

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Phoebe Ingram
SPECIES Chronic vomiting 3-4 times per week (for at least the last 8 months)
 Marked weight loss
 Acute loss of appetite (stopped eating Wed)
 Licking lips/lip smacking at home
 Feline Approx 10% dehydrated on exam, down approx. 800 grams from Nov, otherwise NSF
 Current Medications Cerenia injection given today
 Abnormal PE/Chem/CBC/UA Results: BW attached Primary Question to Be Answered in This Exam Reasons for chronic vomiting

BREED DSH ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Urinary System

SEX FS
 Small urinary bladder with a normal thickness and smooth appearance of the wall containing moderate amount of floating hyperechogenic sediment. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

AGE 13yr
 Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

WEIGHT 2.76kg
 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 3.3 cm in length.

The right kidney measured 3.9 cm in length.

Reproductive system NA.

INTERPRETED BY

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

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature.

IMAGING PERFORMED BY

Amanda Stewart

The left adrenal gland measured 0.47 cm x 0.33 cm.

The right adrenal gland measured 0.65 cm x 0.29 cm.

HOSPITAL NAME

Wellington Animal Hospital

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.

REFERRING VET

Dennis

Liver

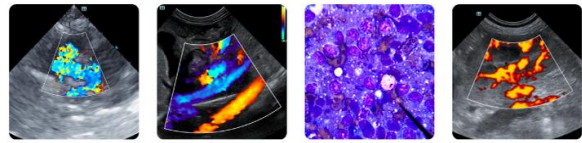
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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DATE

06/05/2026

Gallbladder



PATIENT

Phoebe Ingram

Full double 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

SPECIES

Feline

Normal appearance of the stomach 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 0.3 cm) with no loss of layering but with an increase in the muscularis mucosa ratio.

BREED

DSH

Pancreas

Mildly enlarged size (left pancreas 0.6 cm in width) with a hypoechogenic appearance and an irregular capsule. Mild increase in the echogenic appearance of the mesenteric fat surrounding the pancreas.

SEX

FS

Free Abdomen

Enlarged mesenteric lymph nodes, measuring up to 0.5 cm x 1.3 cm, maintaining a normal shape but with a hypoechogenic appearance.

AGE

13yr

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

2.76kg

- Enteropathy
- Mesenteric lymphadenomegaly
- Chronic pancreatitis vs chronic active pancreatitis
- Urinary bladder sediment
- Double gall bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease, with emerging lymphoma a possible differential diagnosis. Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia. The double gall bladder can be considered an incidental finding. Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, hematuria and possibly bacterial cystitis. Further assessment would be urine and fecal analyses, possible urine culture, cobalamin, folate, FPL/ PSL assay, endoscopy of the upper GI tract with biopsies and possibly FNA cytology of the mesenteric lymph nodes.

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Specific therapy would be dependent on an etiological diagnosis.

