



PATIENT

Mugsy Fusello

SPECIES

Feline

BREED

British Shorthair

SEX

Neutered Male

AGE

5 Years

WEIGHT

11 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency Vets of
Idaho, LLC

REFERRING VET

Dr. Shannon Snook

INVOICE

73495

DATE

3/9/26

PRESENTING CLINICAL SIGNS

Concerns for IBD/GI lymphoma from FAST scan by ER vet several months ago. Patient has been intermittently having an uncomfortable abdomen. FAST scan last night by different ER vet revealed free fluid

Abnormal PE/Chem/CBC/UA Results: Anemia, stress hyperglycemia, stress leukogram Fluid analysis pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a scant amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

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 measured 3.4 cm. Right kidney measured 4.1 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

The left adrenal gland presented normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measured 0.25 cm in width.

The right adrenal gland was not visualized.

Spleen

Normal size (0.40 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 and double, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Dilated and tortuous appearance of both the cystic and the common bile ducts.

Gastrointestinal

Normal thickness of the small intestine (up to 0.26 cm), with no loss of layering, but with segmental increase in the muscularis to mucosal 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 sections presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged hepatic lymph node noted measuring approximately 0.70 cm x 1.1 cm in size, maintaining a normal echogenic appearance and shape. Hyperechogenic appearance of the mesentery surrounding the lymph node. The rest of the mesenteric lymph nodes appears to of normal size and shape.

There is a small amount of acellular ascites present.

Diffuse hyperechogenic appearance of the mesentery noted.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Hepatic lymphadenomegaly.
- Mesenteric inflammation with ascites.
- Double gallbladder.
- Dilated and tortuous bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the hepatic lymphadenomegaly would be reactive hyperplasia, with lymphadenitis and infiltrative neoplasia being less likely differential diagnoses.

Etiologies for the mesenteric inflammation and ascites would be sterile peritonitis, bacterial peritonitis, and possibly emerging abdominal carcinomatosis.

The double gallbladder can be considered an incidental congenital anomaly.

The appearance of the cystic and common bile duct can be considered an incidental finding.

Further assessment needs to be based on the pending fluid analysis results, but could include fecal analysis, cobalamin and folate assay, endoscopy of the upper GI tract with biopsies, and FNA cytology of the hepatic lymph node.

Specific therapy would be dependent on an etiological diagnosis.



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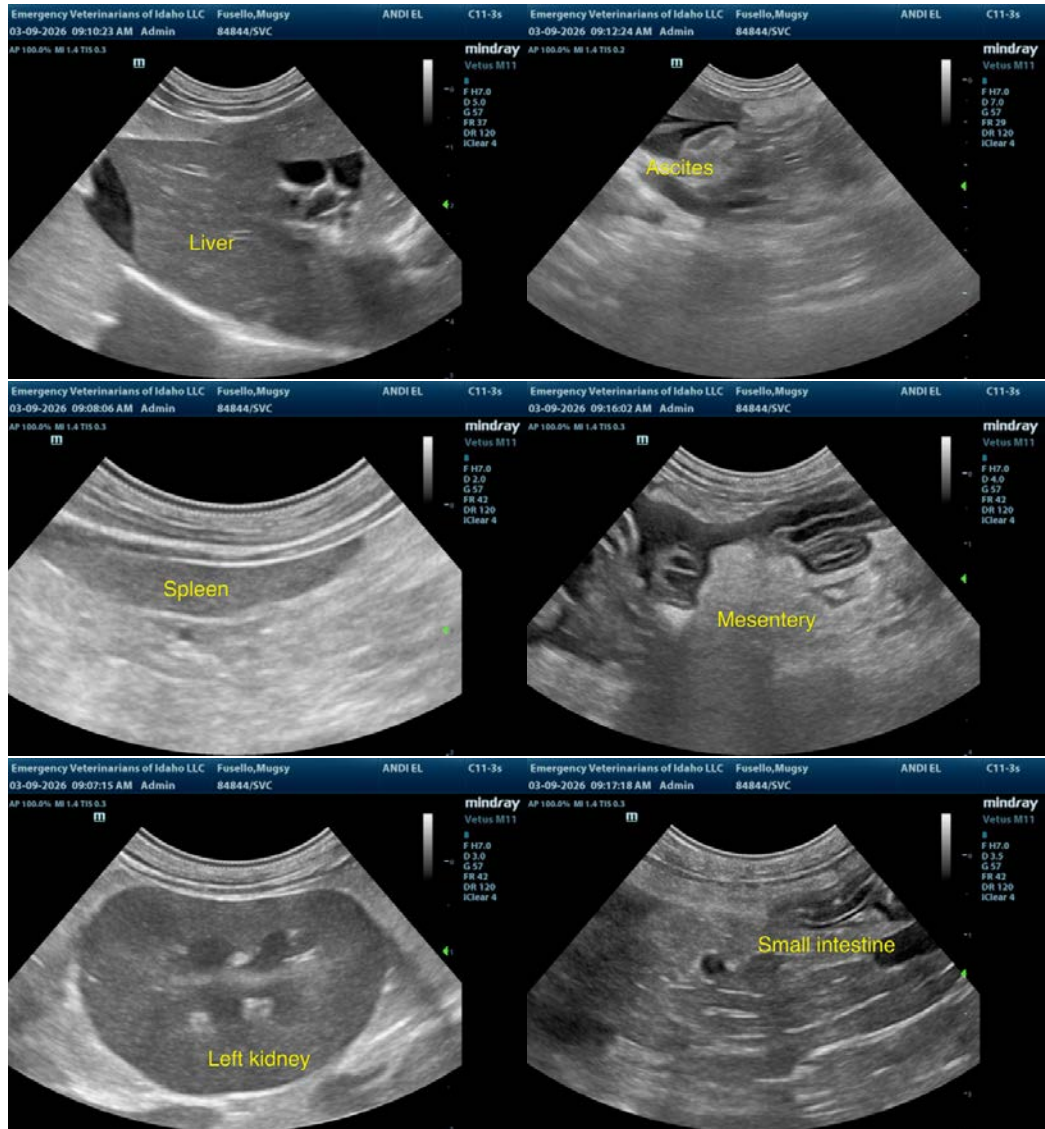
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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