



PATIENT

Foureyes Ratalasky

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

12.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Dr. Saum Hadi

INVOICE

73878

DATE

3/20/26

PRESENTING CLINICAL SIGNS

P presents for acute weight loss, hyporexia. Historic IBD, managed with prednisolone/hydrolyzed diet.

AUS through Sonopath in March 2025 revealed enteropathy, which was when new food/steroids were initiated. P responded great and has been stable since.

Abnormal PE/Chem/CBC/UA Results: Mild to moderate monocytosis, NSF on rest of recent senior panel (all other WBC WNL)

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 3.3 cm. Right kidney measures 3.9 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.33 cm in width. Right measures 1.1 cm in length x 0.48 cm in width.

Spleen

Normal size (0.70 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. 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.

Gastrointestinal

Normal thickness of the small intestine (up to 0.30 cm) with no loss of layering, but with segmental 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.



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Pancreas

Visible section 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

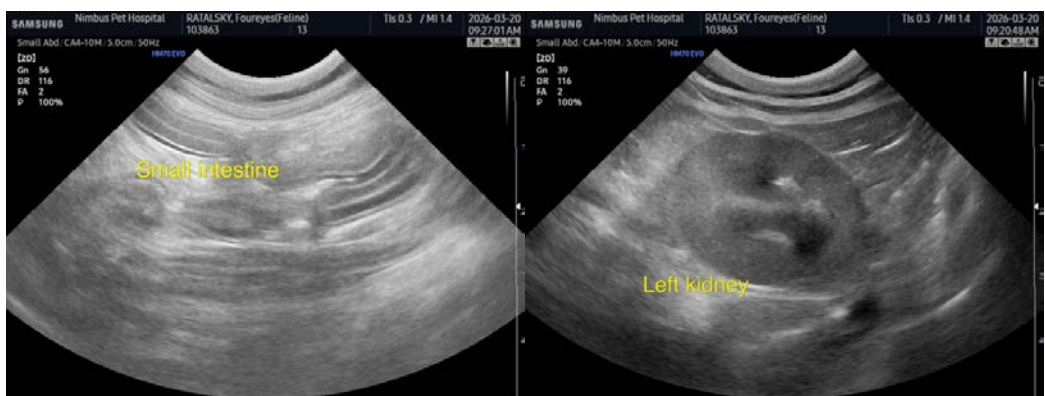
The appearance of the small intestine is similar to that of the previous ultrasound. The previous reported mesenteric lymphadenopathy is not evidence on this ultrasound.

The most likely etiology for the enteropathy would be dietary hypersensitivity and inflammatory bowel disease.

Etiologies to consider for the presenting clinical signs would be dietary indiscretion, parasitic enteritis, and possibly pancreatitis (even though the visible section of the pancreas appears ultrasonographically normal). Emerging lymphoma would be an unlikely differential diagnosis, as the previously reported mesenteric lymphadenomegaly has resolved.

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

Management would be to continue feeding the hydrolyzed diet and Prednisolone, and possibly adding a course of Fenbendazole and cobalamin supplementation.





