

PATIENT

Trixie Gunter

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years 10 Months

WEIGHT

7.6 Pounds

INTERPRETED BY

Remo Lobetti BVSc,
 MMedVet, PhD,
 DECVIM

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Black River Vet

REFERRING VET

Dr. Herber

INVOICE

37011

DATE

5/8/26

PRESENTING CLINICAL SIGNS

History: Chronic vomiting past few months resolves with clavamox. Evaluate from chronic enteropathy, IBD vs lymphoma, BAR no masses felt, increased borborygmi- chronic rhinitis
 Abnormal PE/Chem/CBC/UA Results: Feb BW elev. Glob

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, 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 kidneys measured 3.7 cm. Normal color flow pattern was evident

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.41 cm in width. The right adrenal gland measured 0.34 cm in width.

Spleen

Normal size (0.8 cm in width) 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.

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

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

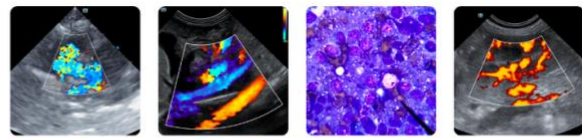
Gastrointestinal

Normal appearance of the stomach, duodenum, 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.

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



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Normal mesenteric lymph nodes.

Trixie Gunter

No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

Feline

- Normal ultrasound examination of the abdomen

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DSH

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

SEX

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying gastroenteropathy such as parasitic gastroenteritis, inflammatory bowel disease, dietary hypersensitivity, chronic gastritis and helicobacter gastritis should still be considered.

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

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Specific therapy would be dependent on an etiological diagnosis.

