



## PATIENT

Poppy Klonitsko

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

10.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Green

## HOSPITAL NAME

Stanglein Veterinary  
Clinic

## REFERRING VET

Dr. Katrina lobst

## INVOICE

16047

## DATE

05/11/26

## PRESENTING CLINICAL SIGNS

9yo FS DSH presented 5/8/26 for 3d hx of bilious vomiting and inappetence, +/- soft stool (multicat house, Os unsure). Gradual diet transition started 1.5wks ago, currently on 100% new dry diet (all cats fed via automatic feeder). No known dietary indiscretion of non-food items. Indoor only, lives with 3 other indoor-only cats. No regular medications or parasite preventatives. Prior hx of Eosinophilic Granuloma Complex, currently inactive. Concurrent active Feline Chin Acne being treated with Chlorhexidine/Ketoconazole wipes

BW: Lymphs 0.90 (L; N = 0.92-6.88), Eos 0.02 (L; N = 0.17-1.57) TP 10.4 (H; N = 5.7-8.9), Glob 6.9 (H; N = 2.8-5.1) ALT 151 (H; N = 12-130), GGT 8 (H; N = 0-4), normal ALP & tBili tT4 = 1.9 (N = 0.8-4.7); fPL: 1.0 (N = 0.0-4.4) RADS: Very mild hepatomegaly but no overt masses, empty stomach (subjectively uniformly "bright" gastric wall) normal single population of SI, remaining structures unremarkable

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with a small 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.90 cm length x 0.34 cm in width. The right adrenal gland measured 0.95 cm length x 0.28 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 0.70 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.

### Gallbladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



**PATIENT**

Poppy Klonitsko

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

10.3

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein Veterinary  
Clinic

**REFERRING VET**

Dr. Katrina lobst

**INVOICE**

16047

**DATE**

05/11/26

**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. Moderate amount of fluid present within the stomach with no obvious pyloric obstruction present.

**Pancreas**

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.

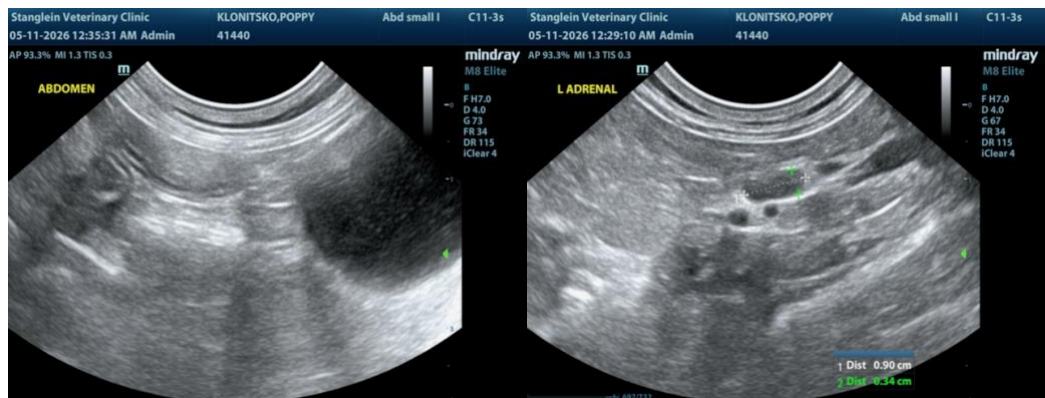
**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria and possibly bacterial cystitis. On this ultrasound, there's no obvious etiology for the presenting clinical signs. With the presenting clinical signs, the most likely diagnosis would be acute non-specific gastritis such as dietary indiscretion, toxins and viral. Other possible etiologies would be dietary indiscretion, parasitic gastritis, helicobacter gastritis and emerging inflammatory bowel disease.

Initial assessment would be urine and fecal analyses and possibly urine culture. If there's not a satisfactory improvement with symptomatic therapy, then further assessment would be endoscopy of the upper GI tract with biopsies. Initial management would be feeding small frequent meals of the current diet, antiemetics and if needed, fluid therapy and correction of any electrolyte anomalies.





