



## PATIENT

Olive Peters

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

11 years

## WEIGHT

10.31 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jocelyn Smith, CVT

## HOSPITAL NAME

Annville Cleona VA

## REFERRING VET

Dr. Pinamonti

## INVOICE

72301

## DATE

3/6/26

## PRESENTING CLINICAL SIGNS

- Gradual inappetence since 2/19
- FPL normal - uncomfortable/twitchy on abdominal palpation - SQ Fluids, cerenia, onsior given 2/24. Mirataz recommended, declined
- 3/3 owner picked up mirataz
- Recheck 3/6/26 anorexia even with appetite stimulant, Radiographs performed (see attachments for additional info). NO Dental dz. No response to NSAIDS or Cerenia. 103.5 fever today, still painful in abdomen
- 2/24/26 - T 104.5 2/24/26 - AMY 1391, GLU 186, TP 8.3, LYM 0.78, RDWc 24.1+Otherwise all WNL 3/6/26 - Wt loss 0.7lb since 2/24/26 Urinalysis pending - in house stick Bilirubin + - urine clear but dark orange/yellow Radiopaque bladder but no stones. X-rays so soft tissue opacity through abdomen, unsure if fat vs fluid - u/s suspicious of more

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment is noted.

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 3.8 cm, right measured 4.2 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

The left adrenal gland was not visualized. The right adrenal gland was poorly visualized, but appears to be of normal shape, echogenic appearance and size.

### 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 0.9 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.



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## ***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.

A scant amount of ascites evident in the cranial abdomen.

Diffuse, hyperechogenic and nodular appearance of the mesentery.

## **ULTRASONOGRAPHIC FINDINGS**

- Mesenteric inflammation.
- Urinary bladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the appearance of the mesentery would be sterile peritonitis, bacterial peritonitis and possibly abdominal carcinomatosis.

Etiologies for the urinary bladder sediment would be incidental debris, hematuria, and possibly bacterial cystitis.

Further assessment would be FNA cytology of the mesentery and possibly peritoneal wash for cytology and culture.

Specific therapy would be dependent on an etiological diagnosis.



