



PATIENT

Ginger Wood

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

14 years

WEIGHT

4.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT NH Vet Clinic

REFERRING VET

Dr. Warner

INVOICE

71625

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Ginger presented for abdominal ultrasound following chronic vomiting with weight loss (weighed 10.6lbs in 2021). No changes in amount of vomiting recently, has always had some unspecified level. Stools are loose. Abnormal abdominal palpation.
- Texas GI panel and CBC pending
- She lost 0.4lbs since last exam on 2/2
- Will start B12 as support, appetite is decreased
- T4 (1.3) and BG normal - low ALT (<10), otherwise normal liver values - SDMA elevated (16) - USG 1022, otherwise quiet - hypochloremia (111), hypoproteinemia (3.8) d/t hypoalbuminemia (1.3) and globulinemia (2.5) - hypocalcemia (7.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment is noted.

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 2.9 cm, right measured 3.0 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.

Adrenal Glands

The adrenal glands are not visualized.

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 0.4 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.



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Gallbladder

The gallbladder is 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, duodenum, 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. Severe thickening of the small intestine measuring up to 0.45 cm with loss of layering and a severe increase in the muscularis to mucosa ratio. The small intestine has a diffuse, hypoechoic appearance.

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.

A moderate amount of acellular ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Ascites.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the enteropathy would be lymphoma and granulomatous enteritis.

The ascites can be ascribed as secondary to the hypoalbuminemia and the enteropathy.

Etiologies for the urinary bladder sediment would be incidental debris, hematuria and possibly bacterial cystitis.

Further assessment would be based on the pending results, but could include FNA cytology of the small intestine and analysis of the ascitic fluid.

Endoscopy of the upper GI tract with biopsies could also be considered.

Specific therapy would be dependent on an etiological diagnosis.