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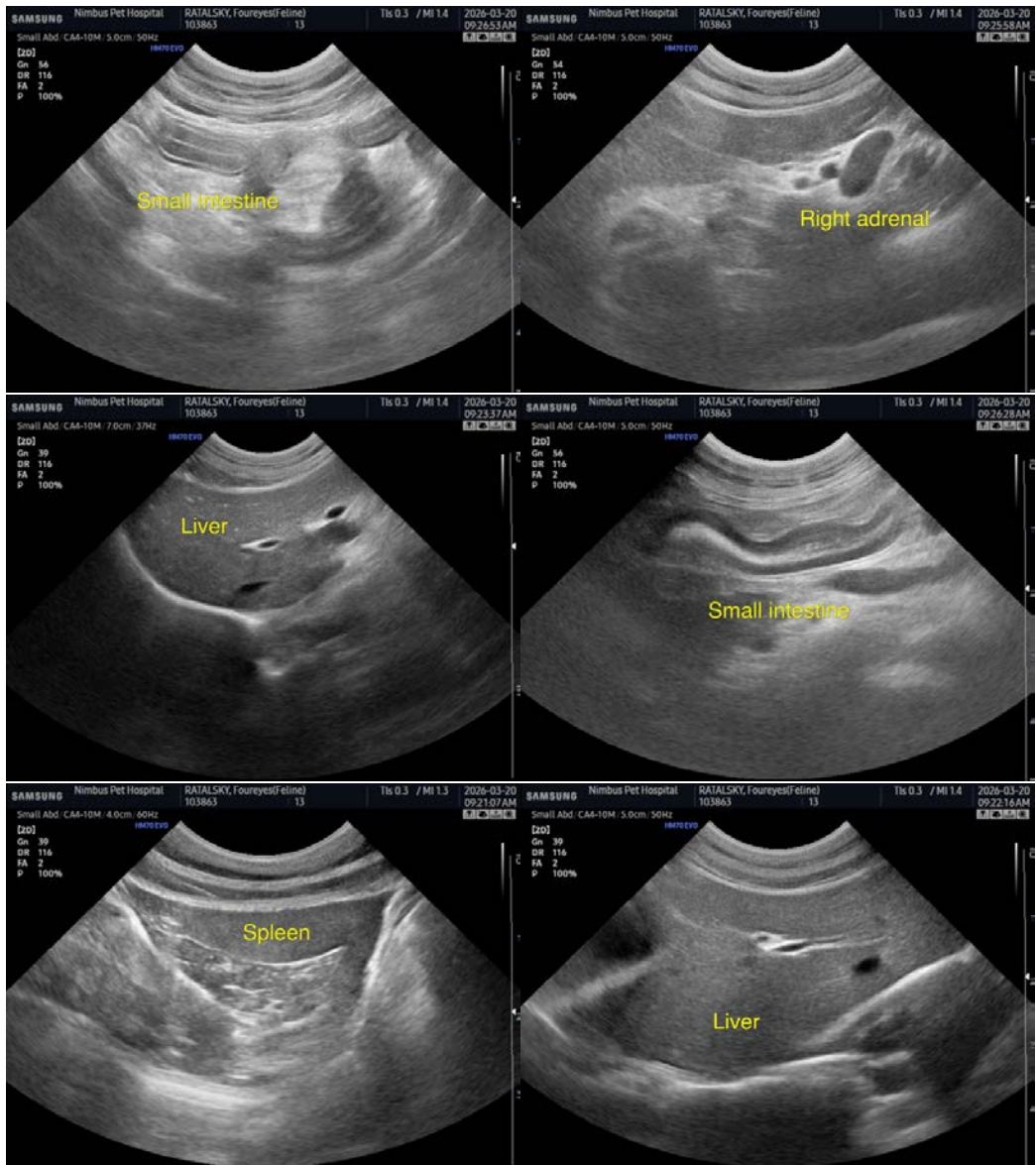
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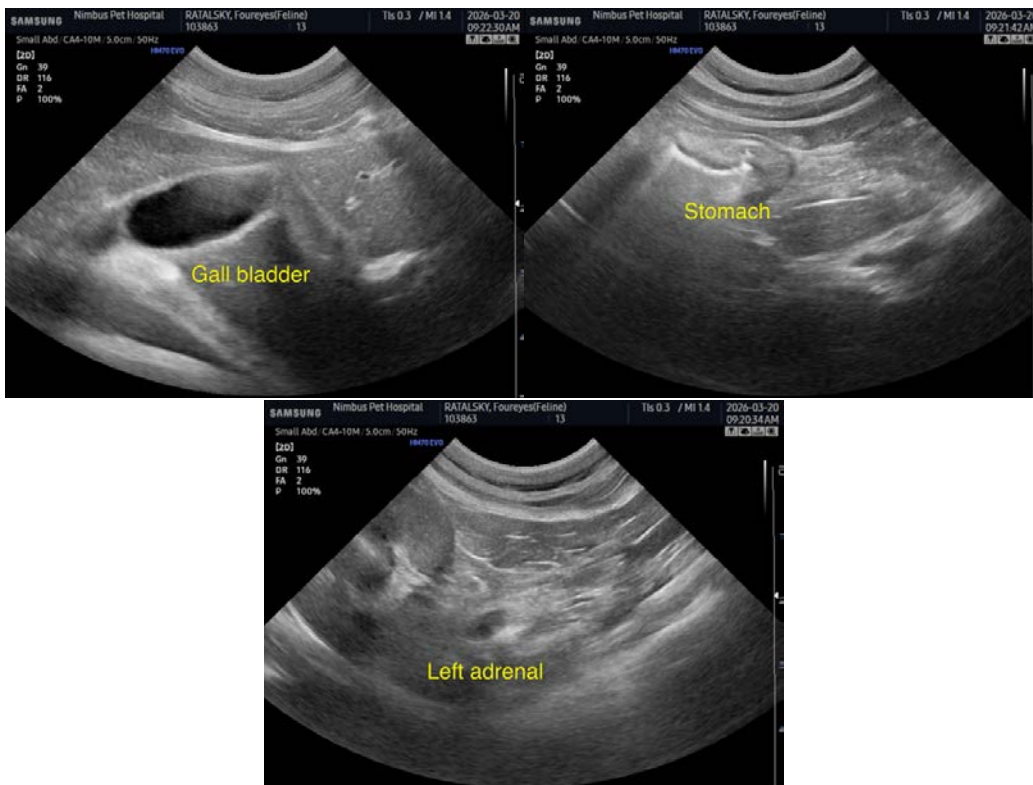
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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