



PATIENT

Ena Parks

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

4.12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Sabadilla Animal Clinic

REFERRING VET

Dr. Nathaniel
Asemadahun

INVOICE

14319

DATE

03/13/26

PRESENTING CLINICAL SIGNS

- Appointment reason: Ongoing diarrhea, vomited a couple times this week.
- Change in behavior over past 1.5 weeks: not playing, withdrawn. Mushy/soft stool, comes out in small amounts. Vomited twice in past week: mostly food, small hairballs. Pre/probiotics previously effective, now only intermittently helpful. Eating mostly at night, nibbling less throughout day.
- Same food (Purina), no human food, no new treats. Owner concerned about pain.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a scant amount of floating hyperechogenic sediment with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Enlarged iliac lymph node measuring up to 0.4 by 1.1 cm in size, maintaining a normal shape and echogenic appearance.

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. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.34 cm in width. The right adrenal gland measured 0.47 cm in width.

Spleen

Enlarged size and normal 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 1.2 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 gallbladder 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. Normal thickness of the small intestine (up to 0.26 cm) with no loss of layering but with a



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segmental increase in the muscularis to mucosa ratio. Moderate amount of ingesta present within the stomach. Fecal material present within the colon.

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Pancreas

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The pancreas is of normal size (left pancreas 0.60 cm width. Right pancreas 0.50 cm width) with a mottled echogenic appearance with an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

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Free Abdomen

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Enlarged mesenteric lymph nodes measuring up to 0.40 cm x 1.5 cm width maintaining a normal shape and echogenic appearance.

SEX

No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

AGE

- Enteropathy.
- Mesenteric and iliac lymphadenomegaly.
- Splenomegaly.
- Chronic pancreatitis versus pancreatic fibrosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a less likely differential diagnosis. The most likely etiology for both the splenomegaly and the lymphadenomegaly would be reactive hyperplasia, secondary to the enteropathy, inflammation and infiltrative neoplasia would be less likely differential diagnoses.

Further assessment would be fecal analysis, cobalamin, folate and fPL/PSL assay, endoscopy of the upper GI tract with biopsies and possibly FNA cytology of the spleen and enlarged lymph nodes.

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Specific therapy would depend on an etiological diagnosis. Symptomatic management would be feeding small frequent meals of a novel protein/hypogenic diet, course of fenbendazole, cobalamin supplementation and if there's still not a satisfactory improvement, then a course of Prednisolone would then be indicated.

