

PATIENT

Rookie Hanly

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

7.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Sabadilla Animal Clinic

REFERRING VET

Dr. Nathaniel
Asemadahun

INVOICE

12603

DATE

12/05/25

PRESENTING CLINICAL SIGNS

Ptyalism, lethargy, inappetence. Diarrhea on and off

Abnormal PE/Chem/CBC/UA Results: attached

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. Enlarged iliac lymph nodes measuring 0.30 cm x 0.80 cm in size with a normal shape but a hypoechogenic appearance. 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 left kidney measured 4.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.39 cm in width. The right adrenal gland measured 0.45 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 1.0 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.

Gallbladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Dilated and tortuous appearance of the common bile duct with no obvious obstruction evident.

Gastrointestinal

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. Normal thickness of the small intestine with no loss or layering but with an increase in the muscularis to mucosa ratio. Normal peristaltic activity and no distention of the lumen.

Pancreas



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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. The left pancreas measured 0.70 cm in width. The right pancreas measured 0.80 cm in width.

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Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.60 cm x 3.0 cm in size and maintaining a normal shape but with a hypoechoic appearance.

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No ascites evident.

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Neutered Male

- Enteropathy.
- Intra-abdominal lymphadenomegaly.
- Dilated and tortuous common bile duct.

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ULTRASONOGRAPHIC FINDINGS

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a possible differential diagnosis. Etiologies for the lymphadenomegaly would be reactive hyperplasia, infiltrative neoplasia and lymphadenitis. The appearance of the common bile duct can be considered an incidental age-related change.

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Further assessment would be fecal analysis, cobalamin and folate assay, endoscopy of the upper GI tract with biopsies and FNA cytology of the enlarged lymph nodes.

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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, course of Fenbendazole, cobalamin supplementation and if these is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.

