



PATIENT

Lucy Morales

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12y

WEIGHT

7.03 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jocelyn Smith CVT

HOSPITAL NAME

Anville-Cleona
Veterinary Associates

REFERRING VET

Lisa Bardsley

INVOICE

13264

DATE

3/10/26

PRESENTING CLINICAL SIGNS

History:

- 2/3/26: new patient exam, owner concerned about weight loss over past 2-3 months. No weight history, so amount of weight lost is unknown.
- Occasional vomiting, no diarrhea. Good appetite.
- Prescribed trial of Royal Canin Ultamino.
- 3/3/26: owner noticing decreased appetite, increased vomiting.

Abnormal PE/Chem/CBC/UA Results: Core chem, CBC, T4: ALT 220, otherwise normal. Keyscreen PCR all undetected.

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 evident in both kidneys. The left kidney measured 3.9 cm. The right kidney measured 3.9 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.65 cm length x 0.3 cm width. The right adrenal gland measured 0.6 cm length x 0.32 cm width.

Spleen

Normal size and echogenic appearance with a 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 width.

Liver

The liver was normal in size with a diffuse increased echogenic and coarse appearance, normal portal markings and irregular curvilinear capsule.

Gallbladder

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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Gastrointestinal

Normal thickness of the small intestine (up to 0.28 cm) with no loss of layering, but with an increase in the muscularis mucosa ratio, normal peristaltic activity and no distention of the lumen. 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 distention of the lumen.

Pancreas

The visible sections of the pancreas exhibited normal size, echogenic appearance and 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

- Enteropathy
- Hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the hepatopathy would be a dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma and granulomatous enteritis, less likely differential diagnoses. The most likely etiology for the hepatopathy would be reactive hyperplasia, secondary to the enteropathy, with vacuolar and metabolic differential diagnoses. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnoses.

Further assessment would be Cobalamin and Folate assay, endoscopy of the upper GI tract with biopsies and possibly FNA cytology of the liver. Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered would be to continue with the current diet with feeding small, frequent intervals, Cobalamin supplementation and Ursodiol, and if there's still not a satisfactory improvement then a course of penicillin would then be indicated.



