



PATIENT	PRESENTING CLINICAL SIGNS
Midnight Leeper	History: Presented for annual exam 2 weeks ago and had lost approximately 4 lbs. O reports that he has always been a bit of a "puker", will vomit if eats too fast, used to have frequent hairballs in the past. No diarrhea. Appetite normal
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Calcium level 12.1 at annual, rechecked today and it was normal (10.9). CBC/Chemistry/T4/UA and fPL normal.
BREED	
DSH	
SEX	
Neutered Male	
AGE	
13 years, 9 mos	
WEIGHT	
11.25 lbs	
INTERPRETED BY	
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	
IMAGING PERFORMED BY	
Britt DeNuzio, DVM	
HOSPITAL NAME	
Kings VH	
REFERRING VET	
Britt DeNuzio, DVM	
INVOICE	
13948	
DATE	
8.3.23	
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
	The urinary bladder is full with a normal thickness and smooth appearance of the wall. Small amount of floating hyperechogenic sediment present. No 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 (left kidney 3.40 cm) (right kidney 3.60 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
	Poorly visualized but appear to be of normal shape, echogenic appearance and size.
	Spleen
	Normal size (measuring 0.80 cm) 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
	The gallbladder is full 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 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. Segmental thickening of the gastric wall (up to 0.60 cm) with no loss of layering or distention of the lumen.
	Pancreas
	Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.
	Free Abdomen
	Normal mesenteric lymph nodes.



PATIENT No ascites evident.

Midnight Leeper **ULTRASONOGRAPHIC FINDINGS**

SPECIES **Primary Findings**

Feline • Thickening of the gastric wall

BREED **Secondary Findings**

DSH • Urinary bladder sediment

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

AGE

Etiologies for the gastric thickening would be chronic gastritis, helminths, inflammatory bowel disease, ulcerative gastritis, helicobacter gastritis, granulomatous disease, and possibly emerging neoplasia.

13 years, 9 mos

WEIGHT

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

11.25 lbs

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be feeding a hypoallergenic/novel protein diet, course of Fenbendazole, cobalamin supplementation, and possibly prednisolone.

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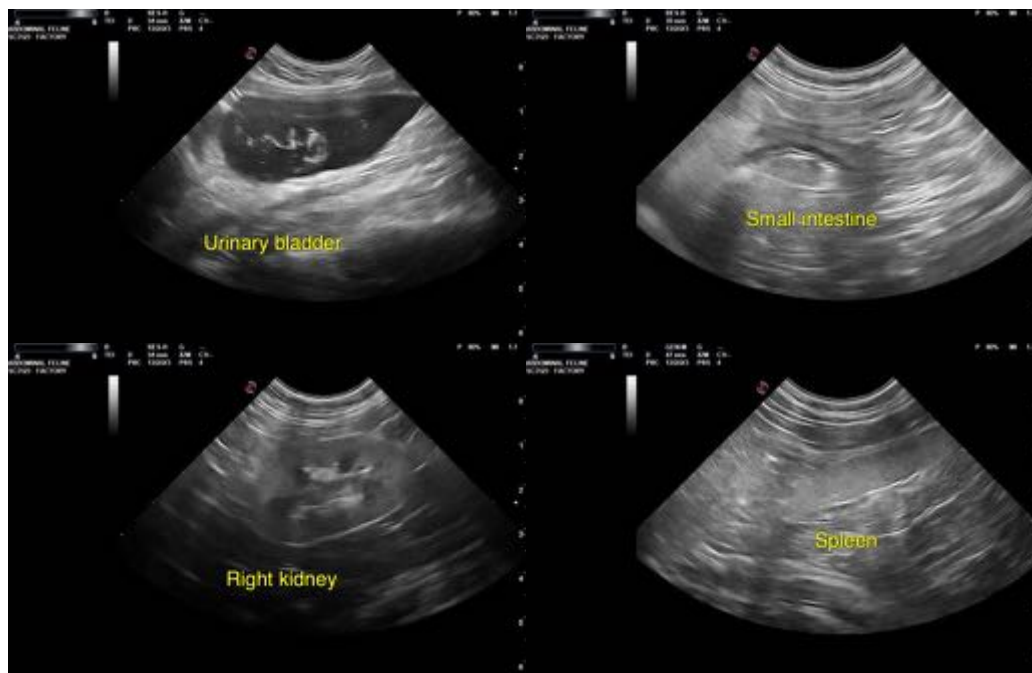
Britt DeNuzio, DVM

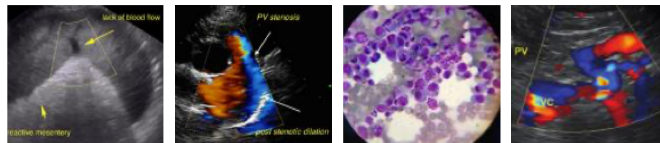
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SPECIES

Feline

BREED

DSH

SEX

Neutered Male

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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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