



PATIENT

Joplin Nicosia

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

NA

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr Denheyer

INVOICE

23883

DATE

02/13/2026

PRESENTING CLINICAL SIGNS

- chronic weight loss
- per 2024 AUS -emerging IBD
- no current meds
- Abnormal PE/Chem/CBC/UA Results: Hct 29%; Neuts 54.9; BUN 67

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. Normal color flow pattern on Doppler.

The left kidney measured 2.8 cm in length.

The right kidney measured 2.8 cm in length.

Adrenal Glands

Right adrenal gland-Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The right adrenal gland measured 0.46 cm in width.

The left adrenal gland **was** not clearly visualized but appears to be of normal shape, echogenic appearance and size.

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, diffuse mottled echogenic and coarse appearance, normal 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



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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 an increase in the muscularis to mucosal ratio. Normal peristaltic activity and no distention of the lumen.

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Pancreas

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

BREED

Free Abdomen

DSH

Normal mesenteric lymph nodes.

Small amount of acellular ascites present.

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ULTRASONOGRAPHIC FINDINGS

- Enteropathy
- Hepatopathy
- Ascites

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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.

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Etiologies for the hepatopathy would be reactive hyperplasia, metabolic, hepatitis and possibly infiltrative neoplasia. With a severe neutrophilia, intrathoracic pathology such as low grade pyothorax should be considered.

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Initial further assessment would be survey thoracic radiographs, analysis of the ascetic fluid and FNA cytology of the liver. Additional diagnostics that could be considered would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies. Specific therapy would be dependent on an etiological diagnosis.

