



PATIENT

Bluebell Maclean

SPECIES

Feline

BREED

British Shorthair

SEX

Female

AGE

1 year

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Vetererinary Service

REFERRING VET

Dr. Busby

INVOICE

71489

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Anorexia, lab work NSF, no improvement despite appetite stimulation and anti-nausea medications. No vomiting or diarrhea. Two other cats in the house started with similar symptoms after Blubell, but their symptoms have almost resolved. No evidence of obstruction or foreign body on radiographs.
- Owner reports she was syringe-fed initially but has started eating a small amount of dry food (Orijen) on her own, though she previously only ate wet food (Tiki Cat). Her caloric intake is estimated at 100-120 kcal/day, down from a normal of 200-240 kcal/day. She has not lost significant weight.
- MEDICATIONS: Miratax TD gel or 0.5ml Elura SID, Sucralfate 250mg BID, Cerenia 8mg SID (originally 4mg), Fluticasone for asthma
- Abnormal PE/Chem/CBC/UA Results: NSF per DVM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 3.8 cm, right measured 3.6 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.34 cm in width. The right adrenal gland measured 0.33 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 0.9 cm in width.



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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.

Gastrointestinal

Focal gas accumulation in the gastric wall with the gastric wall having a normal thickness showing no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric ulceration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the patient's presenting clinical signs and involvement of two other cats in the same household, the most likely etiology would be acute, non-specific gastritis with secondary superficial ulceration.



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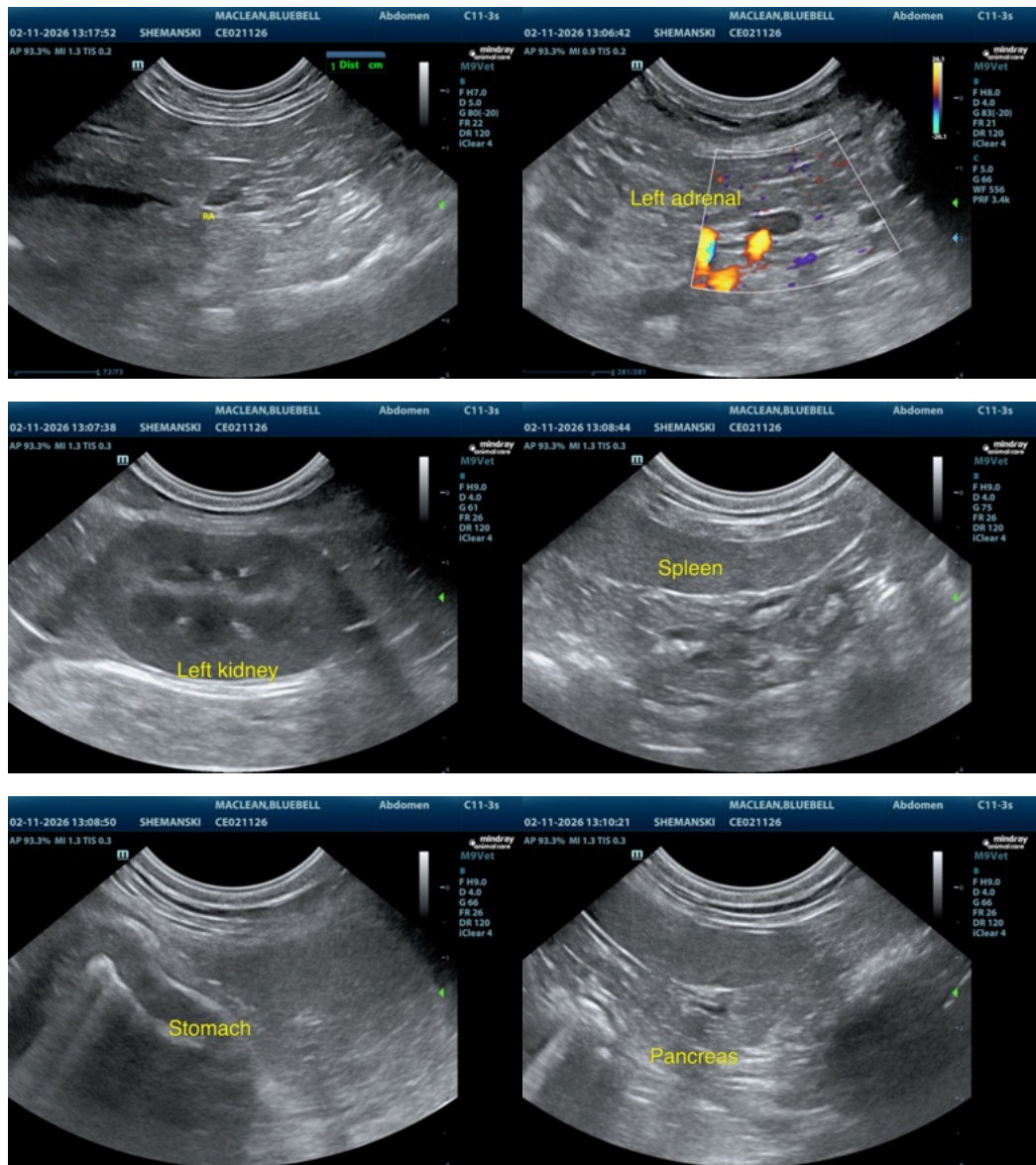
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Possible etiologies are toxins and dietary indiscretion. Management would be to continue with the current therapy, feed small frequent meals of a low fat intestinal diet and adding a course of Omeprazole.





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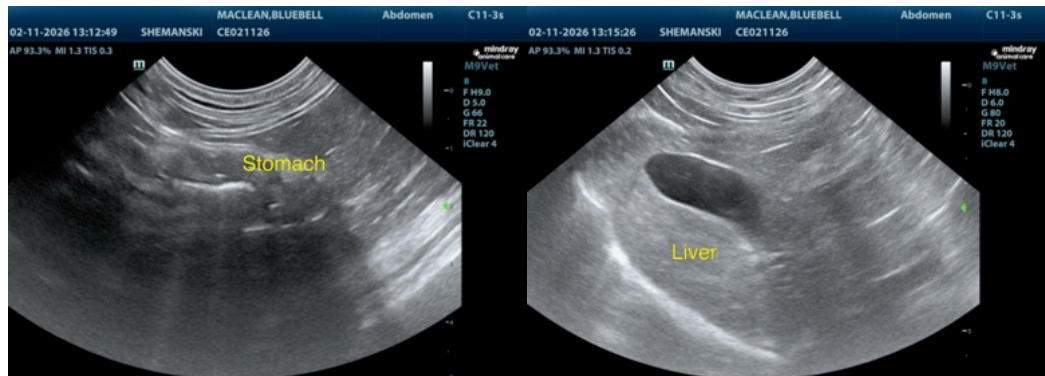
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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