



PATIENT

Miley Braverman

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

9.96 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Morgan Busby

INVOICE

74761

DATE

4/22/26

PRESENTING CLINICAL SIGNS

Chronic vomiting. Labs WNL other than mild neutropenia and borderline low USG. Owner reports the last vomiting episode was 4 days ago. When she vomits, there is always a little hairball in it, but it is mostly wet food, dark in color (similar to her food). Owner has dissected the vomitus and has not found any foreign material. She has tried hairball and sensitive stomach diets. Miley is currently on a mix of a couple of different dry foods and a wet food from Wegmans, as she is very picky.

CLINICAL SIGNS: Vomiting 2-3x/week for last ~2 years. No major weight loss. Does have a history of eating balloon strings (r/o foreign body). Primary concern is possible IBD or gastric ulceration.

MEDICATIONS: None

Abnormal PE/Chem/CBC/UA Results: April 8, 2026 CBC Neut 1.68 (Ref 2.30-10.29 K/uL) LOW Plt 140 (Ref 151-600 K/uL) LOW Sept 12, 2024 CBC Neut 1.85 (Ref 2.30-10.29 K/uL) LOW Plt 115 (Ref 151-600 K/uL) LOW MPV 21.7 (Ref 11.4-21.6 fL) UPPER LIMIT/HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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 3.6 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. Normal color flow pattern is noted in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.35 cm in width. The right adrenal gland measured 0.4 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 0.8 cm in width.



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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. Thickened and hyperechogenic 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. A small amount of ingesta is present in the stomach. This is compatible with a recent meal.

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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Previous cholecystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the chronic vomiting.

Although the GI tract appears ultrasonographically normal, an underlying gastroenteropathy such as chronic gastritis would be *Helicobacter* gastritis, parasitic gastroenteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.



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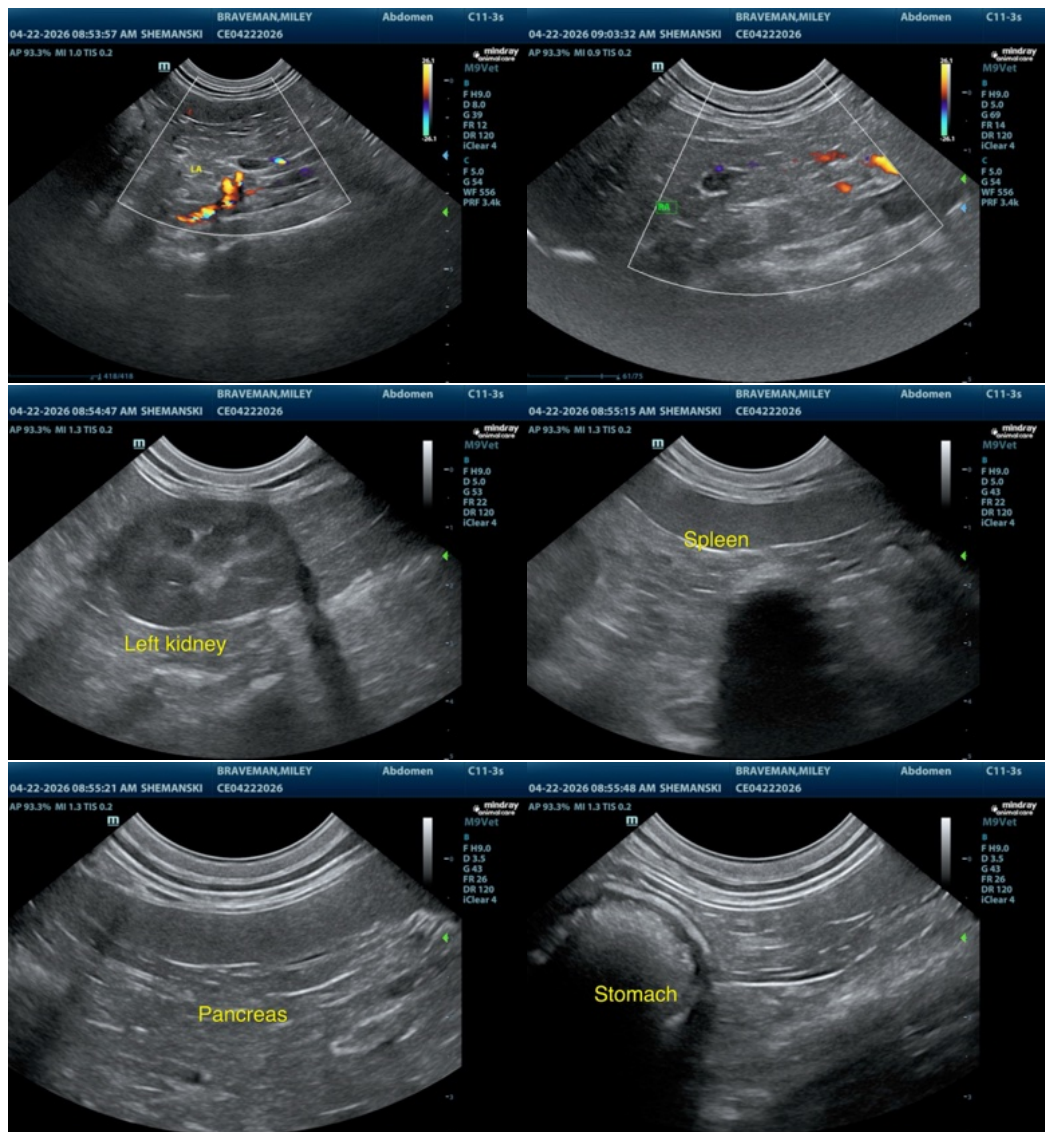
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Chronic pancreatitis would be a possible differential diagnosis.

