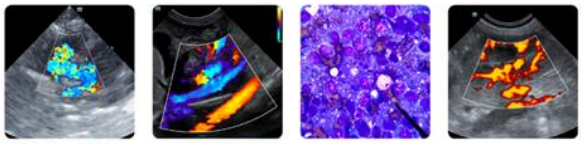


PATIENT

Gigi Arsenault

SPECIES

Feline

BREED

DSH

SEX

F

AGE

4yr

WEIGHT

6.18lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Cheryl Ragalevsky

INVOICE
23885

DATE
02/13/2026

PRESENTING CLINICAL SIGNS

- Gigi has a chronic history of IBD. She presented to her rDVM for a painful abdomen when palpated on January 26th.
- PLI = 1.0.
- She had been on Prednisolone 5 mg, 1/2 tab every other day, and has recently been increased to 5 mg once a day, then 5 mg every other day, and then down to 2.5 mg every other day.
- Owner reports that when they have tried to wean her off the prednisolone in the past, she starts vomiting again. She is currently in the process of getting back on her regular dose. She did vomit about two days ago. The vomit was described as liquidy with chunks of whole food.
- She was switched to Hill's Gastrointestinal Biome food a few years ago, which resolved her chronic diarrhea. Her stools are now reportedly normal.
- Since being back on the prednisolone, she has been more energetic and social.
- Rule outs: Chronic enteritis, IBD. Not suspicious of lymphoma.
- MEDICATIONS: Prednisolone 5mg, 1/2 tab eod Viralys
- Abnormal PE/Chem/CBC/UA Results: ABNORMAL FINDINGS: Generally unremarkable abdominal ultrasound. Mild, chronic changes to the small intestine are noted (prominent submucosa suggesting chronic enteritis), consistent with her history of IBD. UB: Contains a small amount of echogenic debris that is not gravity-dependent. This may represent fat droplets. The owner is not aware of any clinical signs of a UTI.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Small amount of floating hyperechogenic sediment.

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. Normal color flow pattern evident in both kidneys.

The left kidney measured 3.2 cm in length.

The right kidney measured 3.1 cm in length.

Adrenal Glands

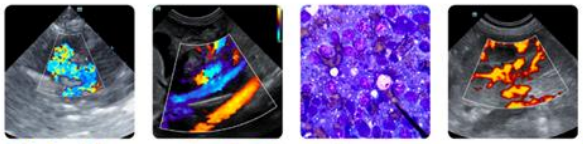
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature.

The left adrenal gland measured 0.24 cm in width.

The right adrenal gland measured 0.42 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



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evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.7 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. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach 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 of layering but with mild segmental increase in the muscularis to mucosa ratio, normal peristaltic activity and no distention of the lumen.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen/Thorax

Normal mesenteric lymph nodes.

No ascites evident.

Normal appearance of the heart, no pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Enteropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the enteropathy would be inflammatory bowel disease as per the patient's history. Etiologies for the urinary bladder sediment would be incidental debris, crystalluria and possibly bacterial cystitis. Further assessment that could be considered would be UA and possibly urine culture. Management would be to continue with the current therapy.