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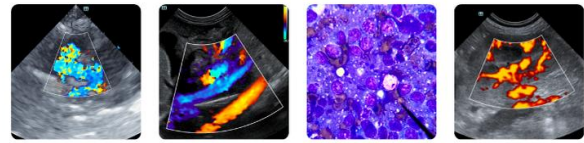
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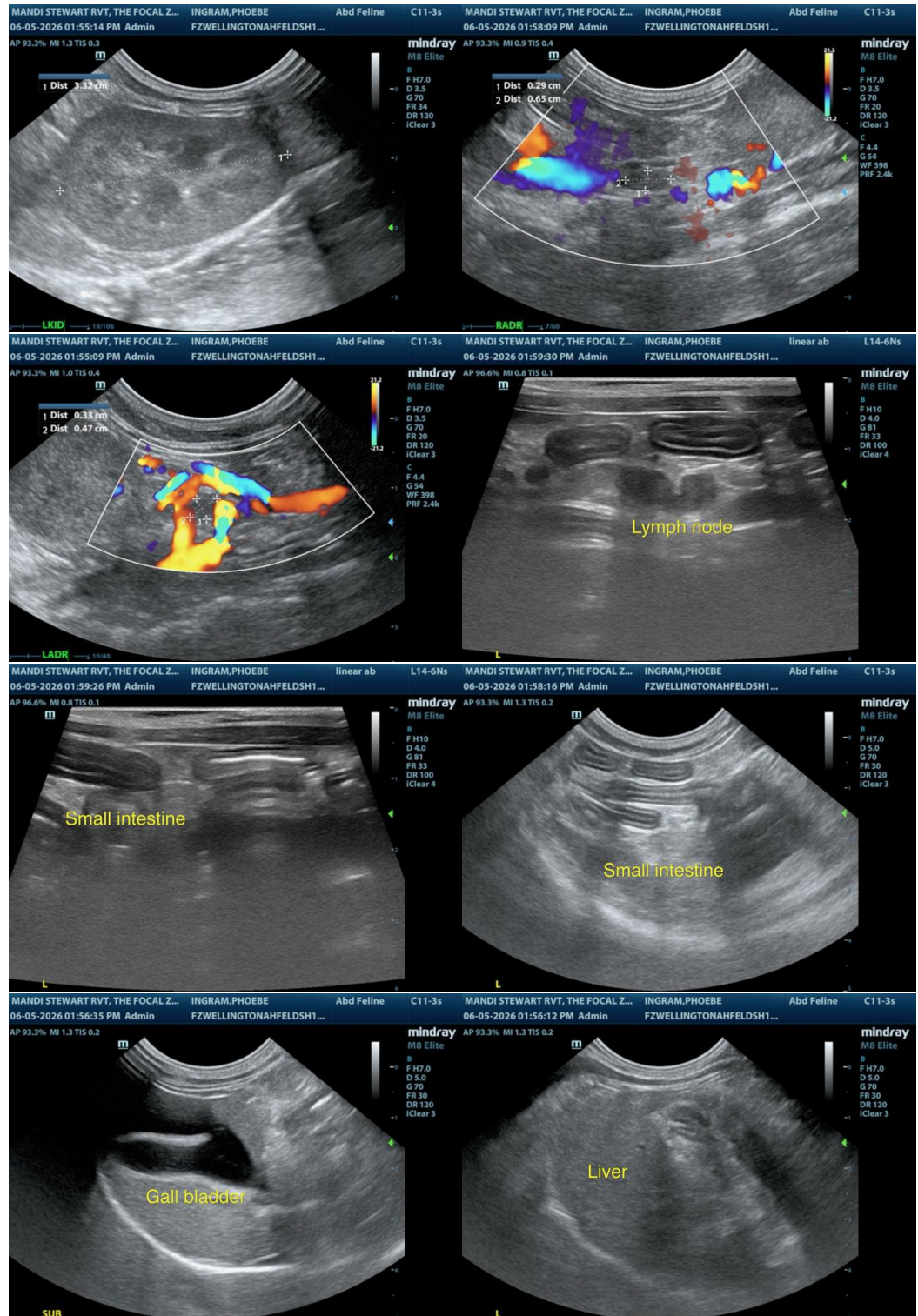
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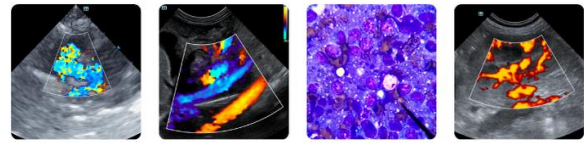