Further assessment would be fecal analysis, cobalamin, folate and FPL/PSL 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, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement, then triple therapy for Helicobacter gastritis and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.





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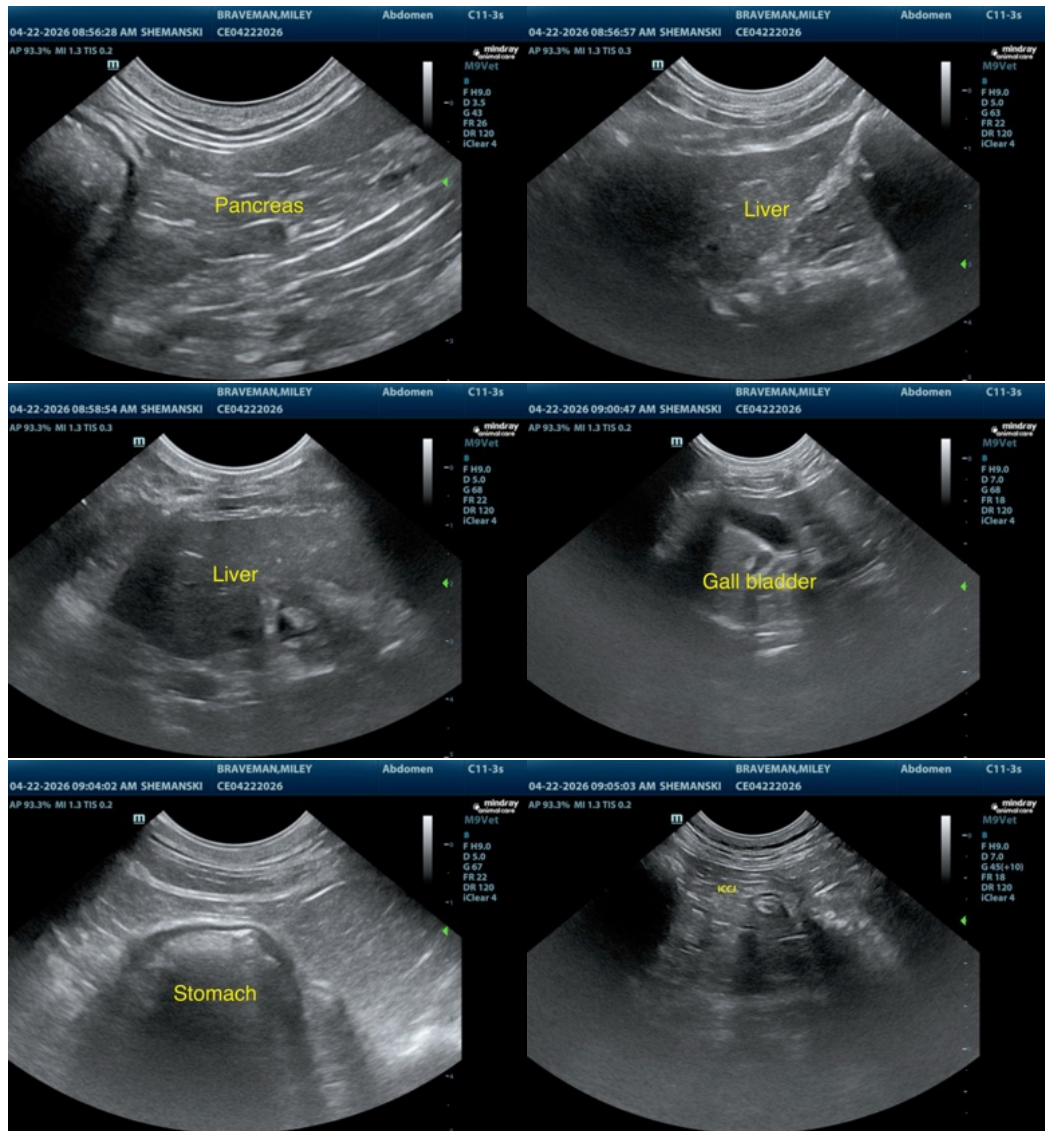
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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