



## PATIENT

Lila Thompson

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

4 Years 7 Months

## WEIGHT

6.36 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Brandywine Valley  
Veterinary Hospital

## REFERRING VET

Gail Rockwood, DVM

## INVOICE

72364

## DATE

12/5/25

## PRESENTING CLINICAL SIGNS

AUS to further evaluate chronic intermittent decreased appetite, intermittent vomiting and loose stools. Signs started in Oct 2025 for a few weeks and appetite seemed to improve with supportive care (Cyproheptadine). Then poor appetite and intermittent vomiting again in Nov 2025. Similar episode noted about 1 year ago (Jan 2025). Other-11/24/25- small cutaneous OS lower eyelid mass, planning removal. Meds: Cerenia, Cyprheptadine - responding Gabapentin PO + Butorphanol 0.35 mg/kg IV for AUS.

Abnormal PE/Chem/CBC/UA Results: 11/21/25 Diagnostics: Chem: Alb 3.3 -n, ALT 19 L (historical), ALP 39-n, Gluc 139, remainder NSF CBC: Hct 49.2%, Plts 491 H, Neut 2237 L (historical), remainder NSF

## 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. The kidneys measure 3.7 cm each. Normal color flow pattern.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.52 cm in length x 0.29 cm and 0.20 cm in width. Right measures 1.26 cm in length x 0.37 cm and 0.29 cm in width.

### *Spleen*

Normal size (0.80 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 containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



**PATIENT**

Lila Thompson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 Years 7 Months

**WEIGHT**

6.36 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Renee Trionfetti, VMD

**HOSPITAL NAME**

Brandywine Valley  
Veterinary Hospital

**REFERRING VET**

Gail Rockwood, DVM

**INVOICE**

72364

**DATE**

12/5/25

**Gastrointestinal**

Normal thickness of the small intestine (up to 0.32 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen.

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 lumen.

**Pancreas**

Visible sections present 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.

**ULTRASONOGRAPHIC FINDINGS**

- Enteropathy.

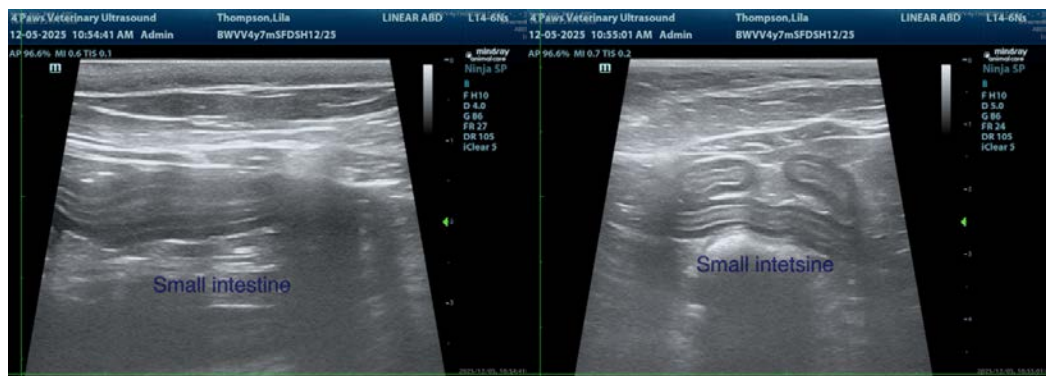
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Further assessment would include fecal analysis, cobalamin and folate assay, and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding small, frequent meals of a novel protein/hypoallergenic diet, a course of Fenbendazole, cobalamin supplementation, and if there is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.





