



PATIENT

Miles Davis Solomon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley McCaughan,
DVM

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Dr. McCaughan

INVOICE

71995

DATE

2/26/26

PRESENTING CLINICAL SIGNS

- Chronic intermittent vomiting with intermittent hyporexia - pattern discussed as most consistent with gastrointestinal inflammation, with concern for inflammatory bowel disease vs alimentary lymphoma along the inflammatory spectrum. NO WEIGHT LOSS
- Chronic pruritus with recurrent scabbing since adoption - concurrent history of chin acne and diet responsiveness discussed.
- Starting novel protein diet (rabbit RAYNE MAINT)
- SDMA 16; CBC nsf; UA nsf; T4 nsf; folate - 22, cobalamin - >1000; TLI -46 (wnl);

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.

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 4.3 cm, right measured 4.1 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 0.7 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.



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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, 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. A small amount of fluid was present in the stomach. The small intestine measured up to 0.25 cm.

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.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the GI tract appears ultrasonographically normal with the presenting clinical signs, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be fecal analysis and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be continued with the hypoallergenic diet, course of Fenbendazole and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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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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