



PATIENT

Missy Caldwell

SPECIES

Feline

BREED

Persian

SEX

Spayed female

AGE

5 years

WEIGHT

6.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. DeWet

INVOICE

73799

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Three days prior, pt seen for vomiting/diarrhea, lethargy, and inappetence of 12 hours duration. 4 days before symptom onset, the
- owners brought home a new Himalayan kitten. Radiographs taken two days prior stated: "On one lateral view mid-abdomen -rounded soft tissue opacity with lumen-like appearance and soft tissue opacity inside --> rule out superimposed bowel loops with feces vs. foreign object vs. mass vs. other". Pt presents for AUS to rule out mass and investigate cause of GI signs.
- Radiographs taken
- Treated with SQF, Cerenia, Metronidazole, and Visbiome, started on famcyclovir.
- Indoor only
- Problem List: V/D (improved), inappetence (current), chronic ephiphora (managed with ofloxacin drops daily); BOAS,
- Concern for pancreatitis vs infx vs other
- PE: BCS 5/9, palpable steel sutures in linea (three), BOAS (typical for breed), mild gingivitis, declawed x4 CBC/Chem/UA/FeLV/FIV/T4 - NSF

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 3.4 cm, right measured 3.7 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.

No uterine or ovarian remnant evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.95 cm in length x 0.34 cm and 0.34 cm in width. The right adrenal gland measured 1.15 cm in length x 0.31 cm and 0.37 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, small intestine, 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

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.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the presenting clinical signs would be non-specific gastroenteritis such as dietary indiscretion, toxins and viral.



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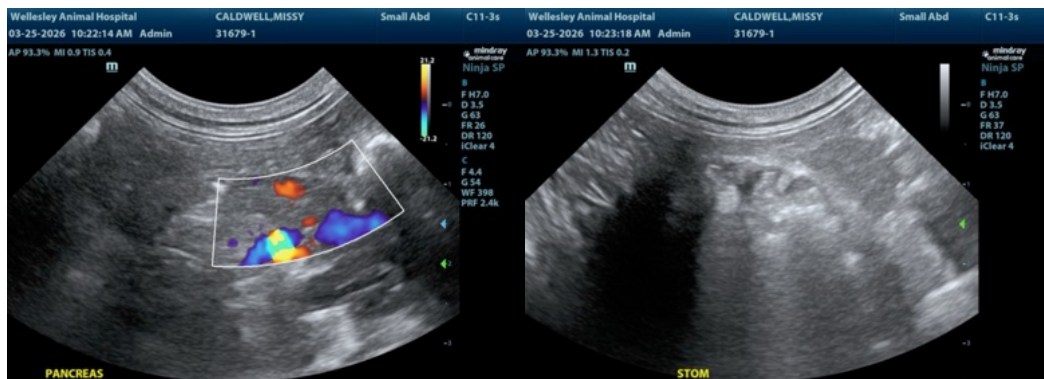
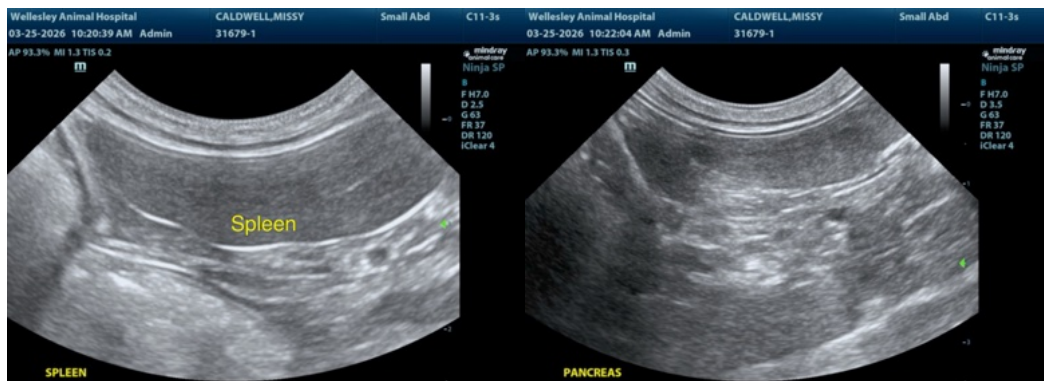
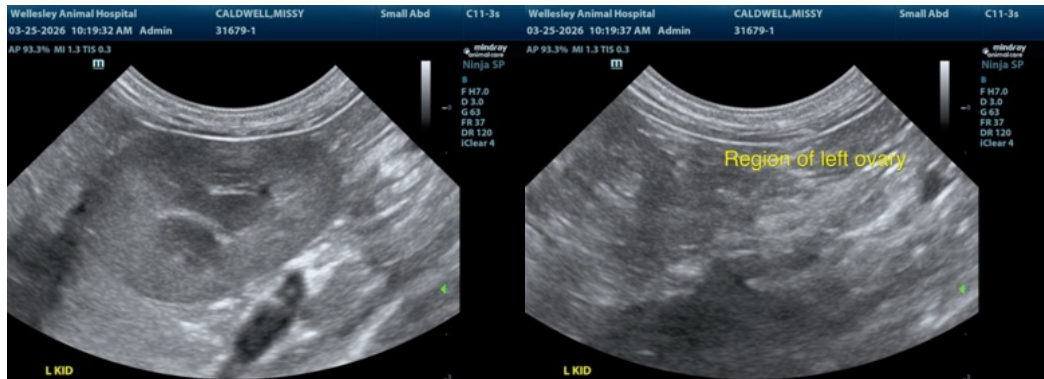
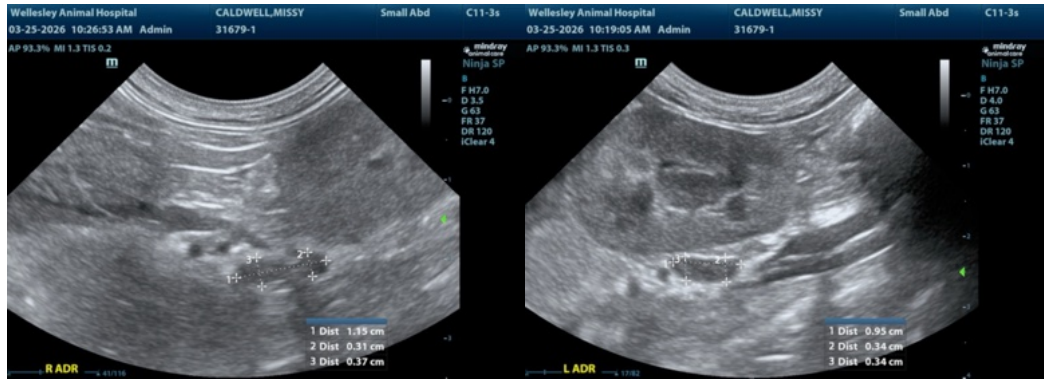
Dr. DeWet