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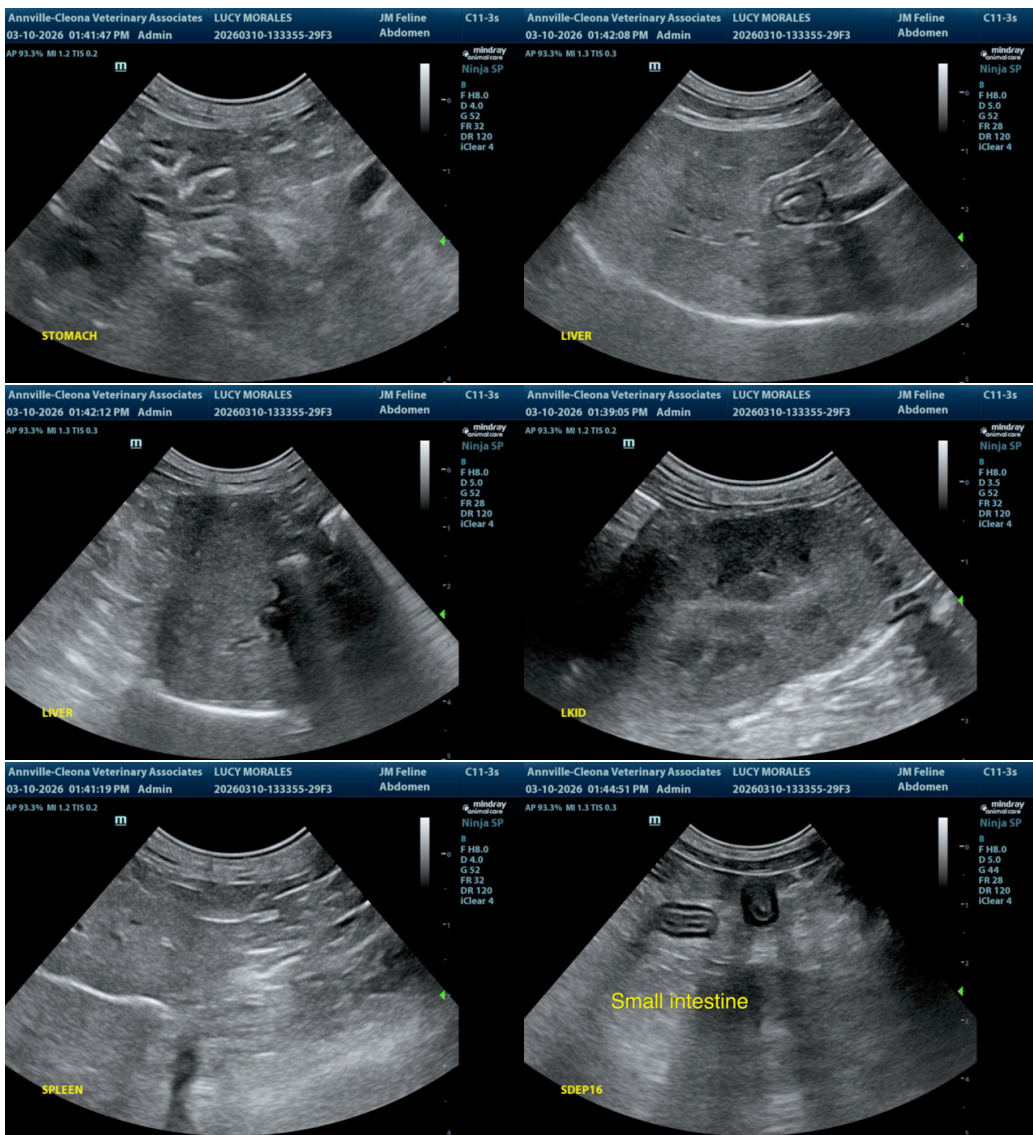
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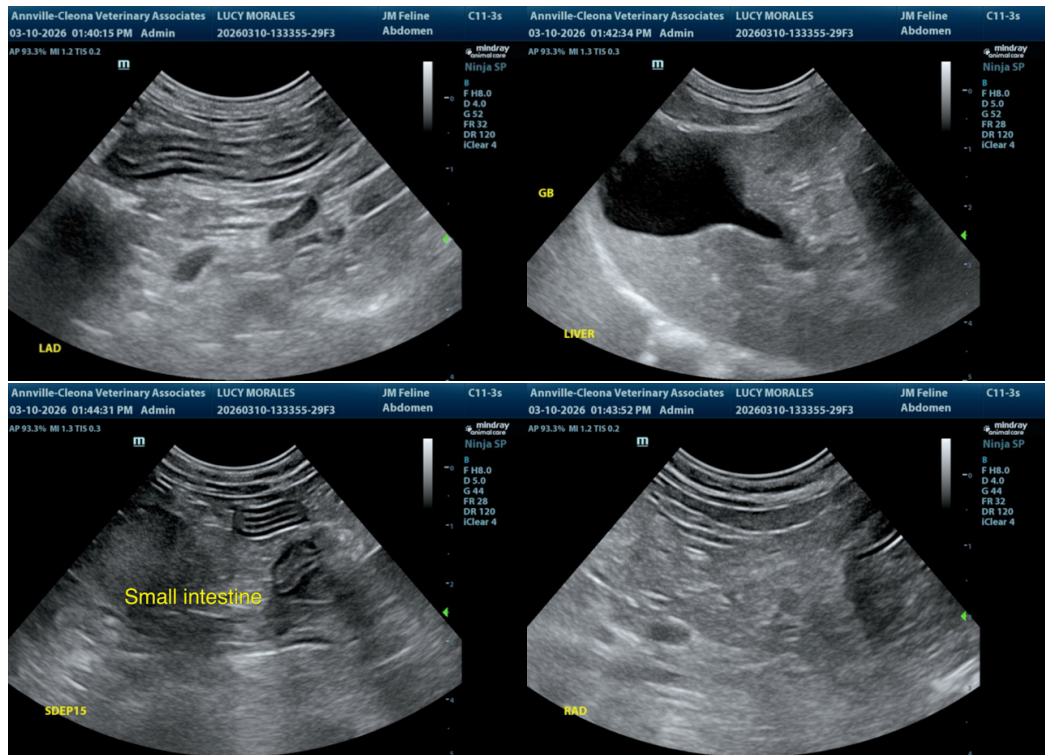
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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