**PATIENT**

Lila Thompson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 Years 7 Months

**WEIGHT**

6.36 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Renee Trionfetti, VMD

**HOSPITAL NAME**

Brandywine Valley  
Veterinary Hospital

**REFERRING VET**

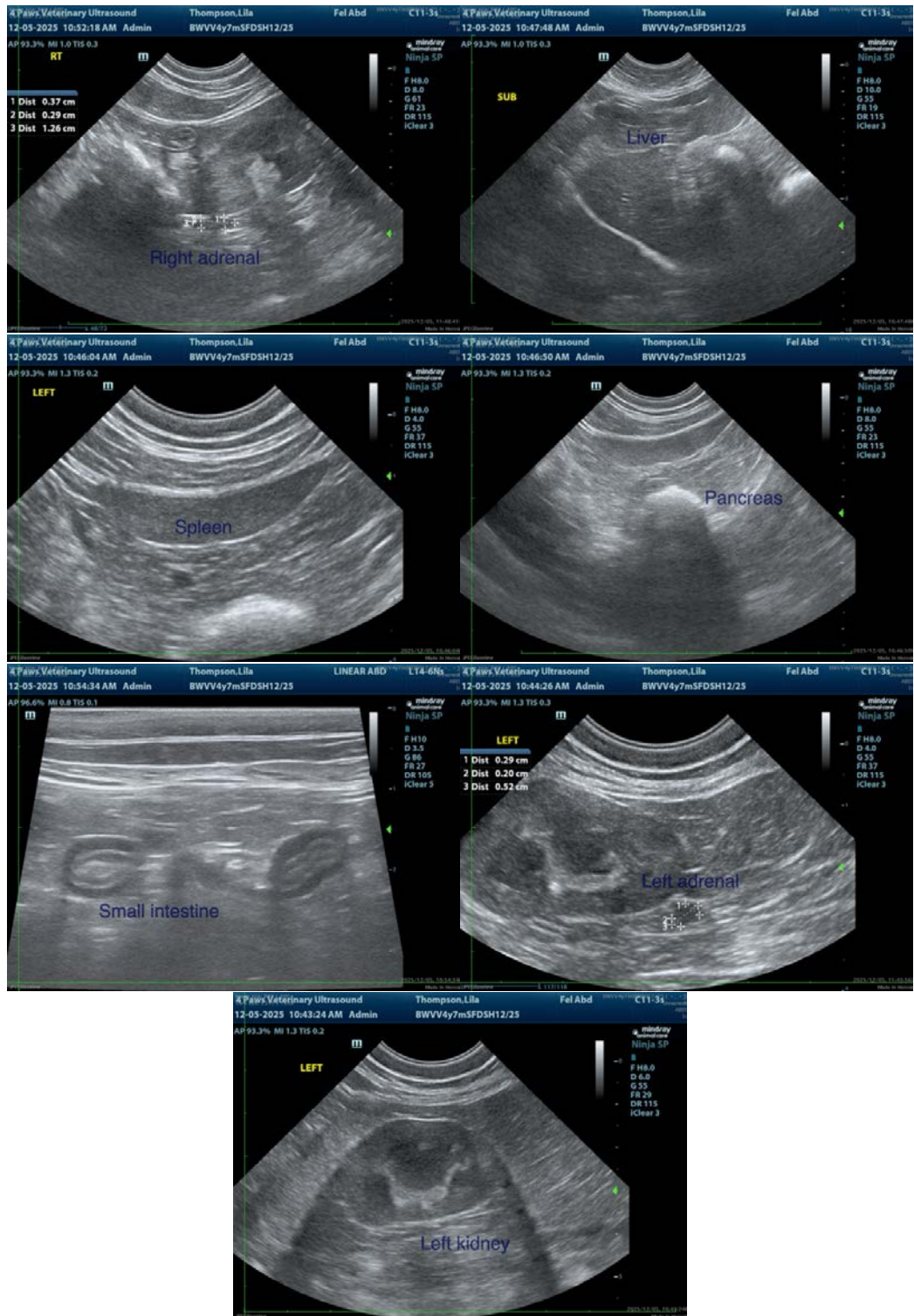
Gail Rockwood, DVM

**INVOICE**

72364

**DATE**

12/5/25





## PATIENT

Lila Thompson

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

4 Years 7 Months

## WEIGHT

6.36 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Brandywine Valley  
Veterinary Hospital

## REFERRING VET

Gail Rockwood, DVM

## INVOICE

72364

## DATE

12/5/25

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)