



PATIENT

Joey Favino

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years 6 Months

WEIGHT

6.48 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic of
Flanders

REFERRING VET

Dr. Hargadon

INVOICE

74553

DATE

4/17/26

PRESENTING CLINICAL SIGNS

Ravenous appetite, losing weight, shift in pattern of LE elevation, possible intestinal thickening / doughy abdomen. Medications: Gabapentin 100mg given po at 7 am, Midazolam 5mg/ml - Administered 0.1 ml for scan, Torbugesic 10mg/ml - Administered 0.1ml for scan

Abnormal PE/Chem/CBC/UA Results: 4/8/26: RBC 4.39, HCT 20.2, Hemoglobin 6.2, Retic Hemo 13.8, Bands 0.399, Mono 0.532, Glu 52, SDMA 18, BUN 50, K 5.5, Na:K ratio 27, Chloride 110, TCO2 23, ALT 464, AST 89, TBili 3.2, Lipase 51 3/31/26: TLi 333, PLi 20.5 Cobalamin - wnl

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, with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Left measures 3.7 cm. Right measures 3.5 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Not visualized.

Spleen

Normal size (0.60 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, with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Small 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. Fecal material present within the colon.



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Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

Scant amount of ascites present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Age related renal changes versus early chronic kidney disease.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

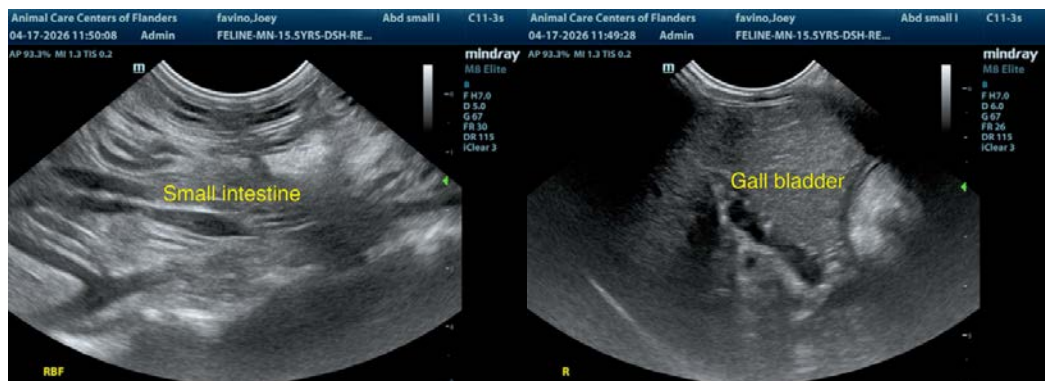
Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar, and metabolic, with hepatitis and infiltrative neoplasia being unlikely differential diagnoses.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as dietary hypersensitivity, parasitic enteritis, and inflammatory bowel disease should still be considered. If not already excluded, hyperthyroidism would be an important differential diagnosis.

Further assessment would include urine and fecal analyses, T4 assay (if not already done), FNA cytology of the liver, 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 a novel protein/hypoallergenic diet, a course of Fenbendazole, and possibly a course of Prednisolone.





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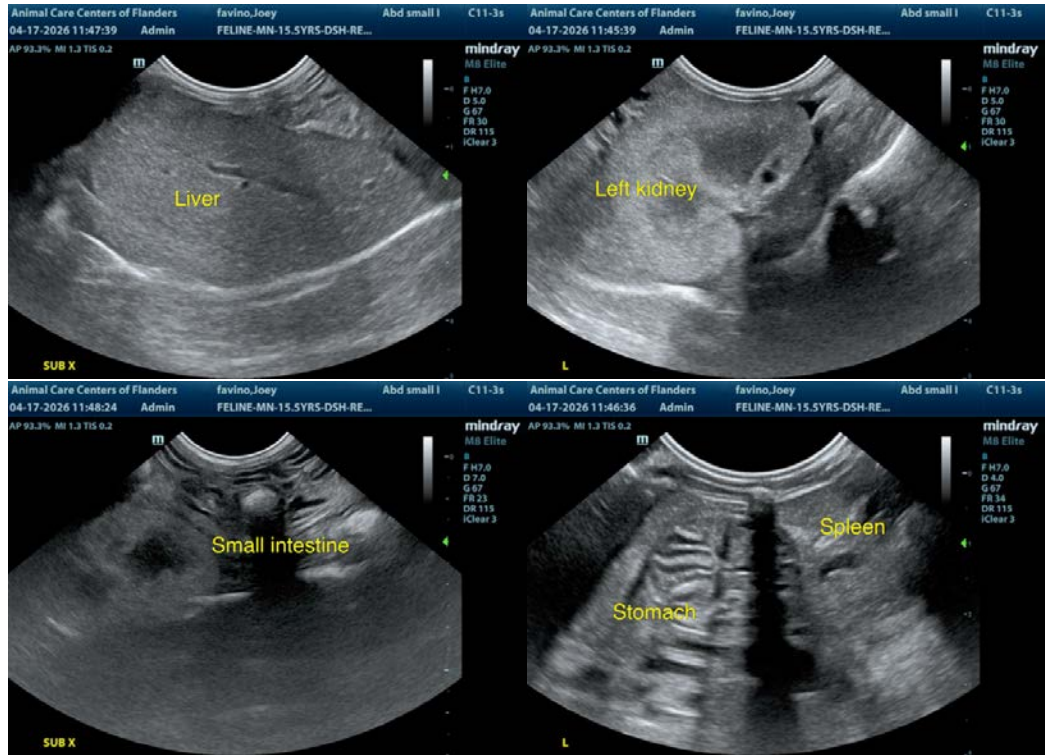
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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