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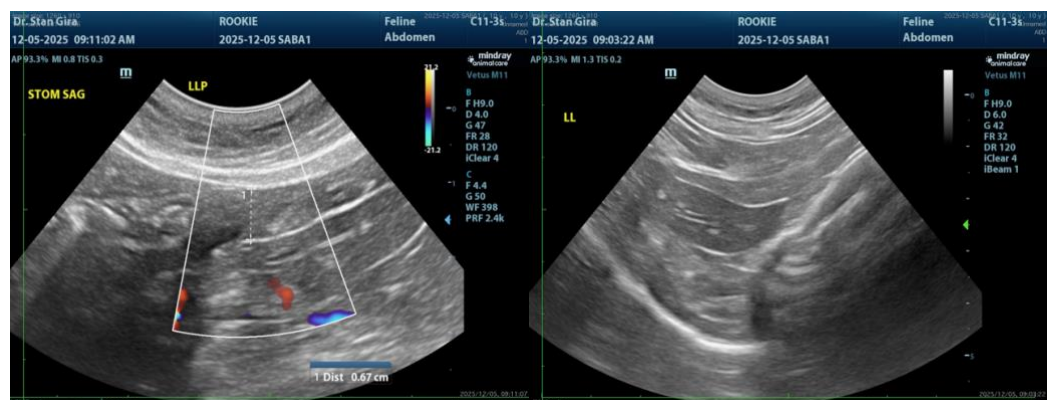
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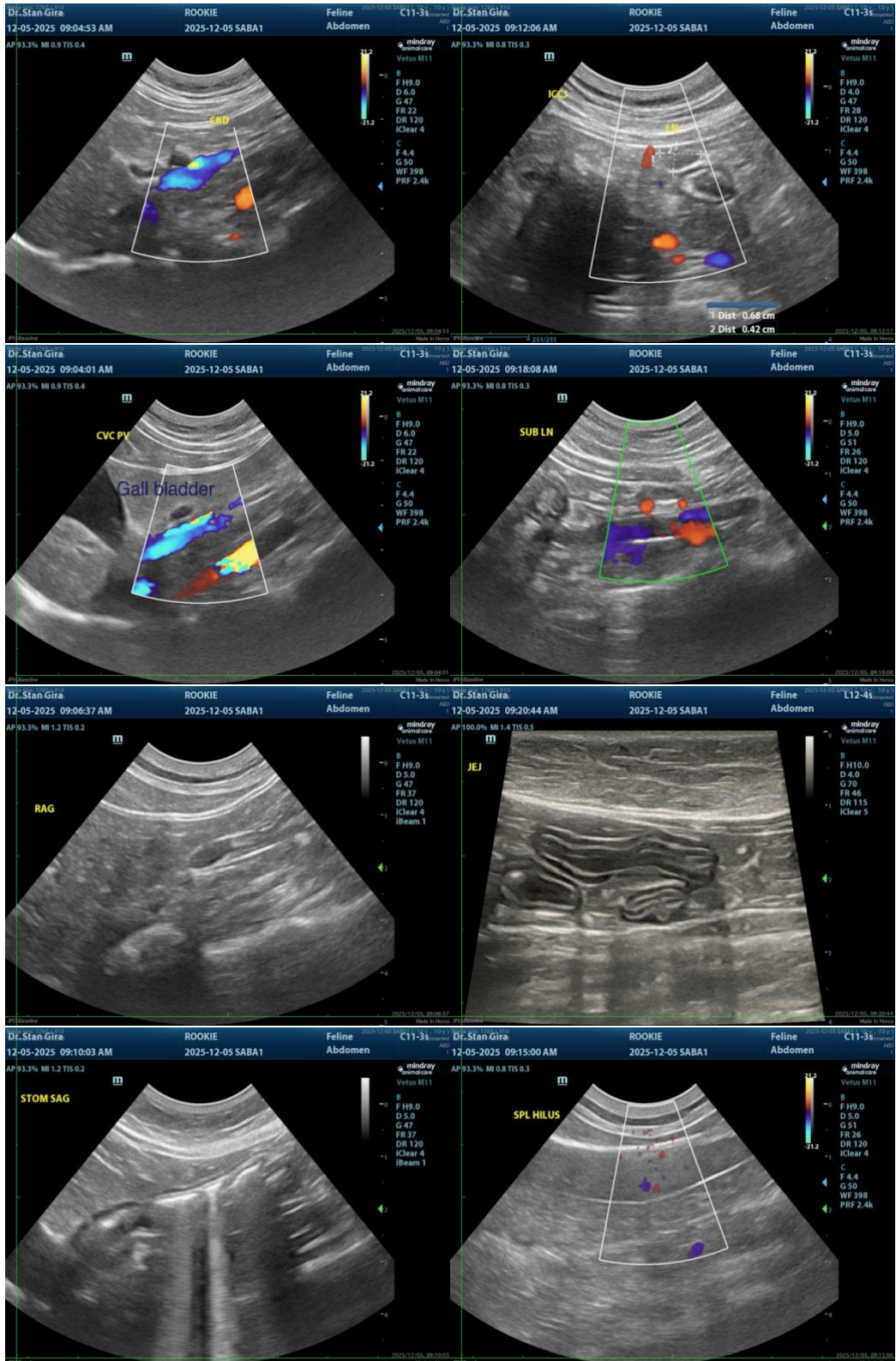
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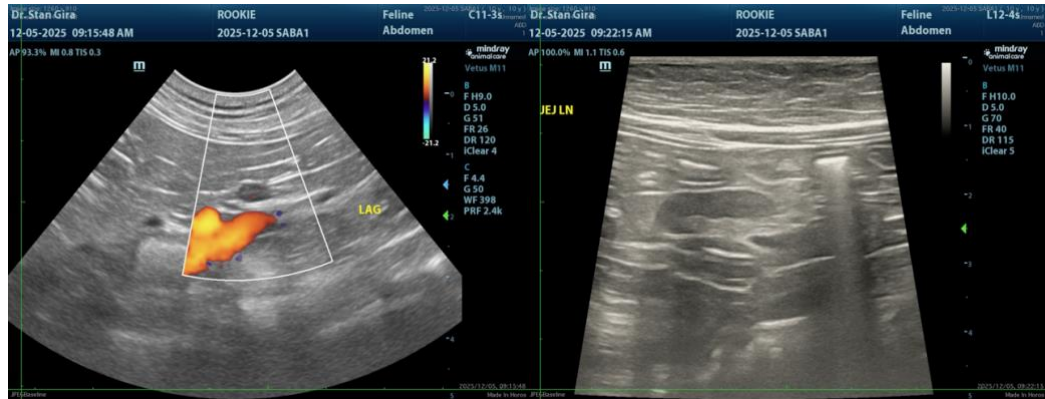
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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