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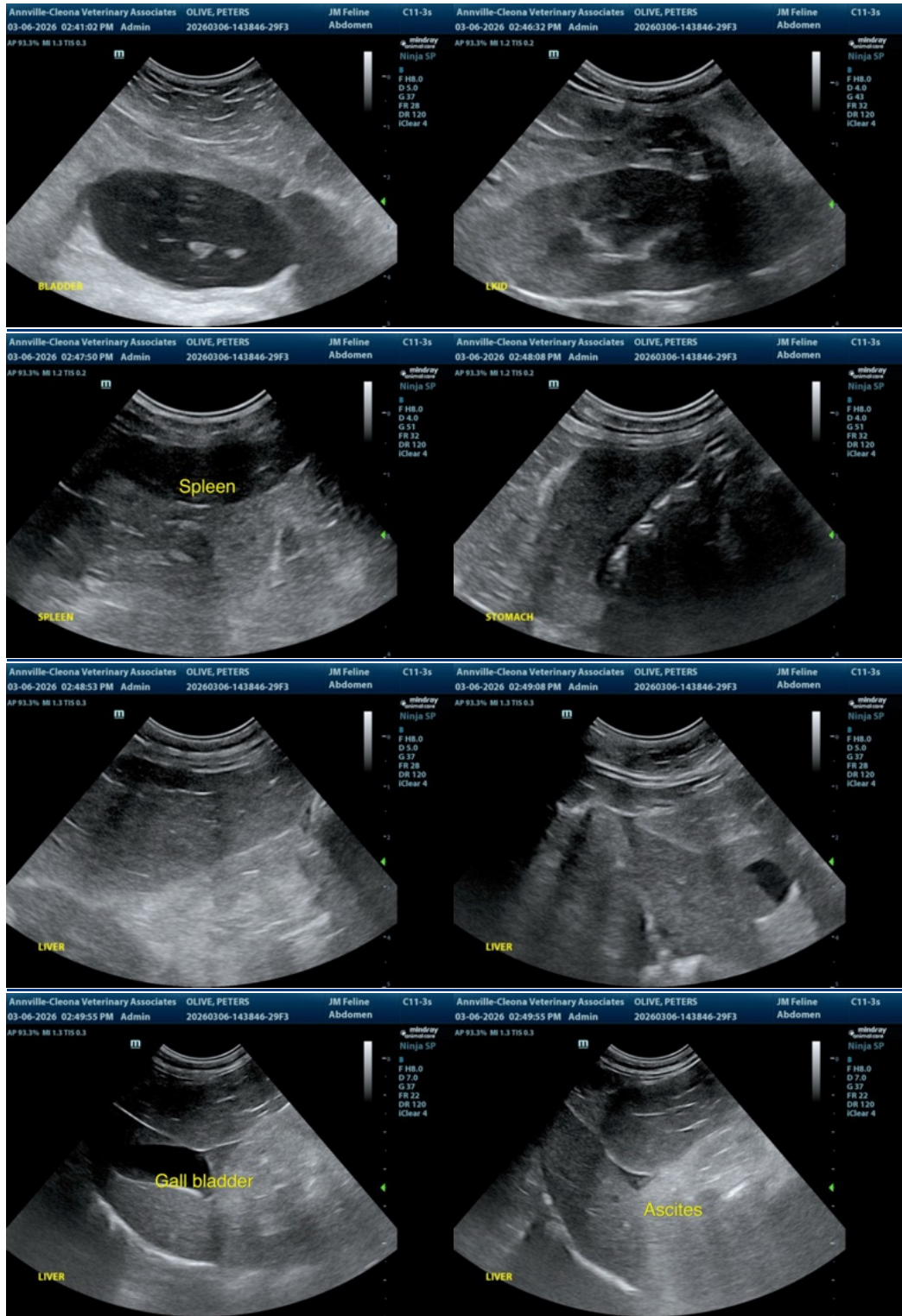
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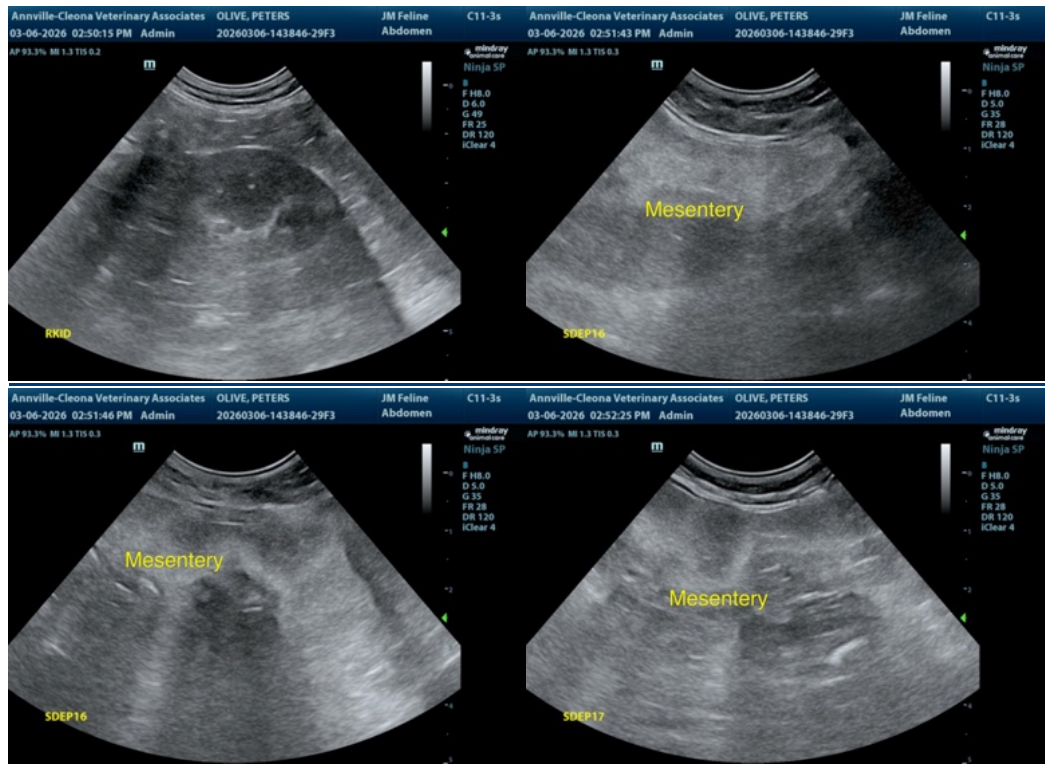
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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