



PATIENT

Jenni Allen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

6.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Eckenrode

HOSPITAL NAME

Carlisle Samll Animal
VC

REFERRING VET

Dr. Morrison

INVOICE

74441

DATE

4/14/26

PRESENTING CLINICAL SIGNS

Major Medical Conditions : soft stool, vomiting
Patient History : Chronic enteropathy/vomiting. Since switching to GI biome, eating well and vomiting has decreased but still daily soft stools
Primary concern or rule out: IBD/lymphoma/pancreatitis
Abnormal PE/Chem/CBC/UA Results: 4/7/26 CBC/Chem, T4/FeLV/FIV/hw and fecal NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 3.4 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.28 cm in width. The right adrenal gland measured 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 0.6 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.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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

- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the urinary bladder sediment would be incidental debris and crystalluria with bacterial cystitis a less likely differential diagnosis.

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the GI tract appears ultrasonographically normal with the presenting clinical signs, an underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease as well as exocrine pancreatic insufficiency should still be considered.

Further assessment of the urinary bladder sediment would be urinalysis and possibly urine culture.

Further assessment would be cobalamin, folate and TLI assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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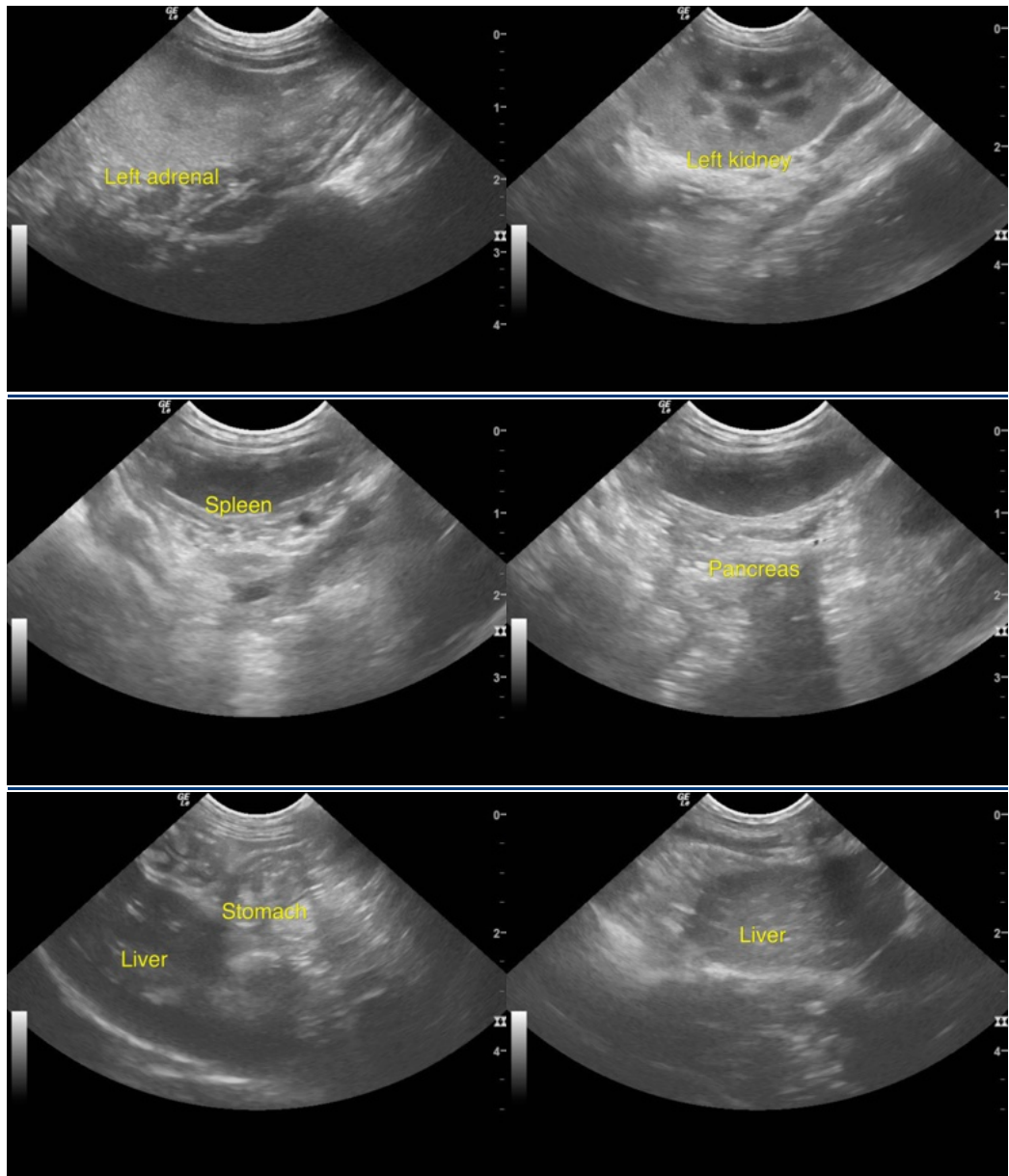
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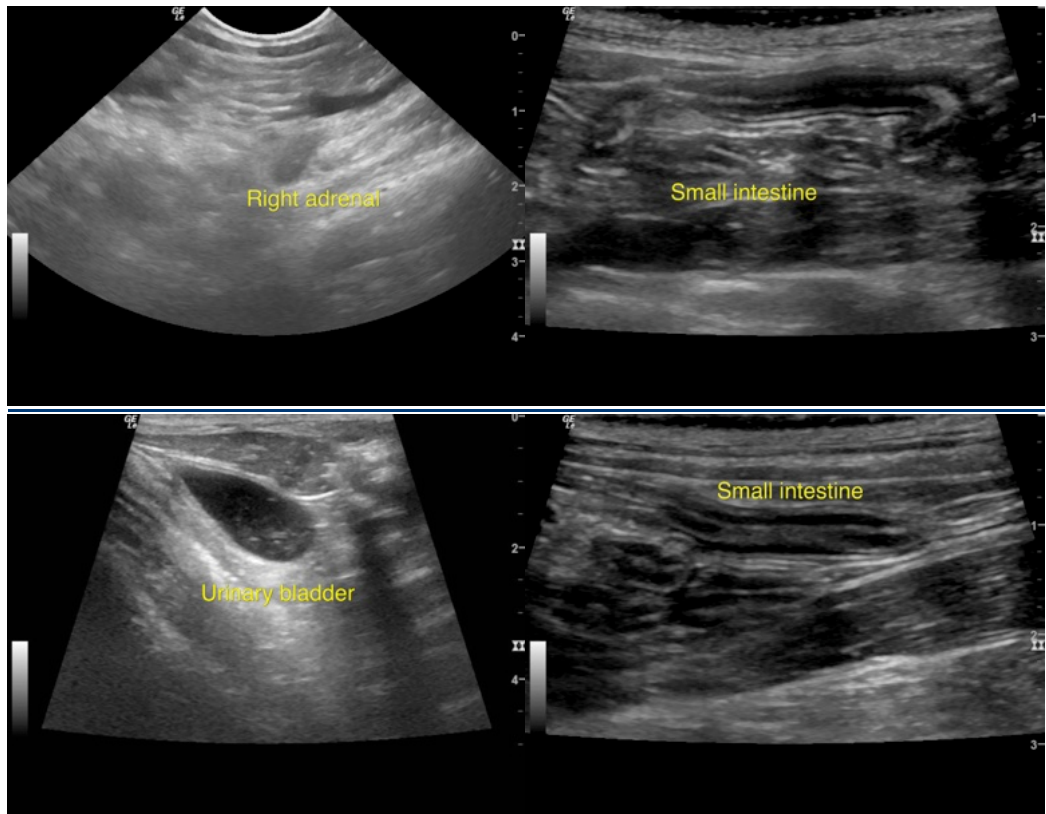
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com