



PATIENT

Milo Thoennes

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

15.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Kelley

INVOICE

74681

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: Currently on Gabapentin 5-10 mg/kg PO SID for pain; Cerenia 1 mg/kg PO SID prn, Ultamino diet (started 4/14); Prednisolone 0.75 mg/kg PO SID (started 4/21/26) and mirtazipine sent home 4/21

- Chronic history of FHV infection - lysine supplement discontinued ~12/2025 due to GI upset; Chronic FORLs and OA

- 3/6/26: 2 week hx of 1-2x/daily vomiting (bile/ foam/ undigested food) - no diarrhea appetite good, new 3/6 L murmur, CBC/Chem/UA/T4/Fecal NSF - recent food change (addition of different flavor wet food) - did well on gaba, cerenia, proviable trial

- 4/14/26: worsening inappetence, vomiting (1-2x/daily), weight loss (2.4 lbs in ~5 weeks), depressed mentation; NSF radiographs

3/6/26: CBC/Chem/UA/T4/Fecal NSF 4/16/26: Radiographs NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant 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 4.2 cm, right measured 4.4 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 normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.9 cm in length x 0.33 cm in width. The right adrenal gland was not clearly 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 0.7 cm in width.



PATIENT

Milo Thoennes

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

15.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Kelley

INVOICE

74681

DATE

4/21/26

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 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

Thickening of the gastric wall (up to 0.7 cm) with some loss of layering, but maintained a 1:3 muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. Hyperechogenic appearance of the mesentery surrounding the stomach. Normal appearance of the duodenum, small intestine, ileocecal 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 was present in the colon.

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. Enlarged gastric lymph node measuring 1.3 x 1.8 cm in size with a hypoechoic appearance, rounded shape and a hyperechogenic appearance of the surrounding mesentery.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Gastric thickening.
- Gastric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the gastric thickening would be chronic gastritis, Helicobacter gastritis, granulomatous disease and emerging neoplasia.

