



PATIENT

Crowley Glusing

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

18.67 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

Daniel Handler, DVM

INVOICE

74131

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: - Loss of appetite, weight loss, vomiting brownish bile. The owner reports Crowley has been experiencing inappetence and vomiting for approximately 3.5-4 weeks. He attempts to eat but vomits shortly afterward. He has also been seen dry heaving. His appetite improves temporarily with gabapentin. The issue began after all four cats in the household became ill following a new bag of food; the other cats recovered, but Crowley's signs have persisted. He has lost weight, going from almost 21 lbs to just over 19 lbs. He is urinating but defecating infrequently. There has been no diarrhea. He has no prior history of similar episodes, only occasional hairballs. The referring veterinarian suspected possible IBD/ pancreatitis.
- - Five radiographs of abdomen. Stomach: Contains only liquid and gas. Pylorus does fill with gas and there is no evidence of a pyloric foreign body.
- CLINICAL SIGNS: vomiting and weight loss
- MEDICATIONS: Prednisolone 5 mg, Gabapentin 100 mg, Elura as needed, Cerenia as needed
- 3/9/2026 Systolic 18.0 mmHg (Ref 120-160) Diastolic 132 mmHg (Ref 70-100) Heart rate (beats per minute) 210 bpm (Ref 110-130) Blood Chem, T4, CBC WNL 2/5/2026 Blood Chem, T4, CBC WNL

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.

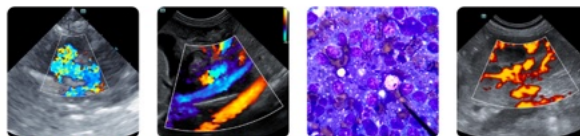
Normal renal size (left measured 3.9 cm, right measured 4.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.39 cm in width. The right adrenal gland measured 0.6 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. Incidental, focal area of mineralization is evident. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Double gallbladder is noted. The gallbladder is small in size with 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, 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. Normal thickness of the small intestine (up to 0.25 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. Fecal material is 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.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Double gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



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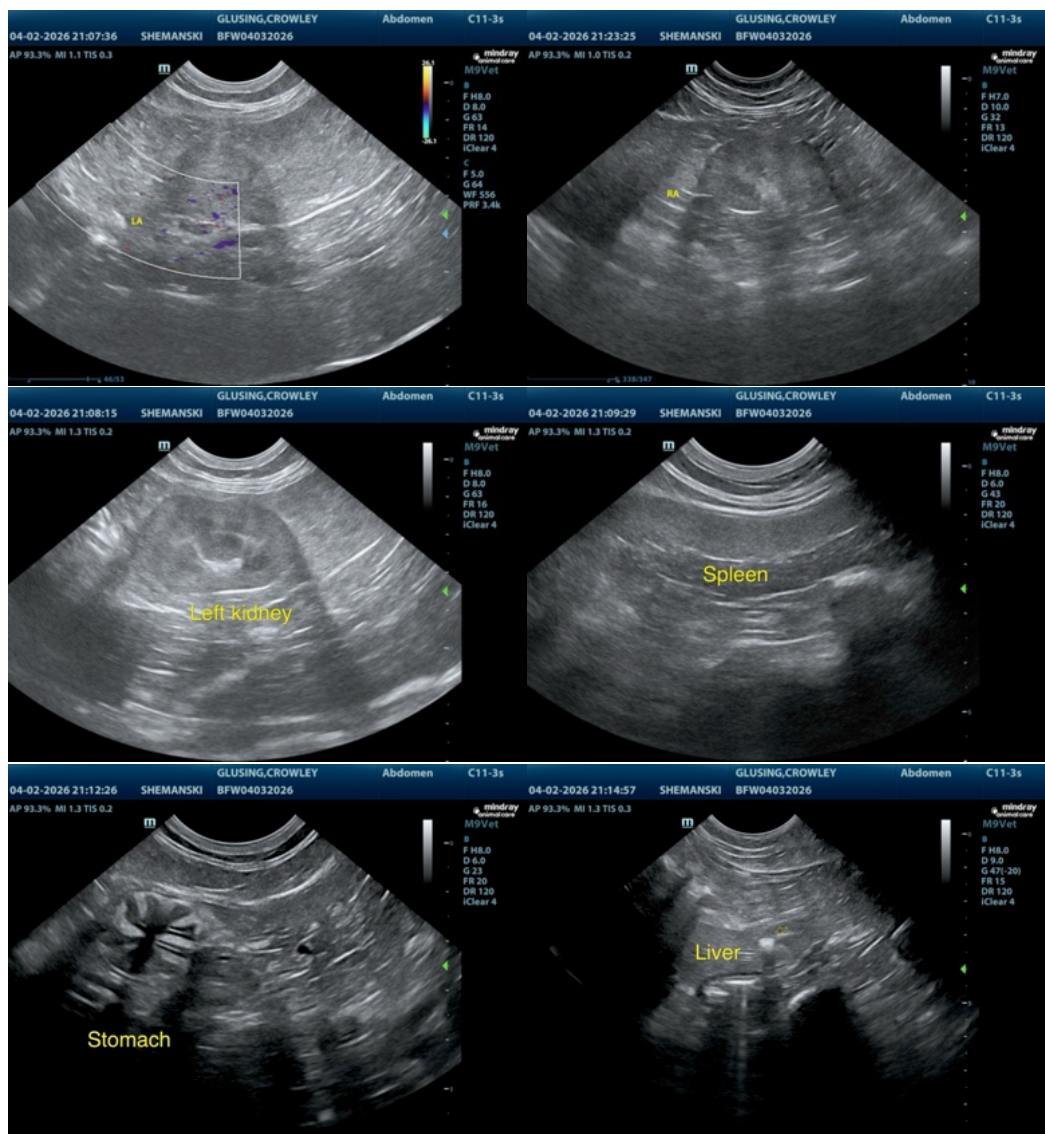
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The double gallbladder can be considered an incidental congenital anomaly.