**PATIENT**

Poppy Klonitsko

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

10.3

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein Veterinary  
Clinic

**REFERRING VET**

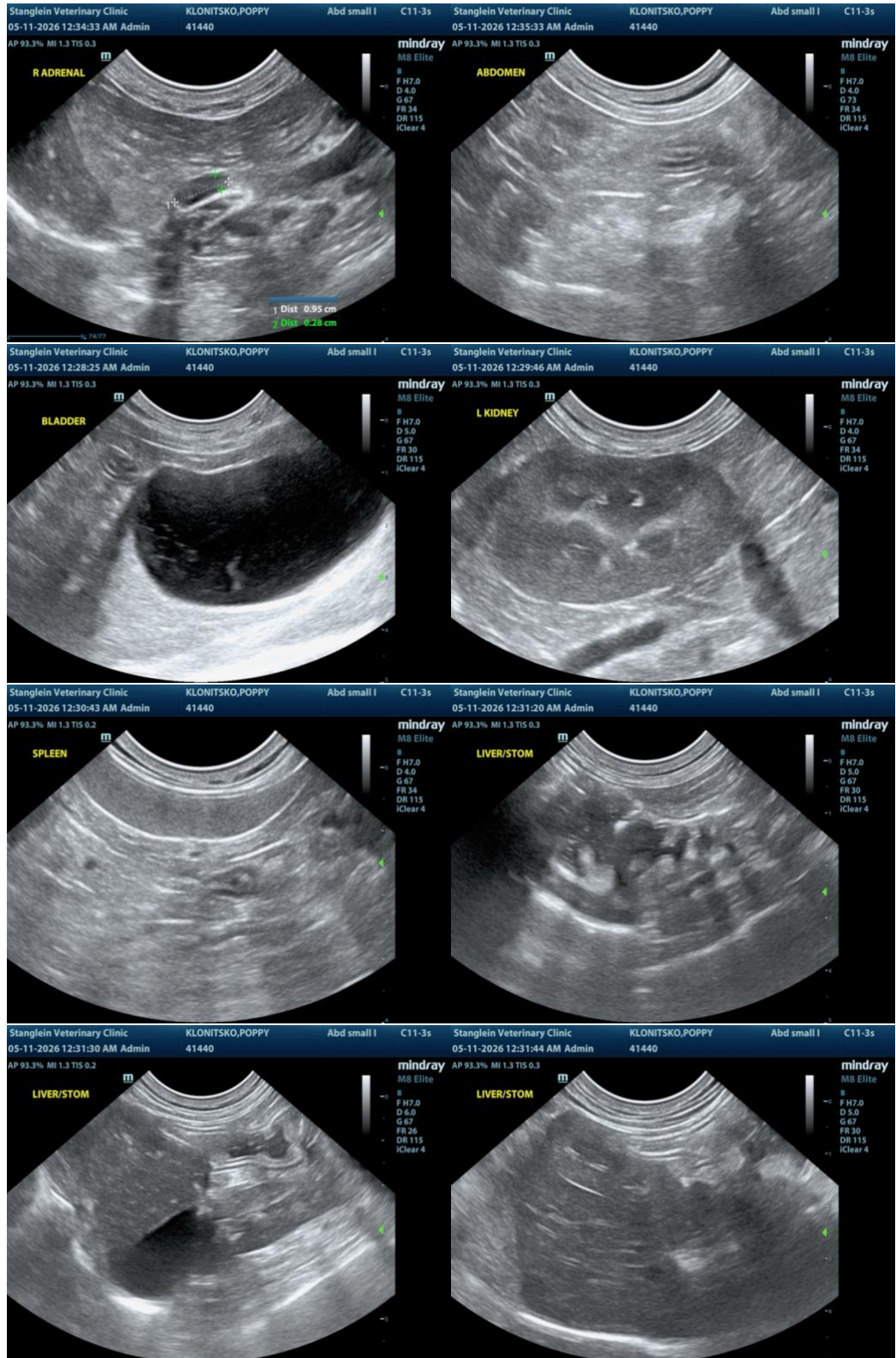
Dr. Katrina lobst

**INVOICE**

16047

**DATE**

05/11/26





## PATIENT

Poppy Klonitsko

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

10.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Green

## HOSPITAL NAME

Stanglein Veterinary  
Clinic

## REFERRING VET

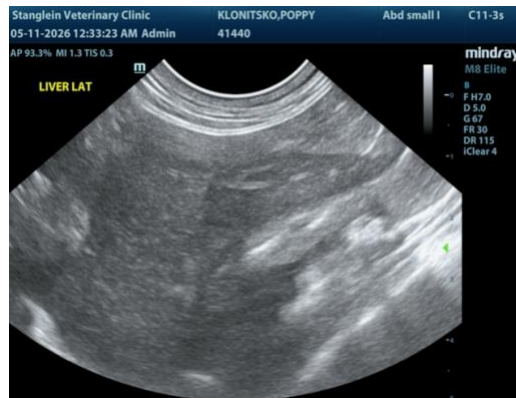
Dr. Katrina lobst

## INVOICE

16047

## DATE

05/11/26



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](mailto:info@sonopath.com)