WEIGHT

Symptomatic management that could be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, a 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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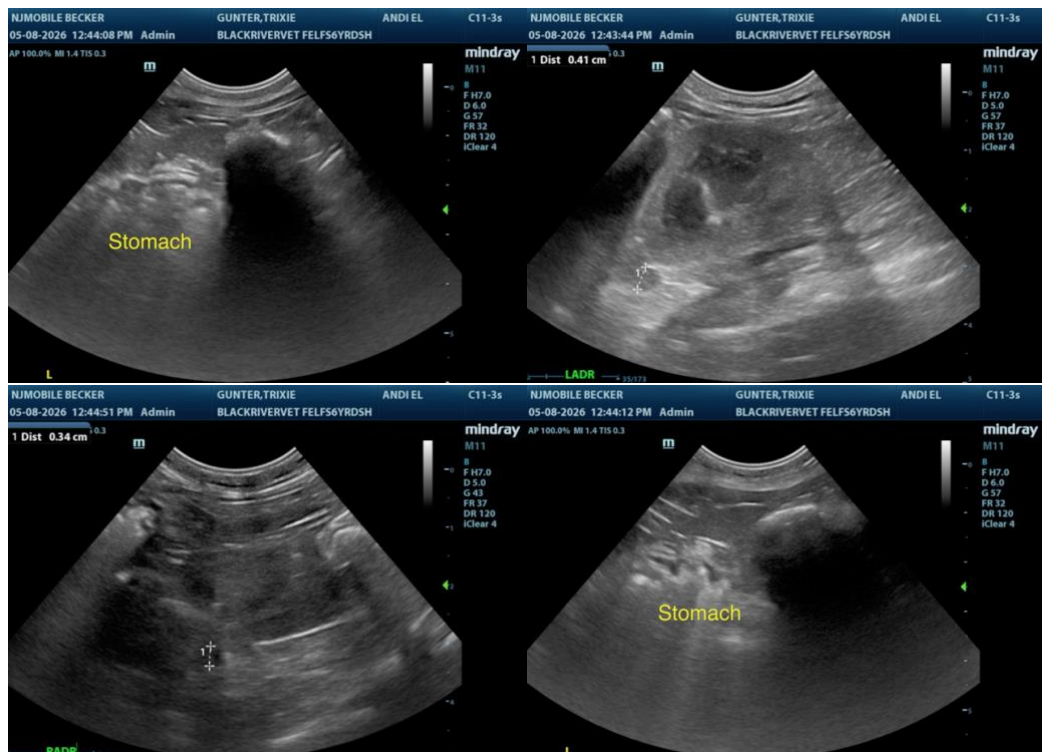
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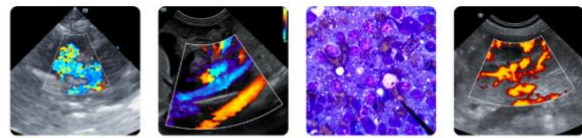
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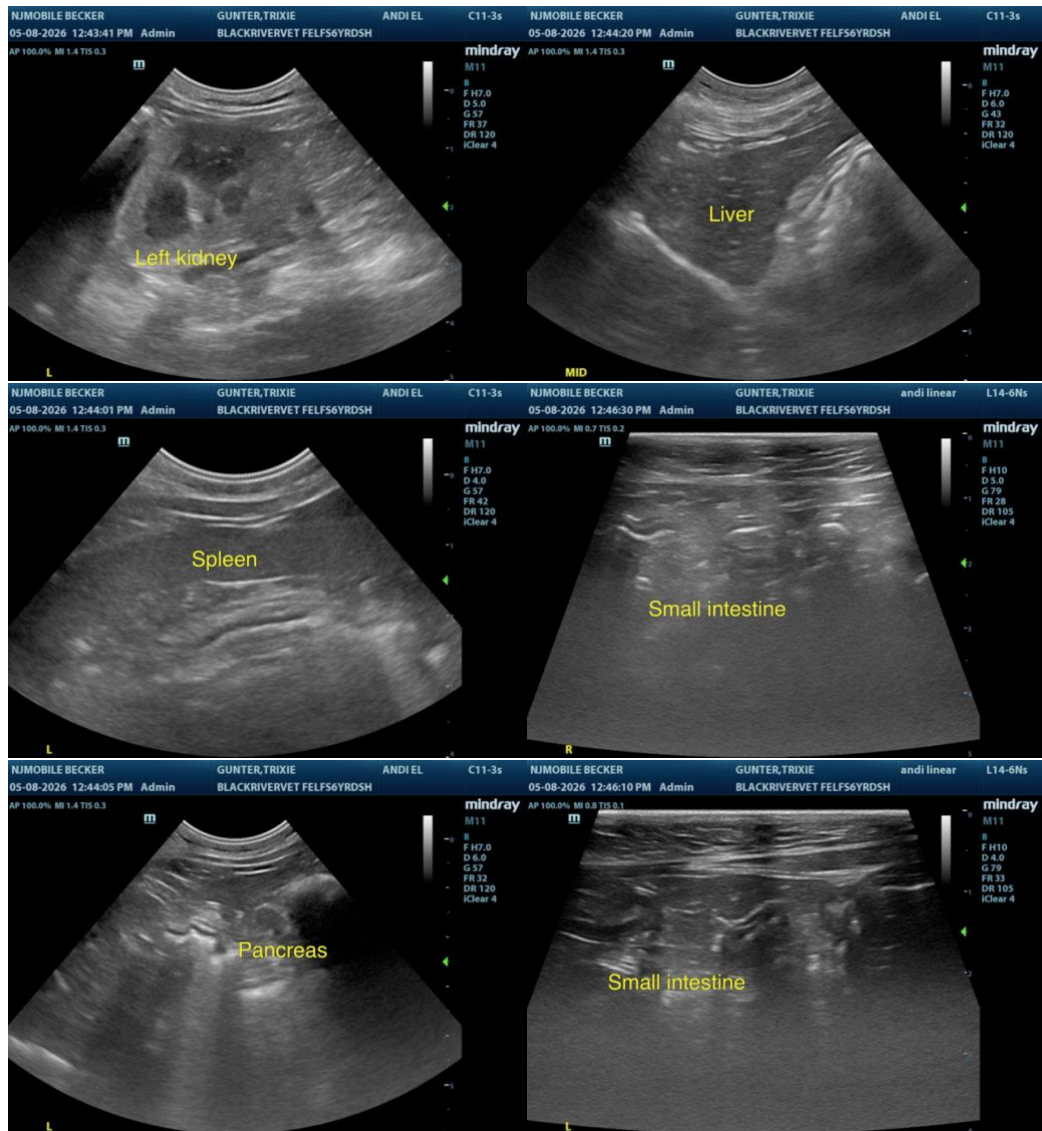
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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