



PATIENT

Ivy Casey

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Allison Nagel

INVOICE

73509

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Patient presents due to anorexia, abdominal pain, intermittent diarrhea, and vomiting.
- From August to October 2025, Ivy Casey had intermittent anorexia, vomiting, and greenish liquid diarrhea, but normal CBC, chemistry, GI panel, FPL, and abdominal radiographs were found at multiple clinics. Symptoms resolved after starting Royal Canin Hydrolyzed and Gastrointestinal diets in October 2025.
- Recently, intermittent anorexia has returned. A March 11 exam revealed abdominal discomfort and tensing with sides tremoring, though no vomiting or diarrhea is currently present. IBD or GI neoplasia remains a concern.
- MEDICATIONS: Mirtazapine transdermal SID
- Normal CBC, chemistry, GI panel, FPL, and abdominal radiographs per RDVM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant 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 3.2 cm, right measured 4.0 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.31 cm in width. The right adrenal gland measured 0.3 cm in width.

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 0.8 cm in width.



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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

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. Normal thickness of small intestine (up to 0.26 cm) with no loss of layering, but with a segmental increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the enteropathy would be dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma an unlikely differential diagnosis.

Further assessment that could be considered would be endoscopy of the upper GI tract with biopsies.



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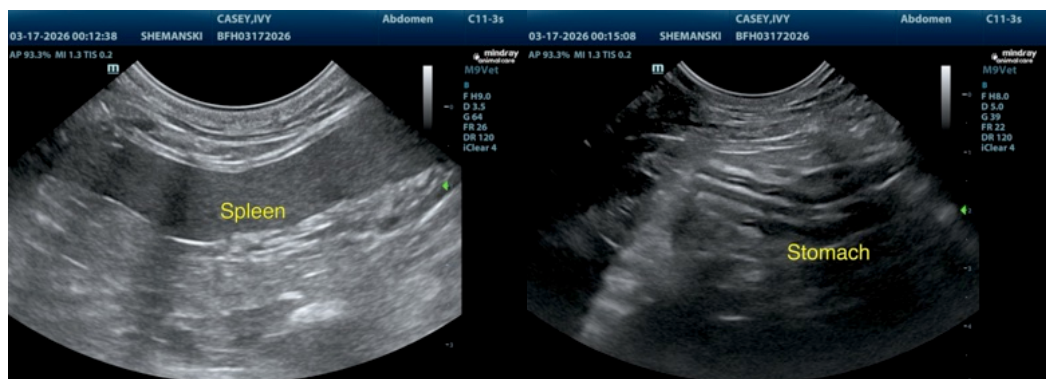
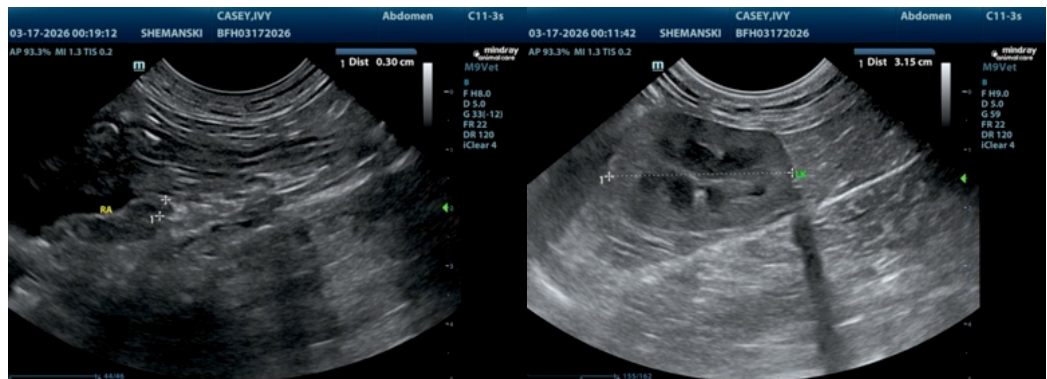
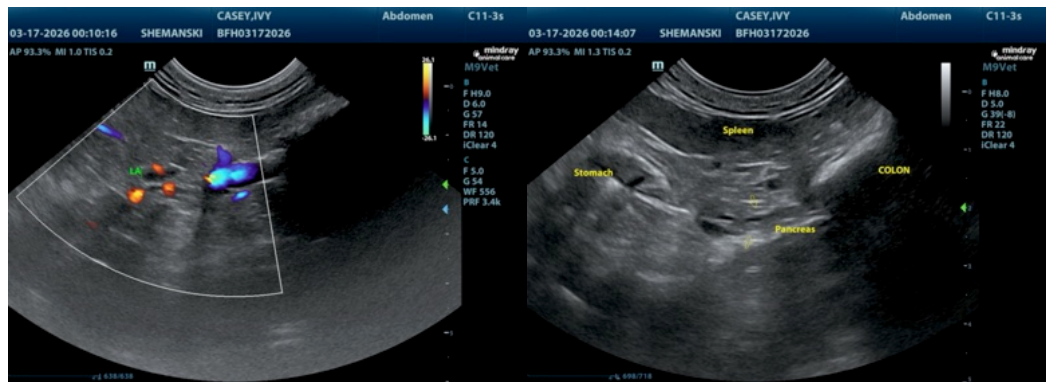
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Management would be to continue feeding the hypoallergenic diet and course of Prednisolone, the latter tapering down to the minimal effective dose.