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

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can 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 a course of Prednisolone would then be indicated.





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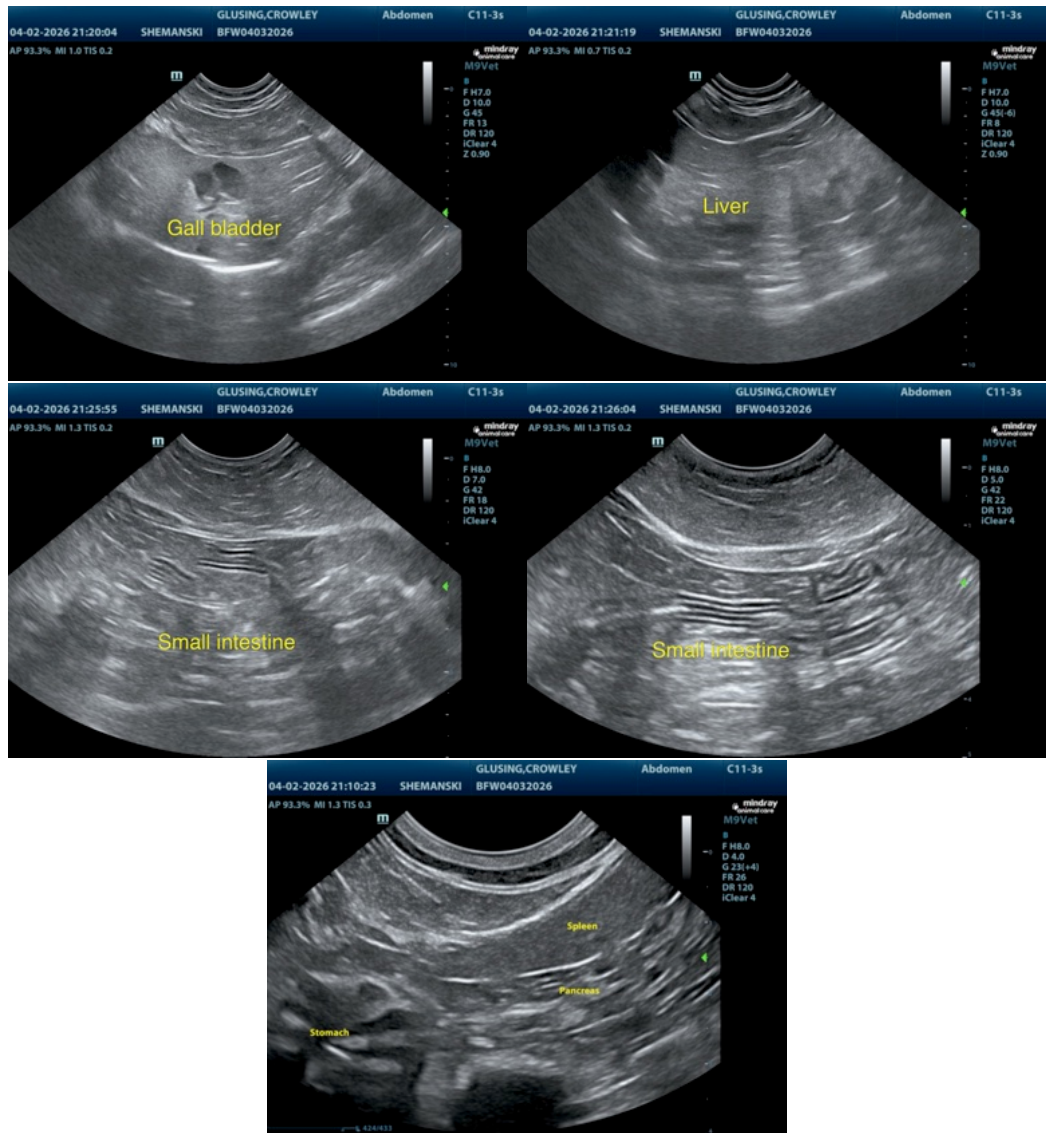
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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