



**PATIENT PRESENTING CLINICAL SIGNS**

**Deli Hemmer** History: 6/13 abruptly switched from RC S/O to Hill's C/D (hx of LUTD) due to decreased appetite for S/O. Since that time Deli has had diarrhea. Presented on 6/19, fecal floatation performed NPF, sent home metronidazole and Fortiflora with only minimal improvement. Gabapentin given prior to imaging. Additional DKT sedation required.

**SPECIES**

Feline Abnormal PE/Chem/CBC/UA Results: Pending CBC, Chem, fPL

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DMH** *Urinary System*

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

**SEX**

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Spayed Female

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

**AGE**

13 years

Normal renal size (left kidney 3.50 cm) (right kidney 3.40 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.

**WEIGHT**

11.74 lbs

*Adrenal Glands*

Normal shape, echogenic appearance, size (left 0.41 cm) (right 0.35 cm), position, and appearance of the visible peri-renal vasculature.

**INTERPRETED BY**

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

*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.

*Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

**IMAGING PERFORMED BY**

Kaitlyn Rudie, DVM

*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.

**HOSPITAL NAME**

Sherwood Family PC

*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 ingesta within the stomach and chyle within the small intestine.

**REFERRING VET**

Kaitlyn Rudie, DVM

*Pancreas*

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

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*Free Abdomen*

Normal mesenteric lymph nodes.

**DATE**

6.30.23



**PATIENT** No ascites evident.

Deli Hemmer **ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**SPECIES**

- None

Feline

**Secondary Findings**

**BREED**

- None

DMH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Normal ultrasound examination of the abdomen with no obvious etiology for the presenting clinical signs.

Spayed Female

With the history, the most likely etiology for the diarrhea would be dietary intolerance or dietary hypersensitivity, secondary to the change in diet. Inflammatory bowel disease would be a differential diagnosis.

**AGE**

13 years

Further assessment needs to be based on the pending CBC and chemistry results, but could include cobalamin assay, and possibly endoscopy of the upper GI tract with biopsies.

**WEIGHT**

11.74 lbs

Specific therapy would be dependent on an etiological diagnosis.

As an interim measure, eating small, frequent meals of an intestinal-type diet would be recommended.

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MMedVet (Med), PhD,  
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**IMAGING PERFORMED BY**

Kaitlyn Rudie, DVM

**HOSPITAL NAME**

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**REFERRING VET**

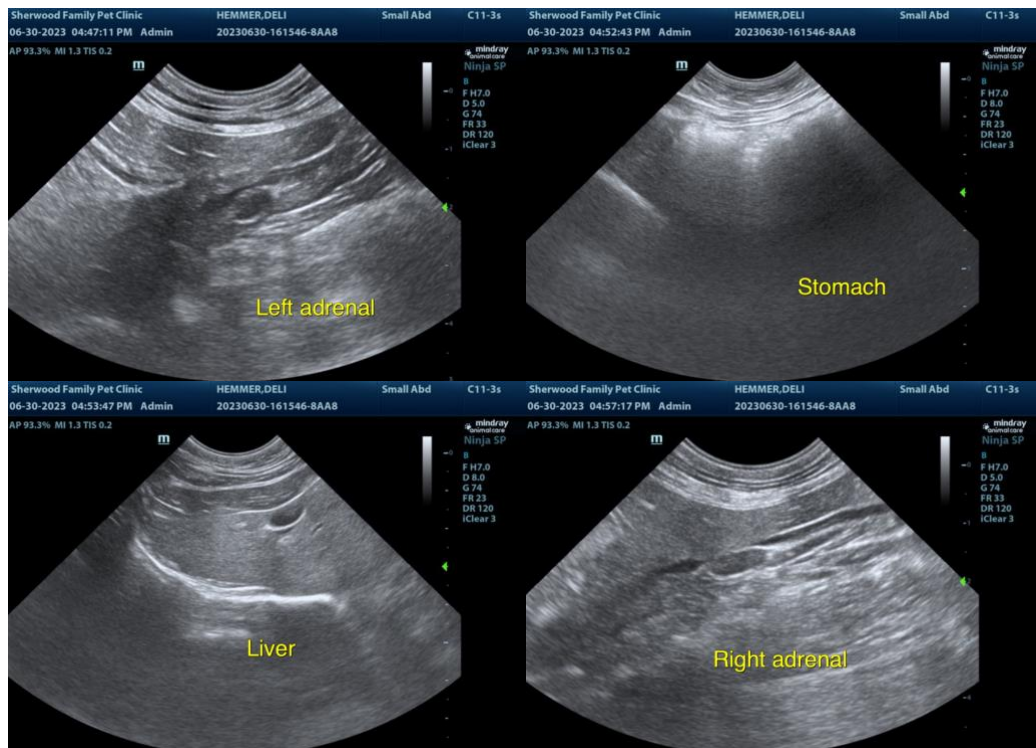
Kaitlyn Rudie, DVM

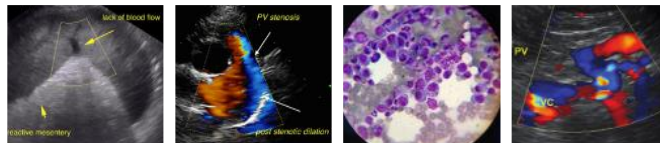
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**DATE**

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**PATIENT**

Deli Hemmer

**SPECIES**

Feline

**BREED**

DMH



**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

11.74 lbs

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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