



## PATIENT

Felix Garlick

## SPECIES

Feline

## BREED

Domestic Medium Hair

## SEX

Neutered male

## AGE

13 years

## WEIGHT

9.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brady

## HOSPITAL NAME

Shiloh VH

## REFERRING VET

Dr. Brady

## INVOICE

74288

## DATE

4/8/26

## PRESENTING CLINICAL SIGNS

History: P seen as second opinion requesting ultrasound. P was worked up at his previous veterinarian for a 3-4 month history of daily vomiting 1-2 hours after eating and weight loss. Trial of Prednisone and metronidazole attempted but P would not take medication more than once or twice so was discontinued. Radiographs showed possible mass or enlargement in cranial abdomen in area of pylorus.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate 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 3.8 cm, right measured 3.9 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*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.86 cm in length x 0.28 cm in width. The right adrenal gland measured 1.4 cm in length x 0.34 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.



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## ***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.

## ***Gastrointestinal***

Thickening of the gastric wall especially towards the pylorus measures 0.6 cm with some loss of layering and a hypoechoic appearance. Normal thickness of the small intestines (up to 0.3 cm) with no loss of layering, but with an increase in the muscularis to mucosal ratio, normal peristaltic activity and no distension of the lumen. Normal appearance of the 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.

## ***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**

- Gastroenteropathy.
- Urinary bladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the gastroenteropathy would be parasitic disease, inflammatory bowel disease, dietary hypersensitivity with emerging lymphoma an important differential diagnosis.

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

Further assessment would be fecal analysis, cobalamin and folate assay. If possible FNA cytology of the gastric wall and endoscopy of the upper GI tract with biopsies is recommended.

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 a course of Prednisolone would then be indicated.