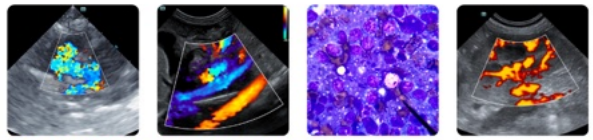
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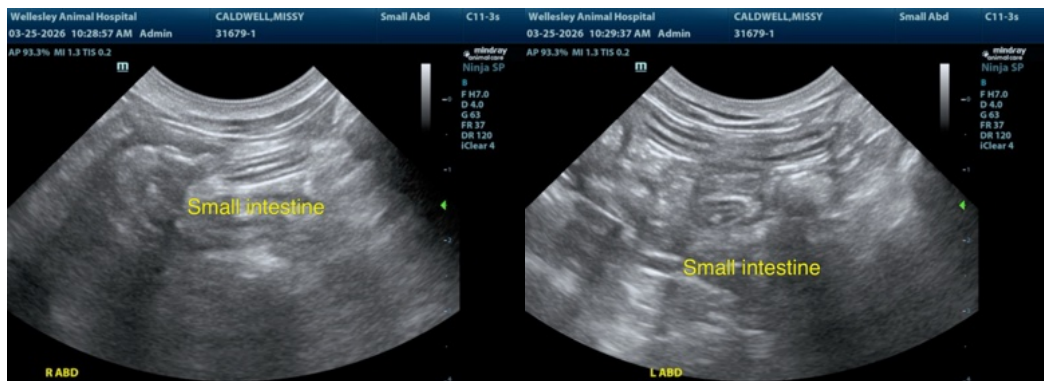
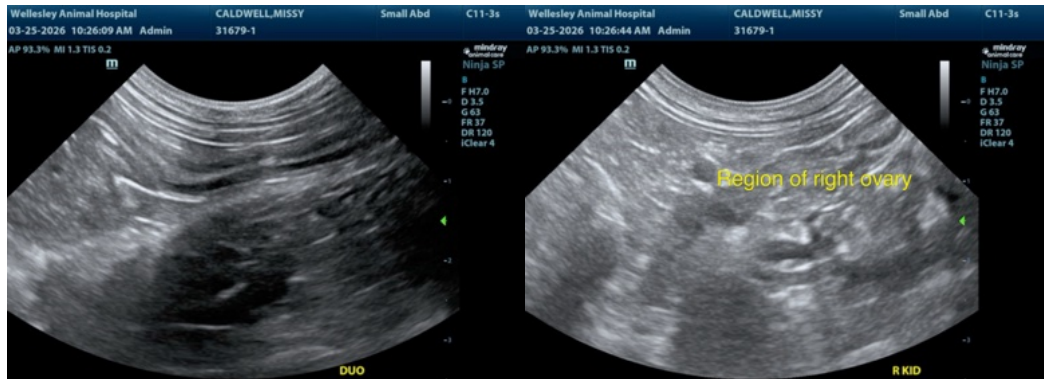
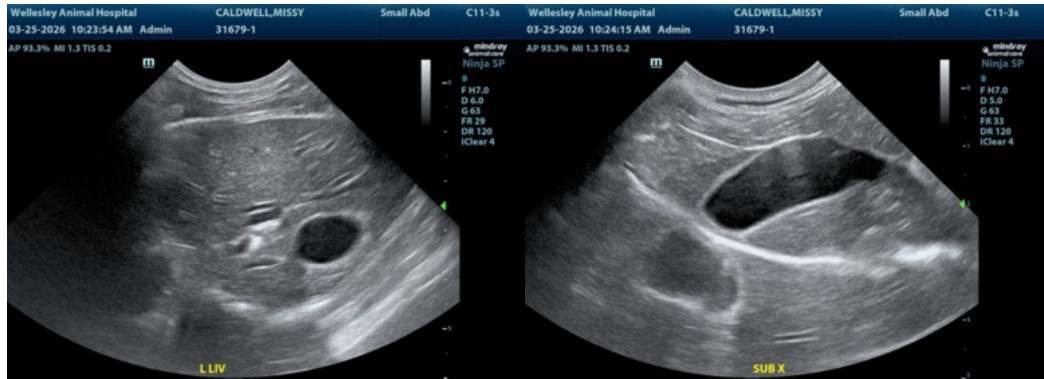
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com