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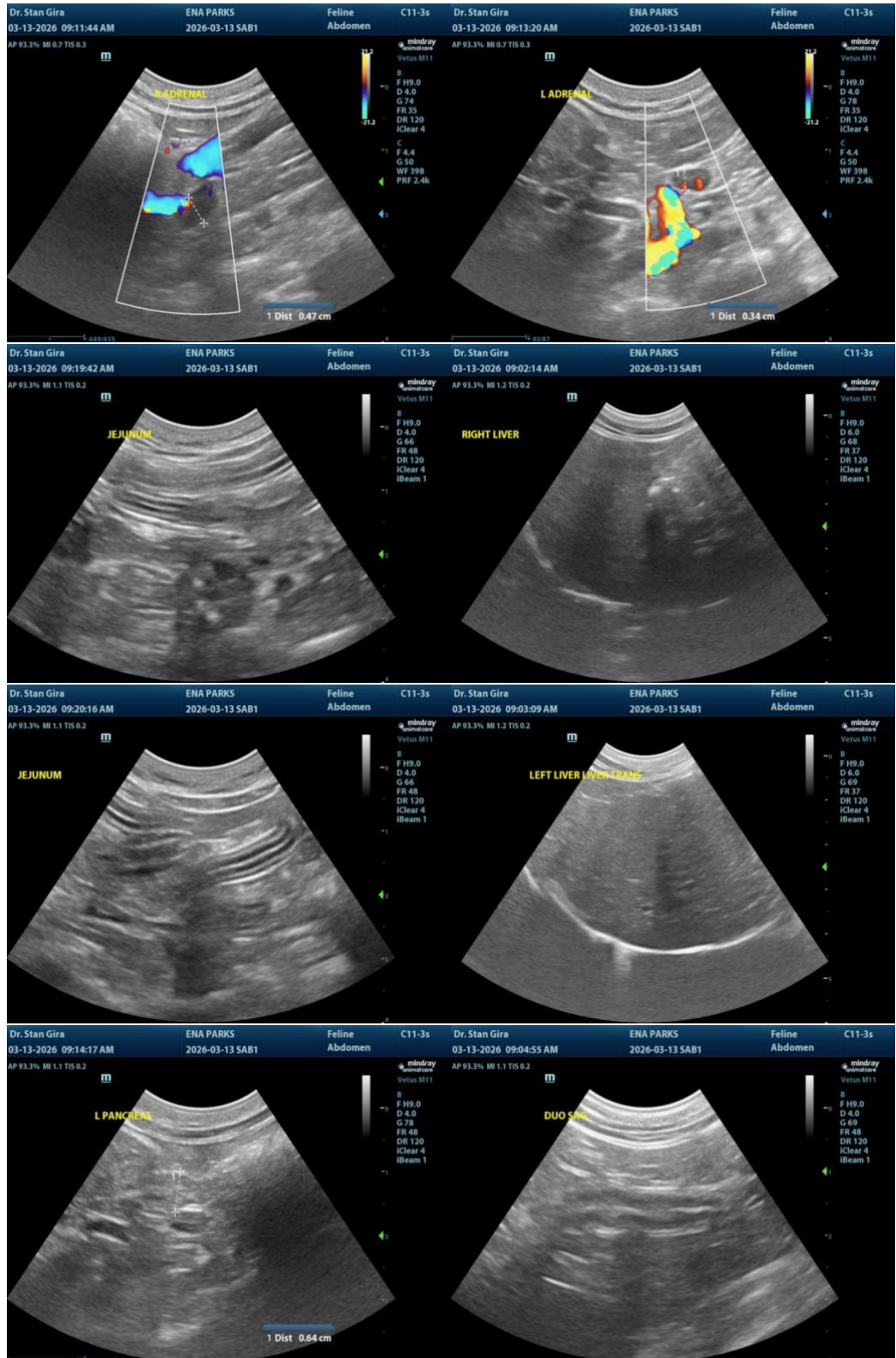
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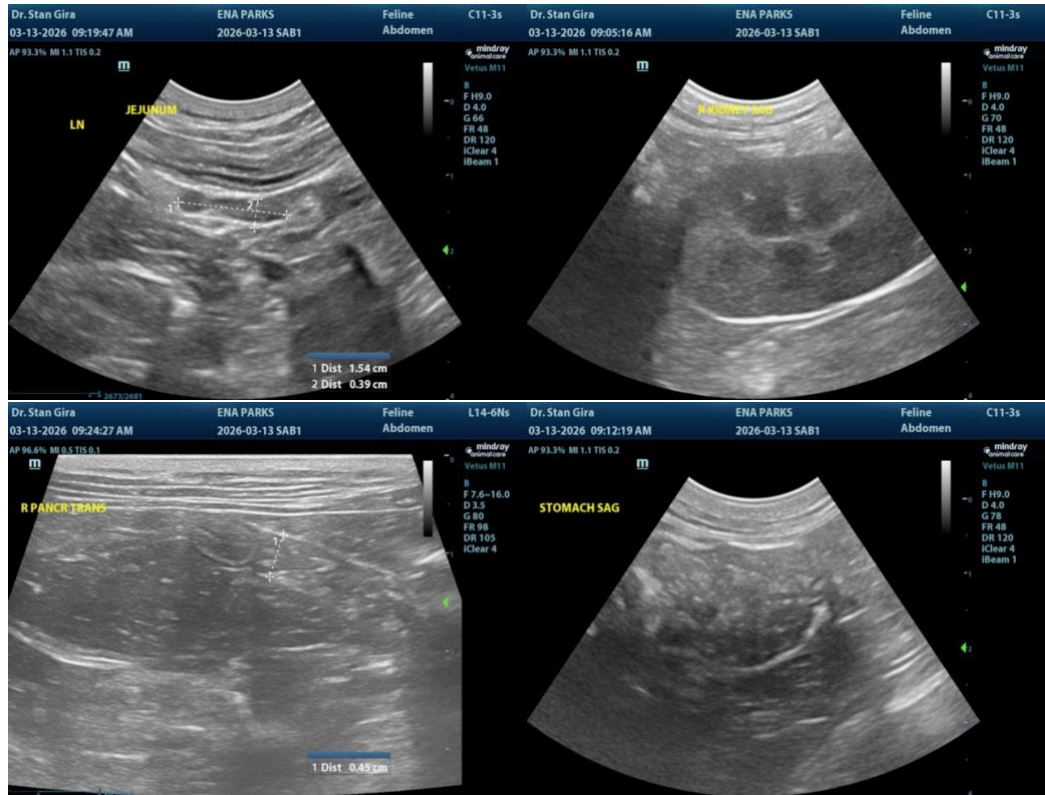
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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