Alternatively, Budesonide could be considered.





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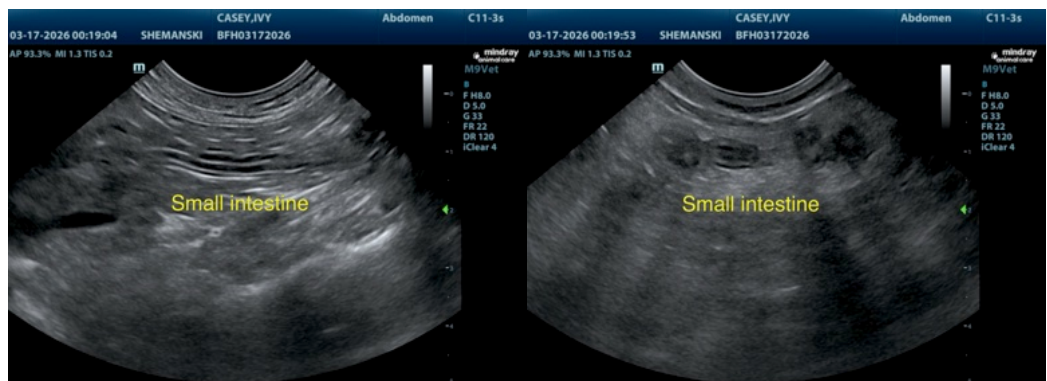
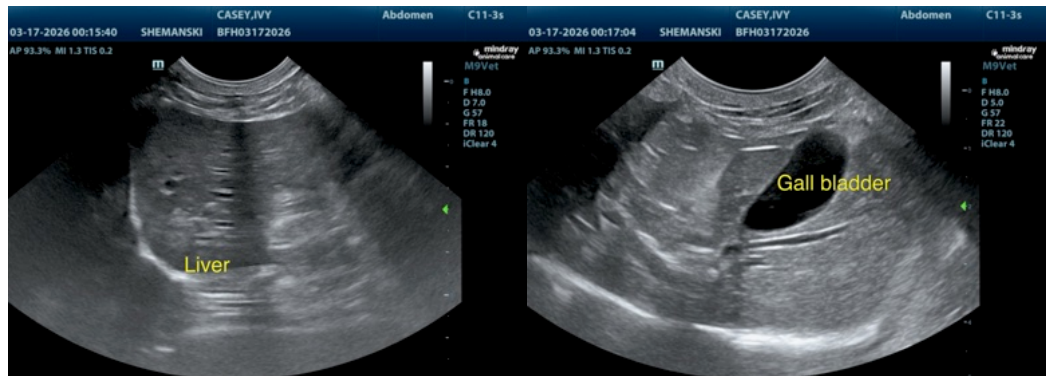
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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