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



PATIENT

Milo Thoennes

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

15.1 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Kelley

INVOICE

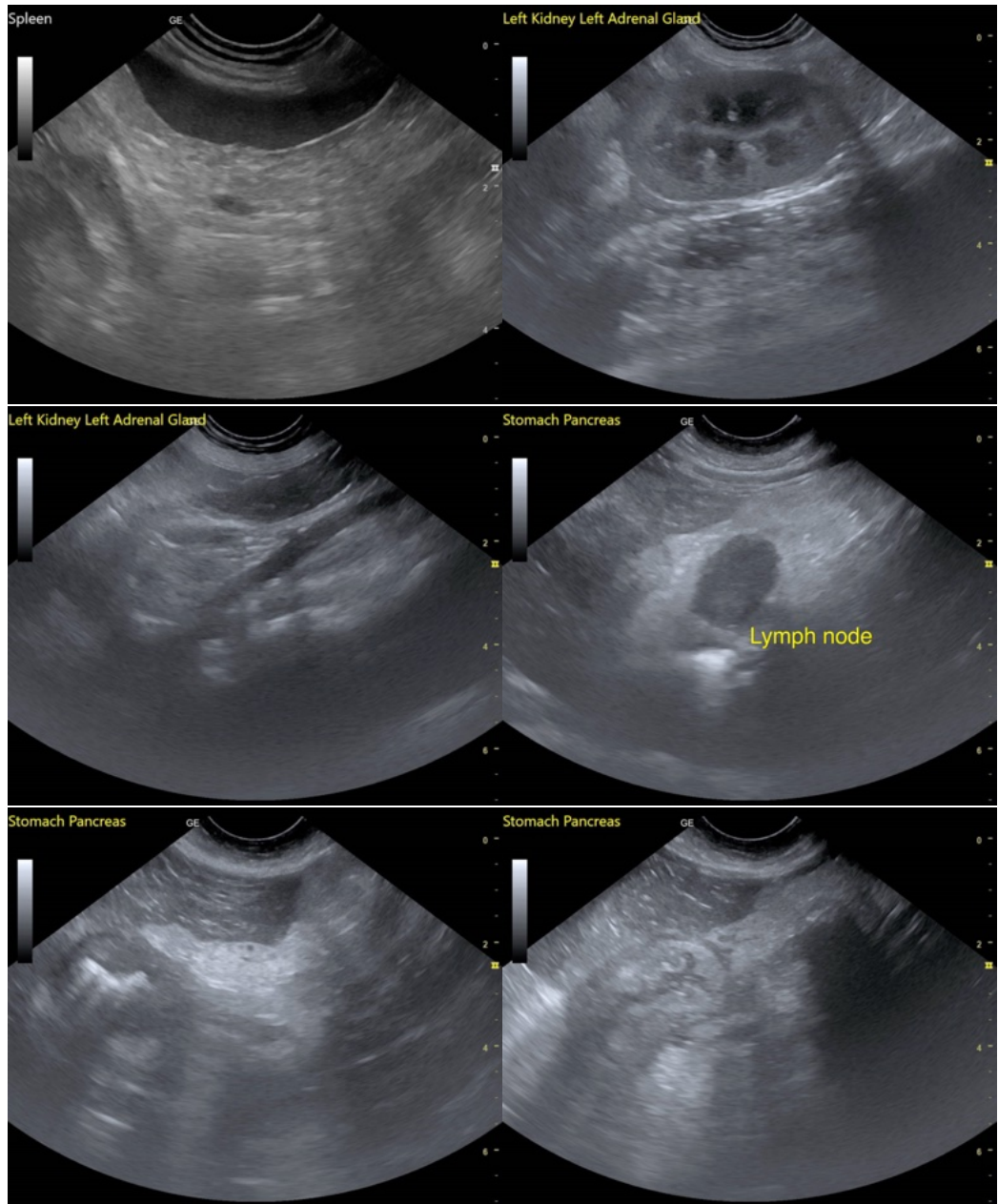
74681

DATE

4/21/26

Further assessment would be FNA cytology of the gastric wall, gastric lymph node and possibly gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.





PATIENT

Milo Thoennes

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

15.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

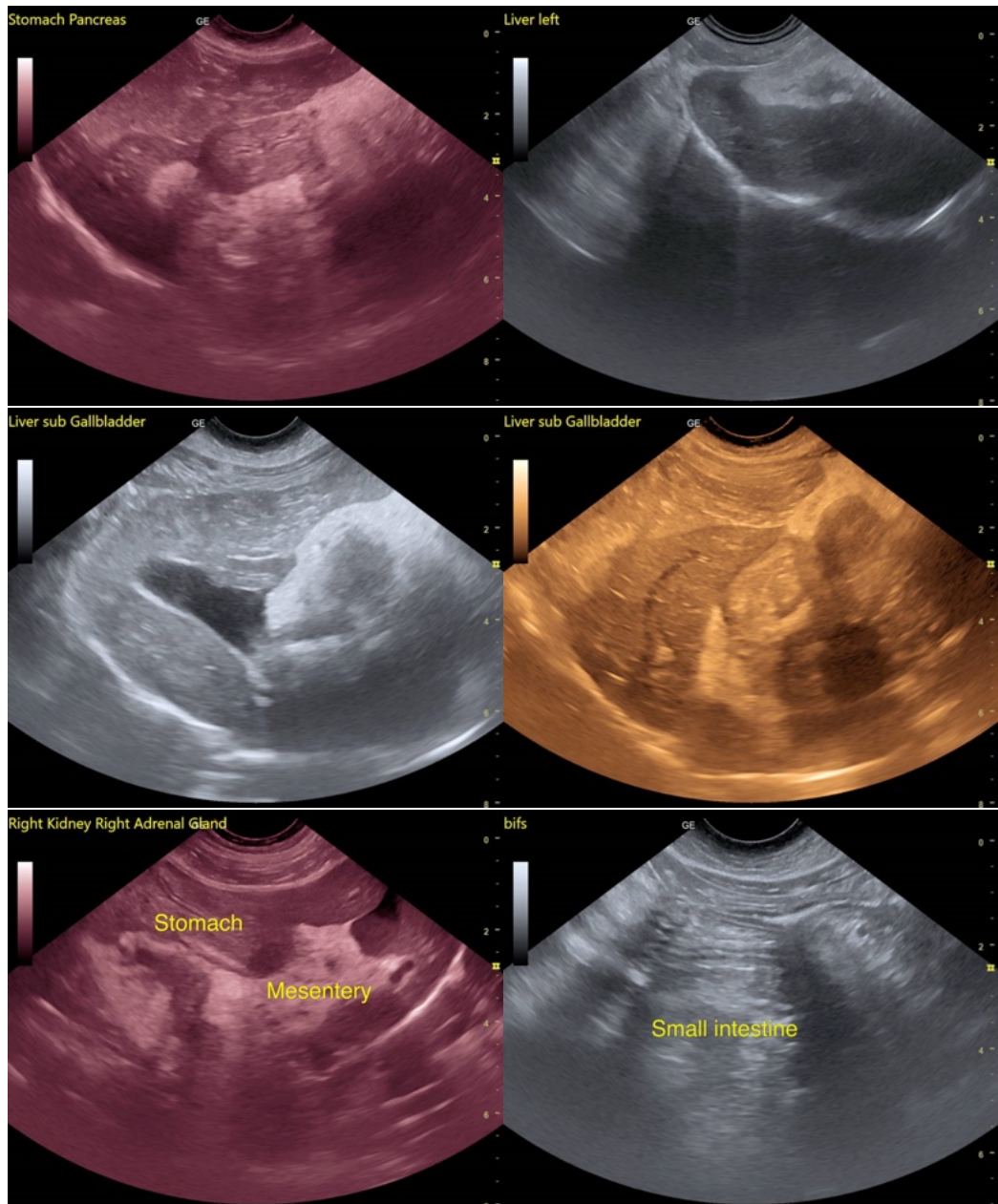
Dr. Kelley

INVOICE

74681

DATE

4/21/26



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