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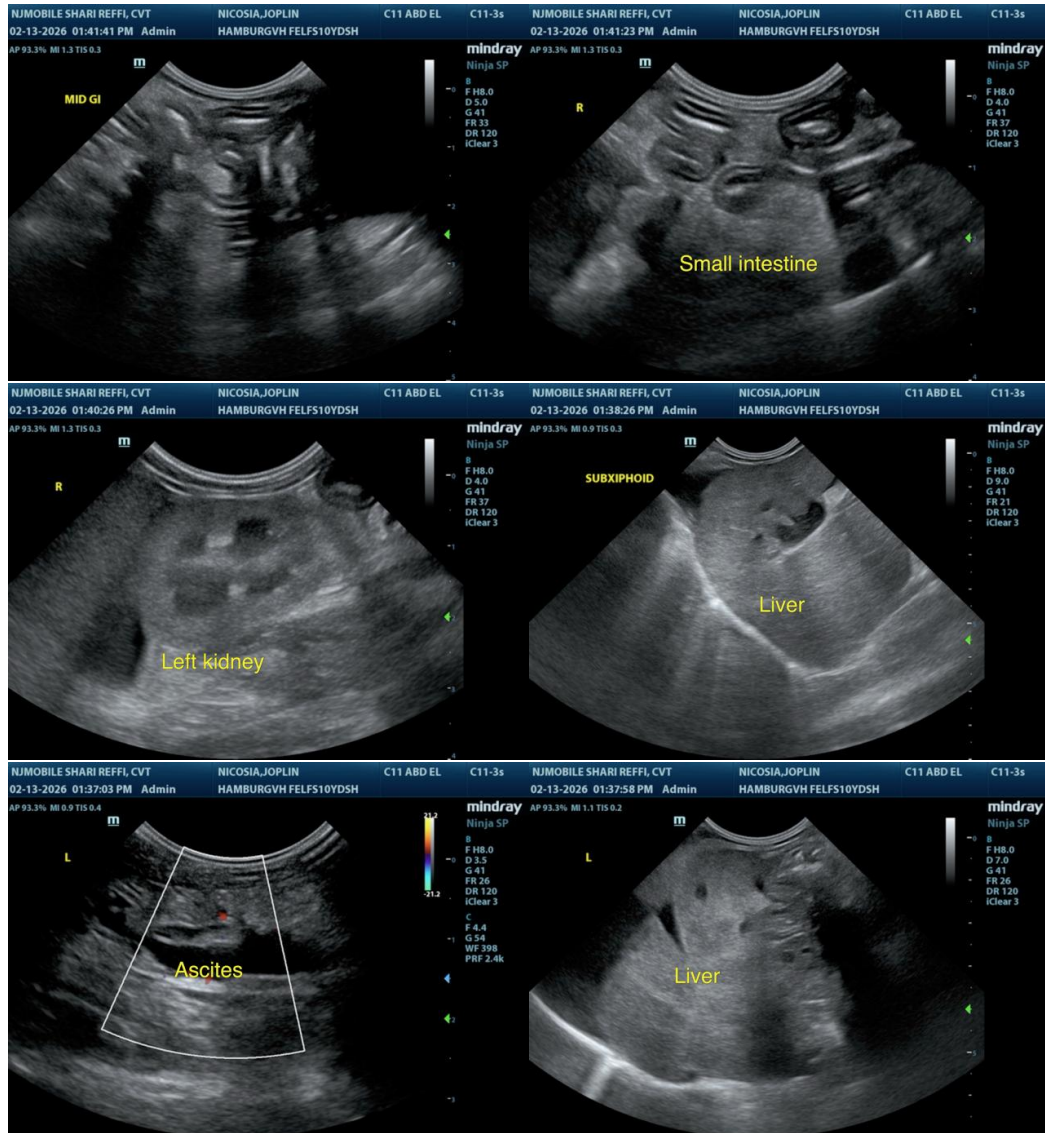
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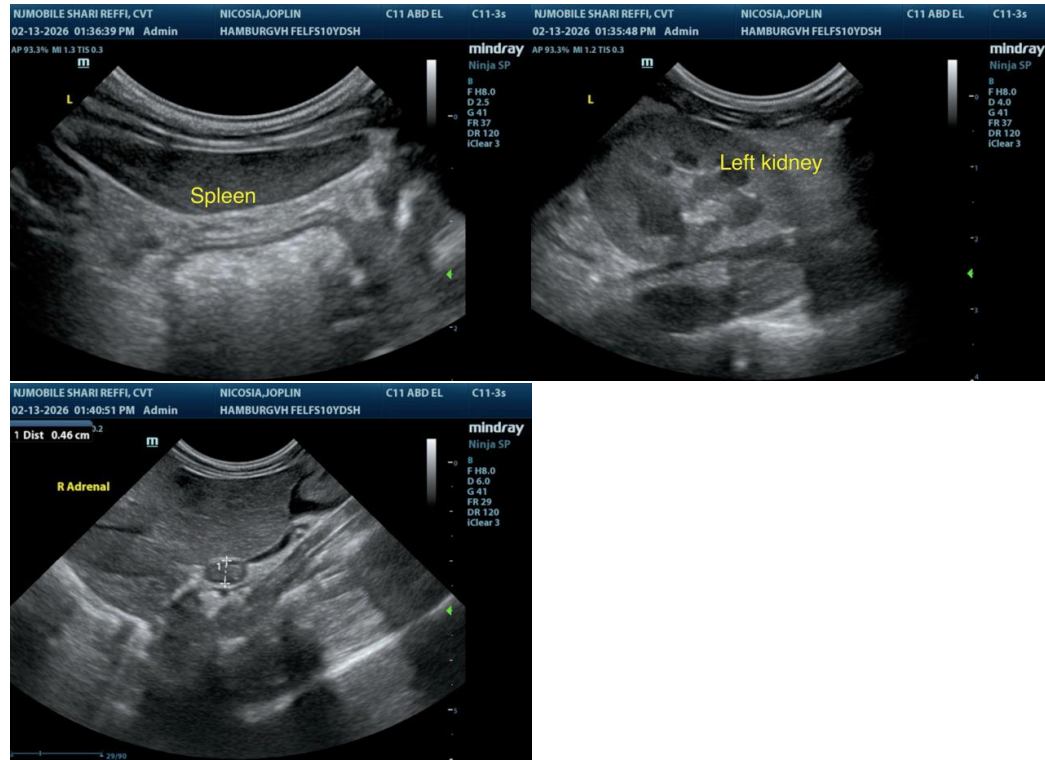
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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