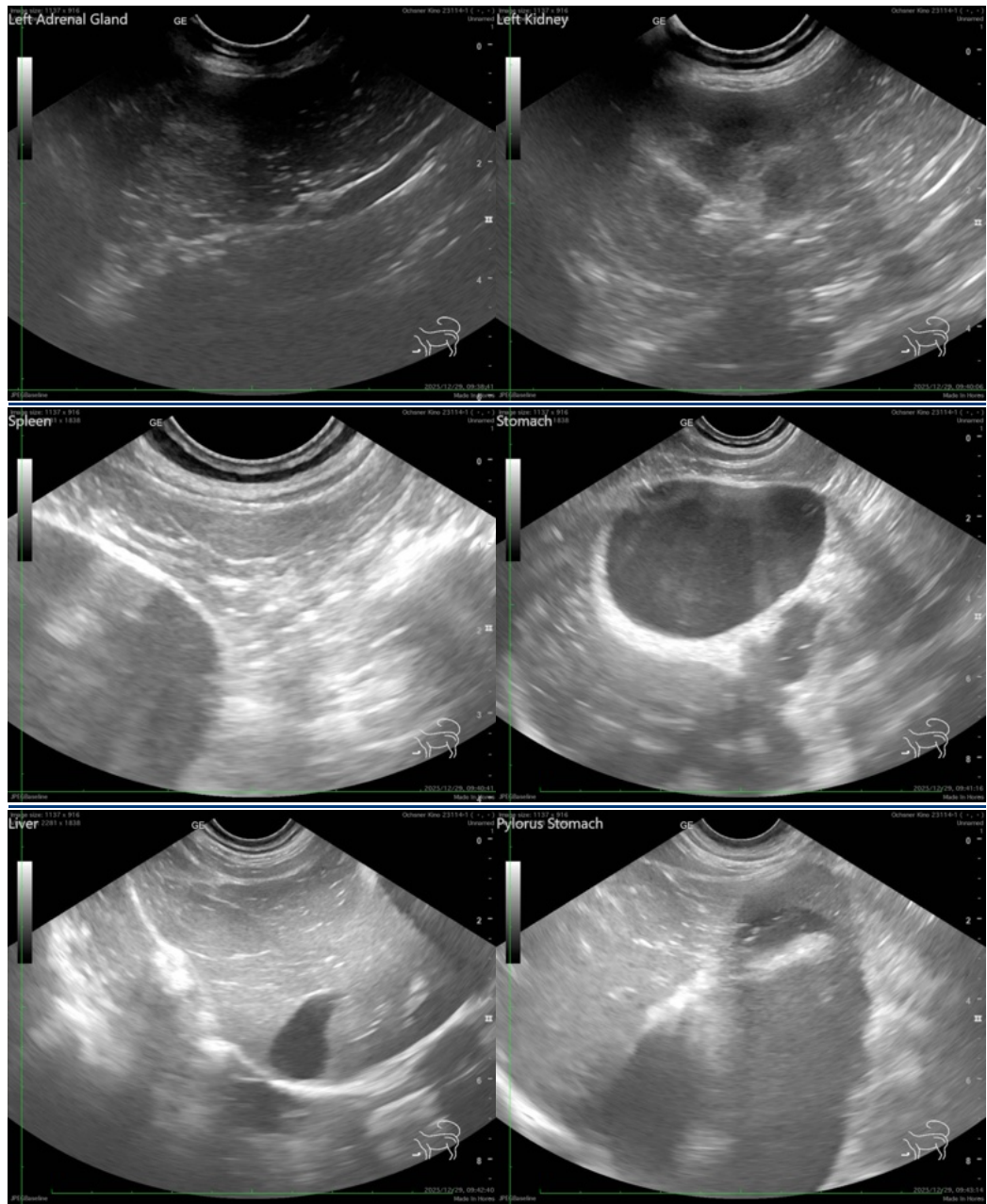
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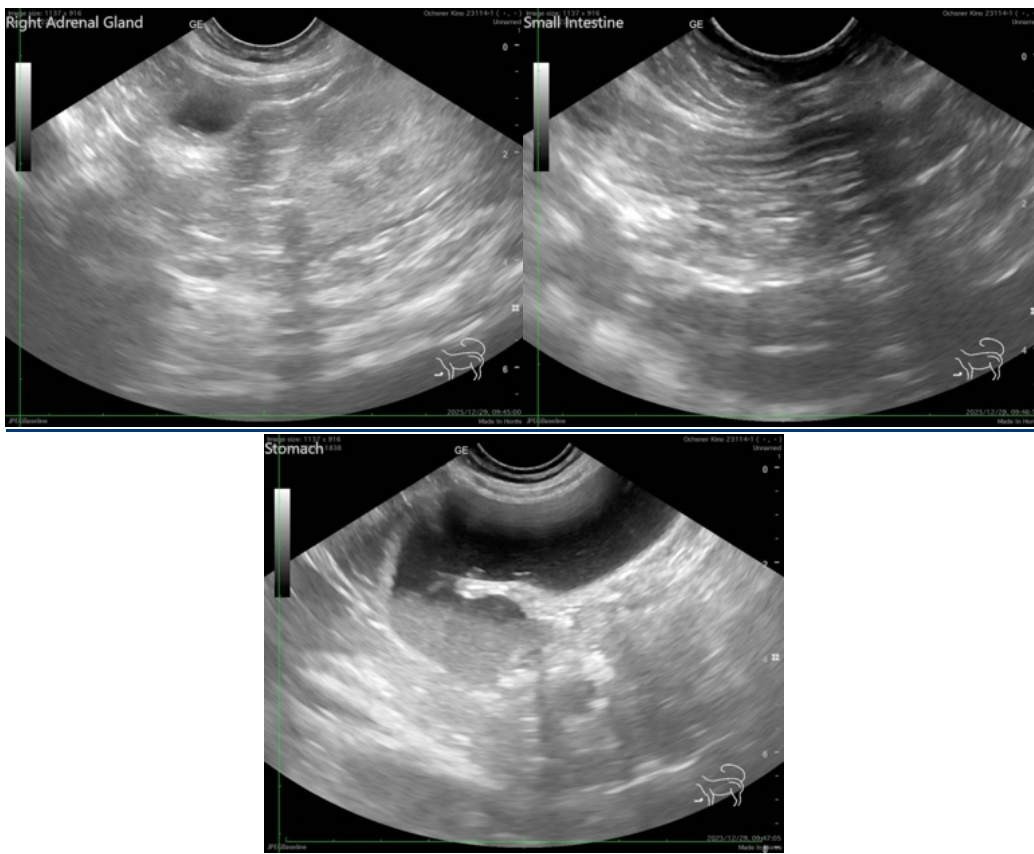
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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