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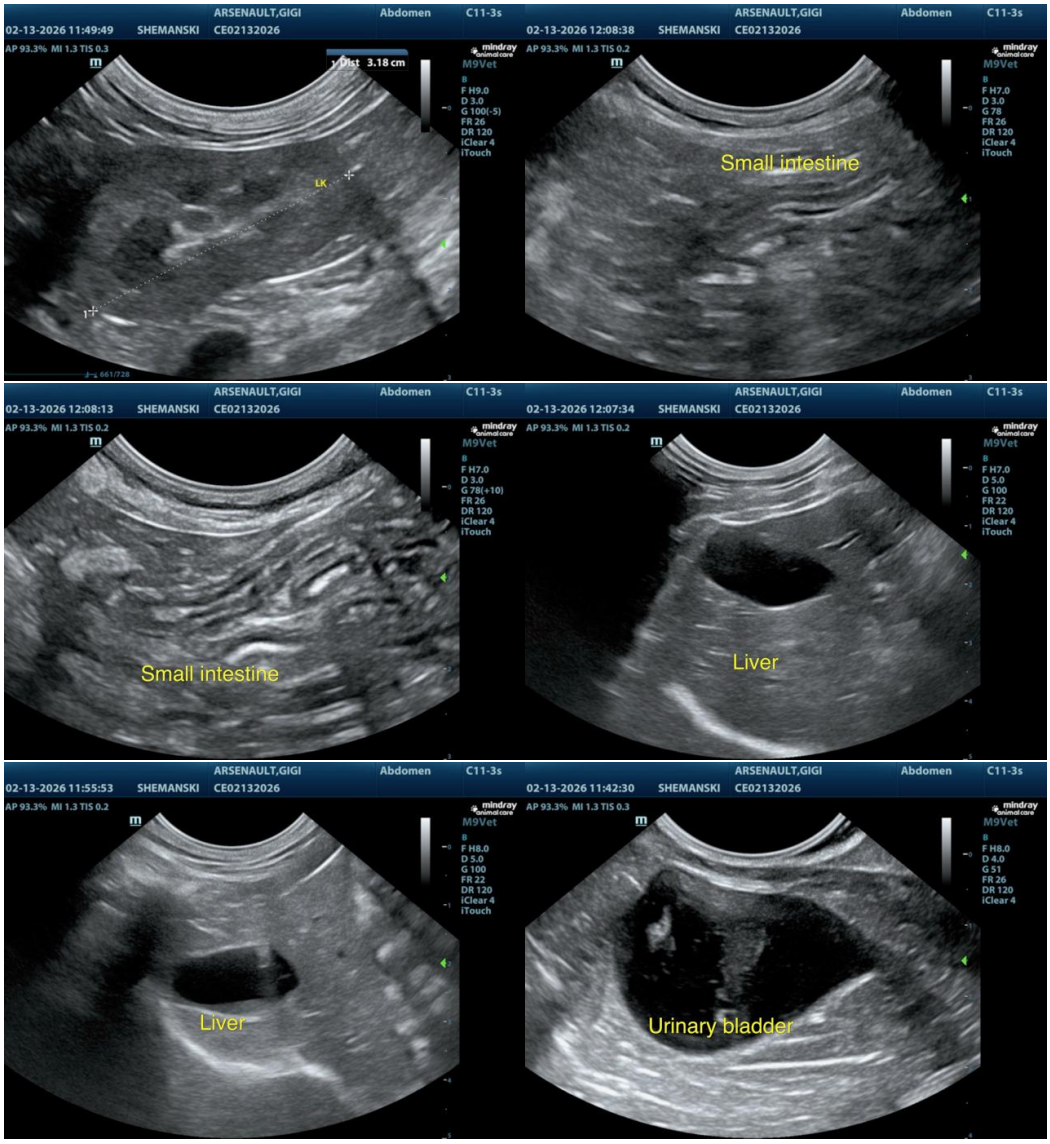

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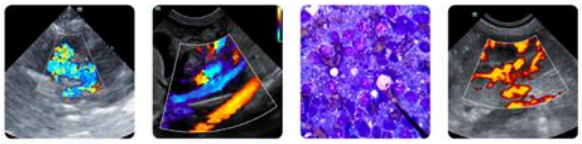

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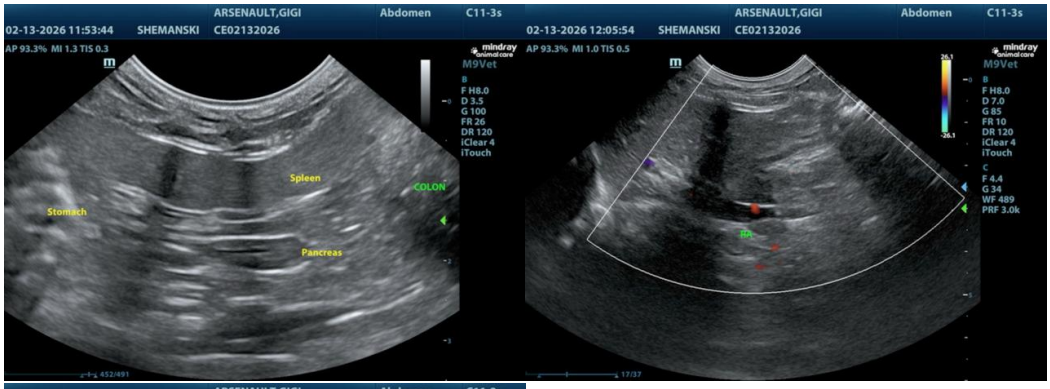

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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