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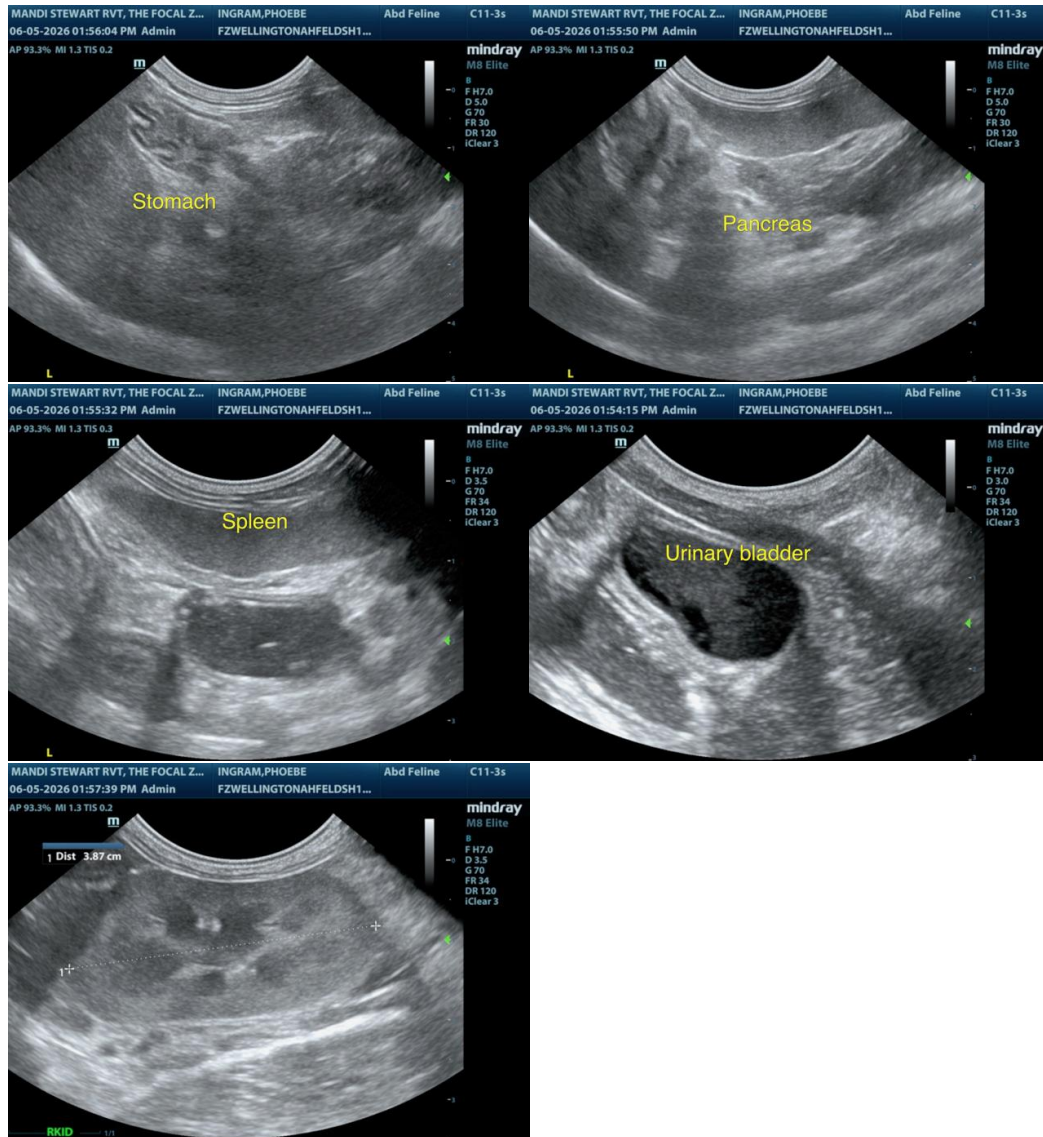
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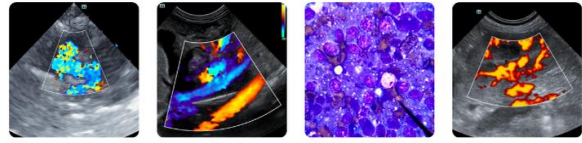
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



PATIENT info@sonopath.com

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