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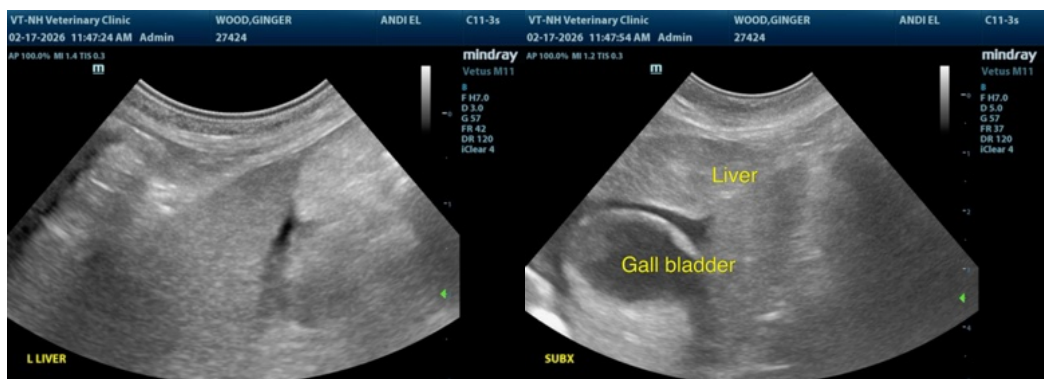
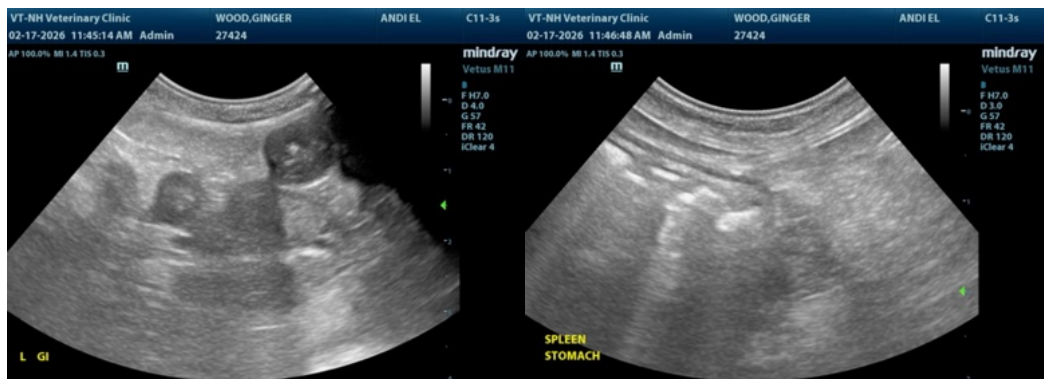
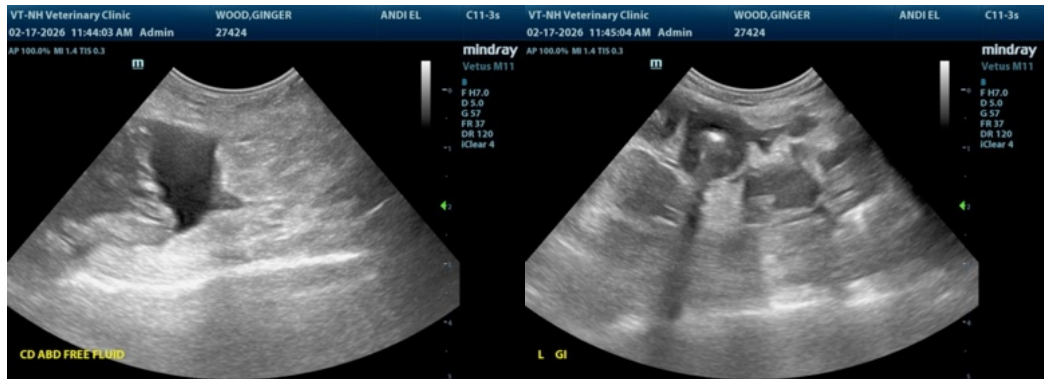
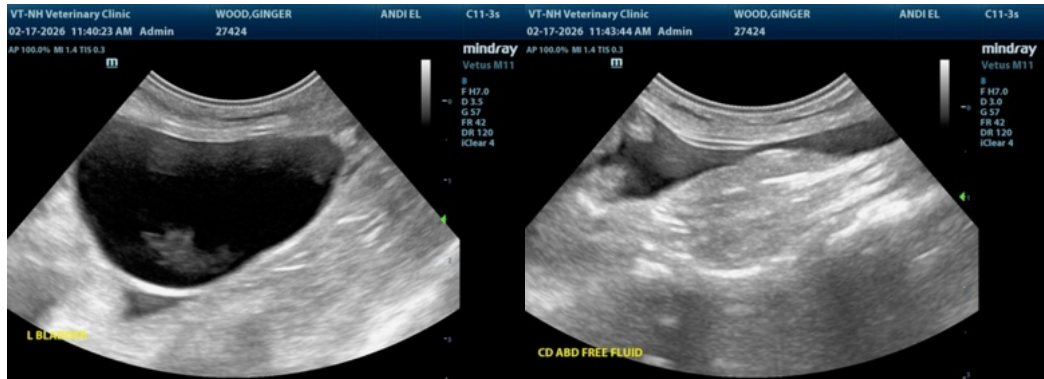
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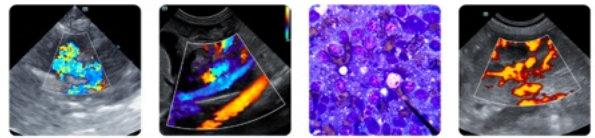
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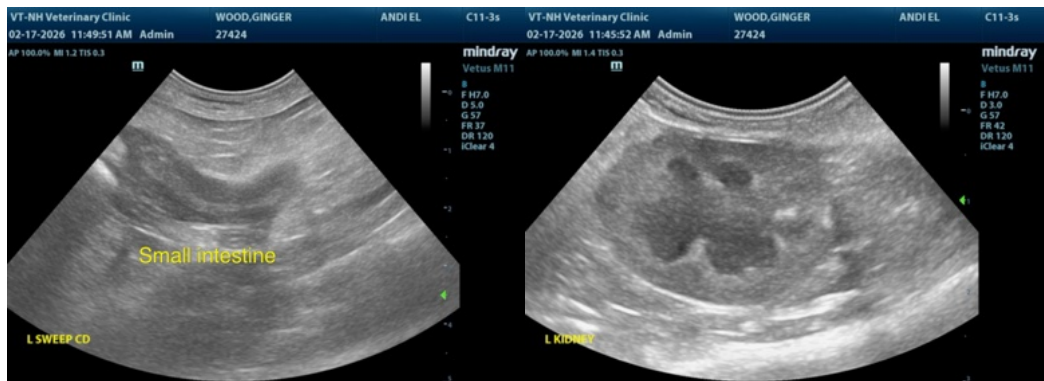
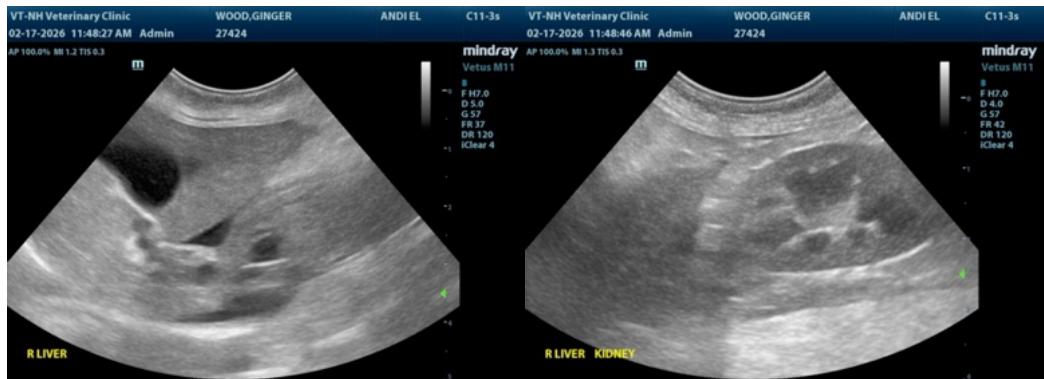
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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