



PATIENT

Pouncer Scott

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

6.41 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Healthy Paws Forward
VH

REFERRING VET

Dr. Ehab

INVOICE

72314

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Inappetence and losing weight with foamy vomit and some bile. Bloodwork showed lymphocytosis and elevated liver enzymes. Was started on Cerenia 12mg SID x 2 days, Omeprazole 1mg/kg PO SID x 5d and hepatosupport liquid 1 ml PO BID x 60 days. O was saying that there has been no resolution of symptoms and so the next step recommended was an abdominal ultrasound

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.

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 3.5 cm, right measured 3.6 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.

Adrenal Glands

The left adrenal gland is not visualized.

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 0.27 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. Multiple, irregular, hyperechogenic parenchymal nodules measuring up to 0.5 cm in size some showing bulging of the overlying capsule. The spleen measured 0.7 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

Normal size and echogenic appearance with a regular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.4 x 1.3 cm in size with an increased echogenic appearance, but maintained a normal shape. Hyperechogenic appearance of the mesentery surrounding the lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenomegaly.
- Splenic nodules.
- Urinary bladder sediment.
- Hyperechogenic appearance of the peri-pancreatic tissue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

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

Although the splenic nodules are most likely incidental myelolipomas with some showing bulging of the overlying capsule. Infiltrative neoplasia needs to be considered.

Although the hyperechogenic appearance of the peri-pancreatic tissue most likely represents previous episode of pancreatitis, underlying low-grade chronic pancreatitis should still be considered.



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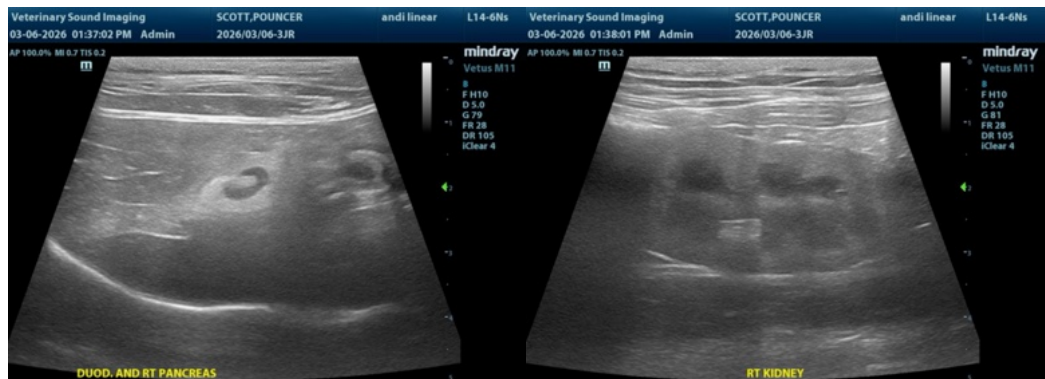
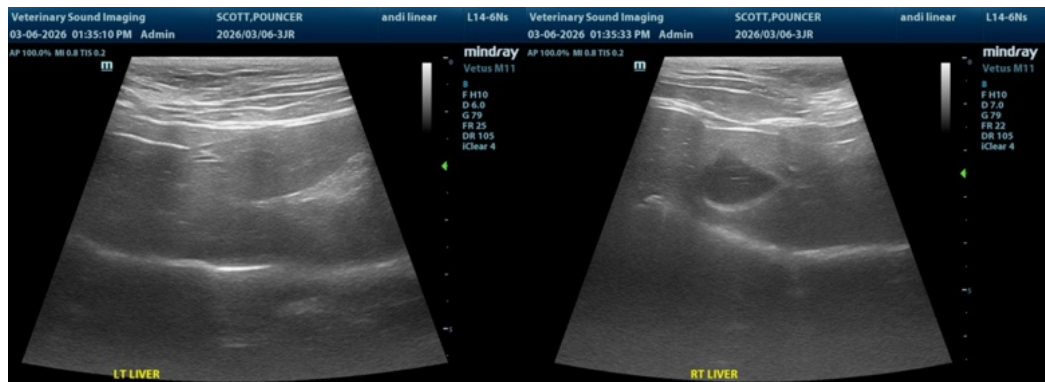
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Further assessment would be urinalysis, possibly urine culture, FPL/PSL assay and FNA cytology of the splenic nodules and mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.





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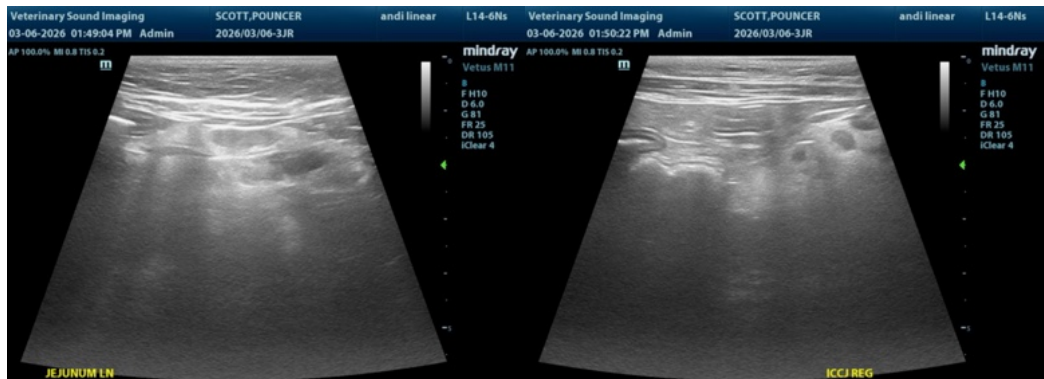
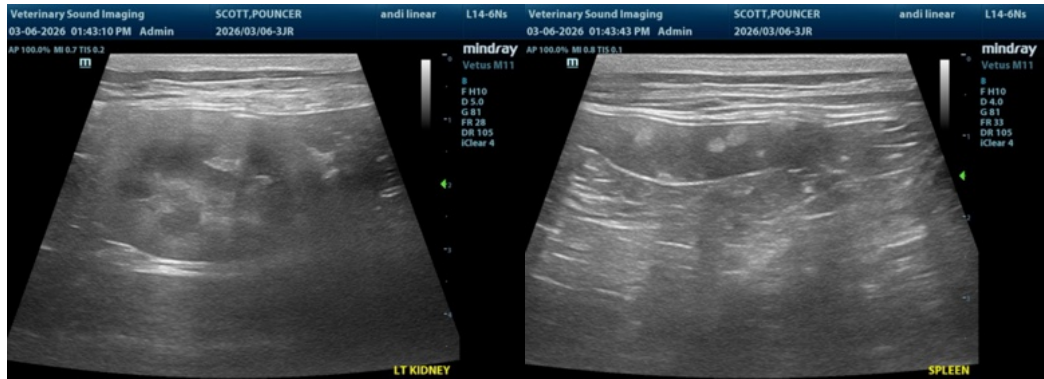
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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