



PATIENT

Coco Bosse

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14

WEIGHT

10.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jenn Copp

HOSPITAL NAME

Westside Animal
Hospital (Maine)

REFERRING VET

Dr. Jenn Copp

INVOICE

73868

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Chronic hx of GI upset (acute on chronic vomiting) responsive to Prednisolone trials and diet. Diagnosed with bilateral carpal drop - at that visit ausculted arrhythmia. Sent to cardio- started Diltiazem, furosemide, clopidogrel. Has not has steroids/budesonide since early to mid 2025- has had progressive weight loss and appetite changes. Transitioned to HP- eating a bit better, some weight gain, but still vomits intermittently.

Abnormal PE/Chem/CBC/UA Results: Hx SpecFPL/GI panel- WNL 3/3 Senior panel- NSF other than moderate hypokalemia (secondary to diuretics) and mildly elevated amylase. 3/20 performed AUS- submitted Senior profile w specfPL and probnp

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. Left kidney measures 3.0 cm. Right kidney measures 3.1 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.84 cm in length x 0.32 cm in width. Right measures 1.0 cm in length x 0.36 cm in width.

Spleen

Normal size (0.80 cm in width) 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.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Patchy parenchymal mineralization is evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Small 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 0.25 cm) with no loss of layering, but with mild increase in the muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen.

Normal appearance of the stomach, 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.

Pancreas

Visible sections presents normal size and echogenic appearance. 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.
- Hepatic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

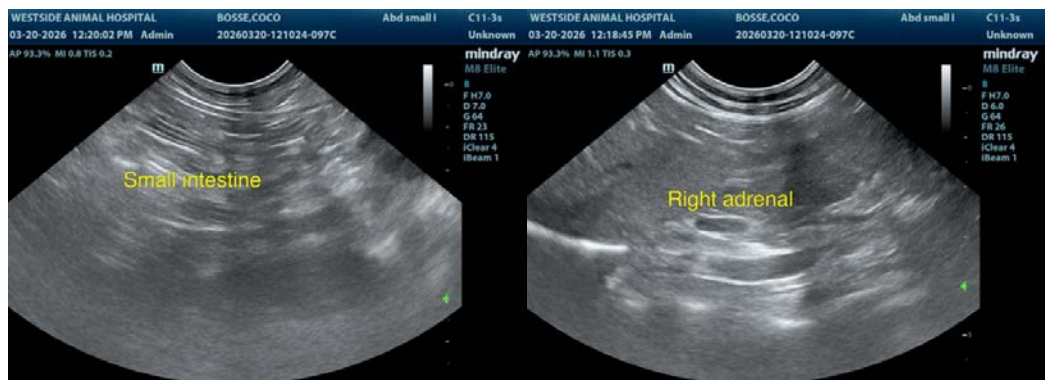
Likely etiologies for the enteropathy would be dietary hypersensitivity and inflammatory bowel disease, with parasitic enteritis being a possible differential diagnosis, and emerging lymphoma being an unlikely differential diagnosis.

Unless there is hypercalcemia, the hepatic mineralization can be considered an incidental finding.

Further assessment would include fecal analysis.

Management of the enteropathy would be to continue with a hypoallergenic diet, and if there is not a satisfactory improvement, then adding Prednisolone would be indicated.

Specific therapy would be dependent on an etiological diagnosis.





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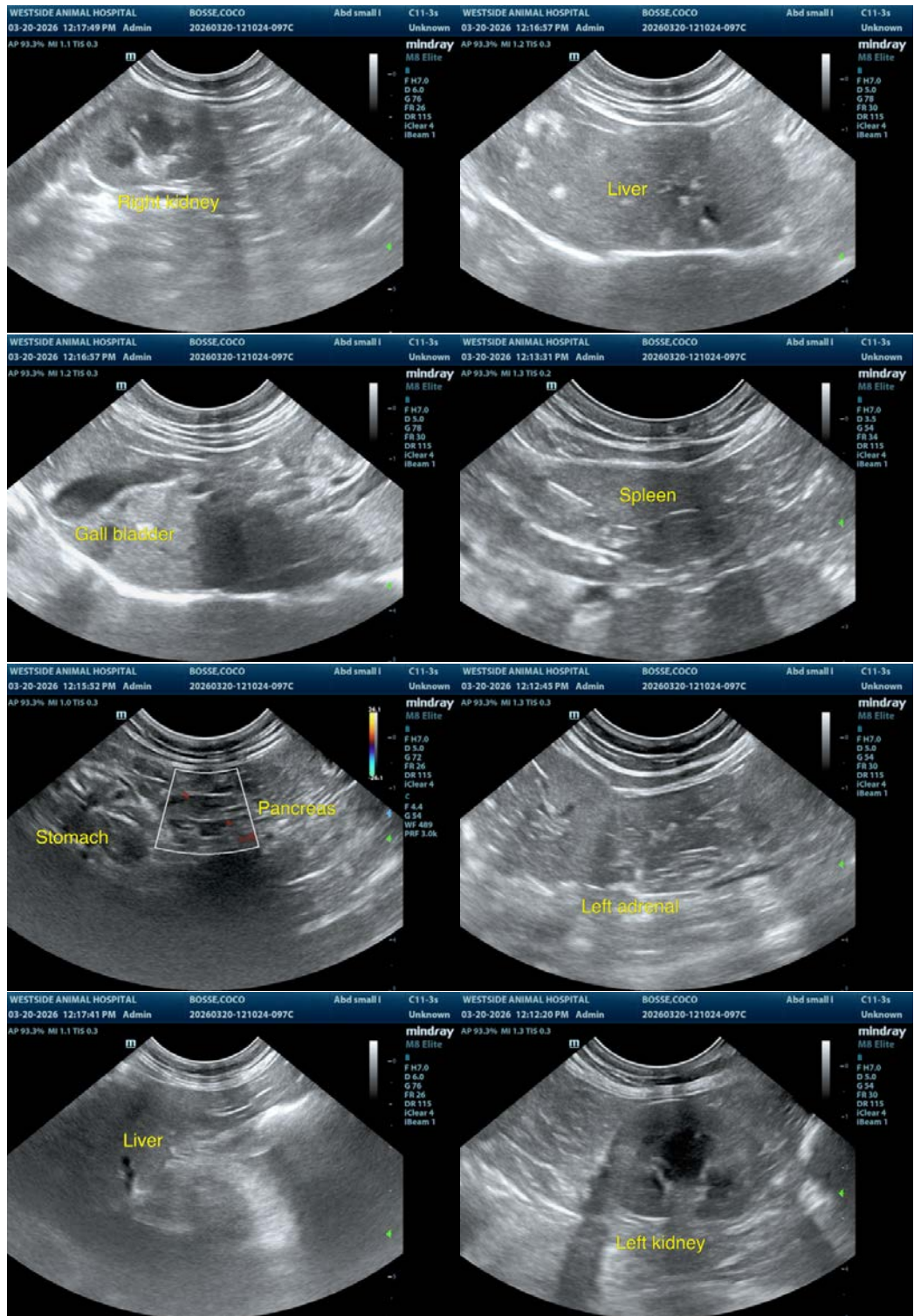
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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