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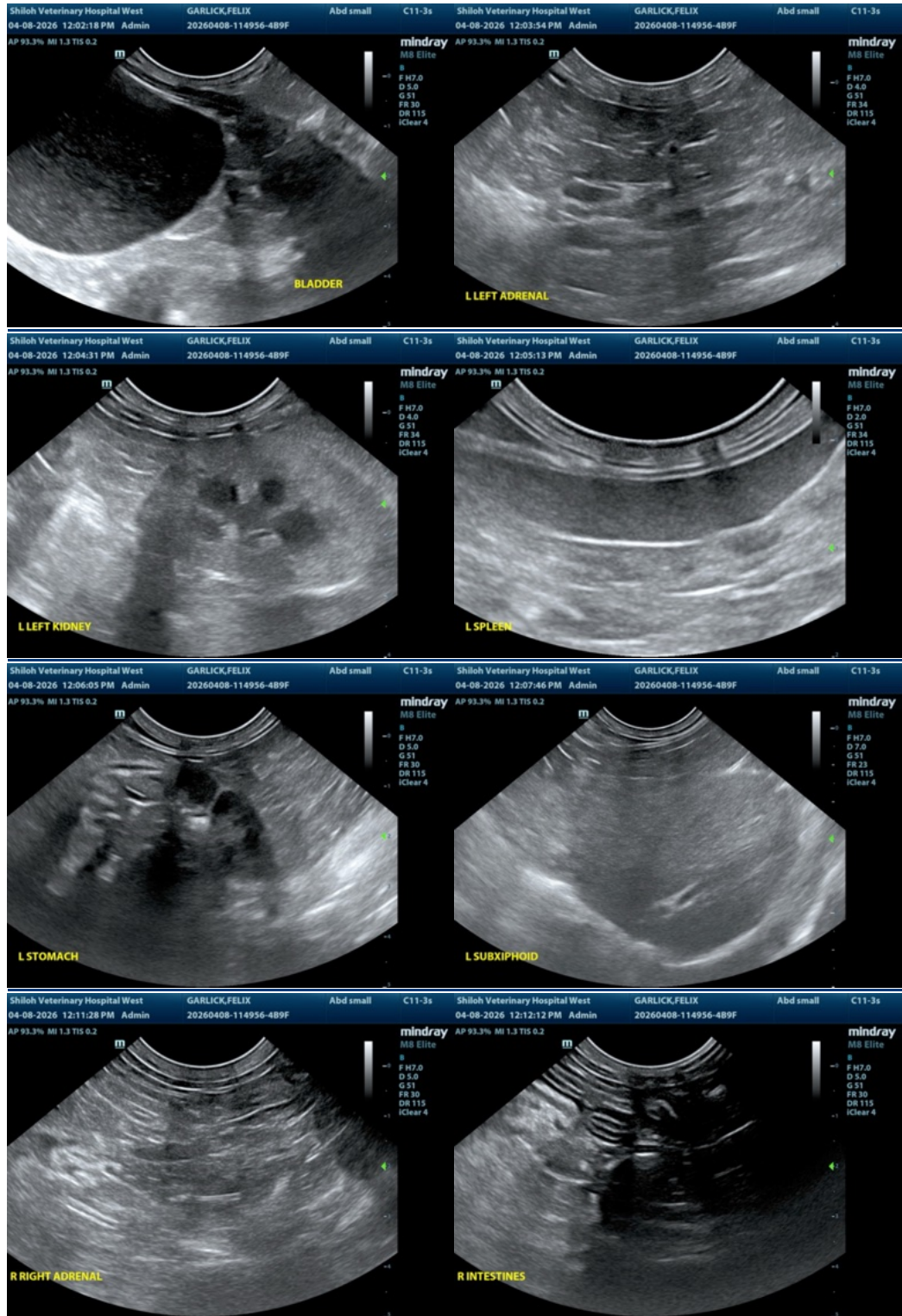
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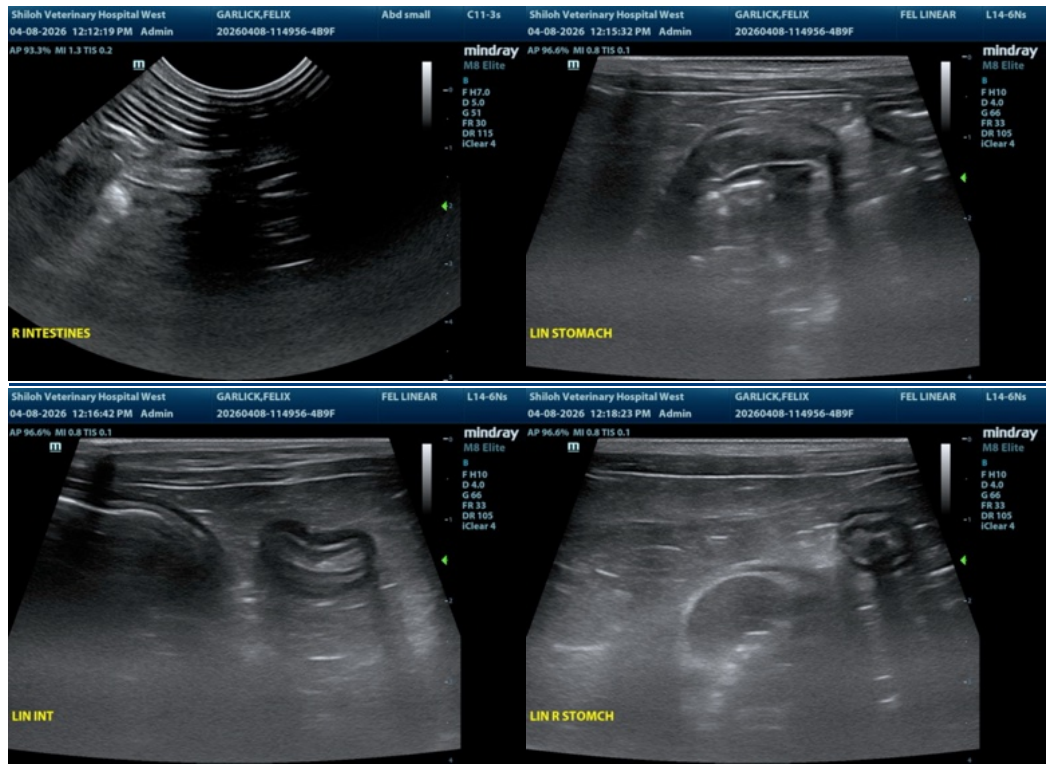
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)