

PATIENT

Marc Anthony Keefe

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd DVM,
DABVP-CFP

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Fackrell

INVOICE

75473

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: 4/24/26- Vomiting began, several days - foul smell, painful abdomen on palpation and liver enzymes elevated so treated with fluids SC, Metronidazole for 7 days and Ondansetron - clinical signs continues

Abnormal PE/Chem/CBC/UA Results: PE: sedated with Kitty Magic, mats in fur, some drooling, no heart murmur, n CBC- WNL on 4/28 ALT 621, AST 162, ALP 113, GGT 3, T Bili 1.0, unconj 0.7, con 0.3, chol 378, on recheck I ALT was 643, ALP 138, T BILI 1.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment is noted.

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 measured 3.9 cm, right measured 3.5 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

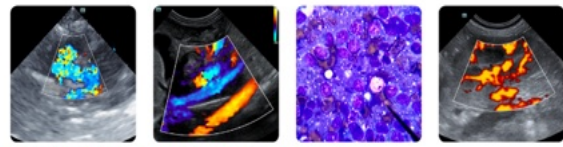
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.83 cm in length x 0.36 cm and 0.39 cm in width. The right adrenal gland measured 0.97 cm in length x 0.31 cm and 0.3 cm in width.

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 0.8 cm in width.

Liver

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



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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 stomach, duodenum, 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 small intestine (up to 0.4 cm) with no loss of layering, but with a marked increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

The pancreas is enlarged (body 1.0 cm in width) with a hypoechoic appearance and a slightly irregular capsule. There was a mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Prominent mesenteric lymph nodes measuring up to 0.3 x 0.7 cm in size with a hypoechoic appearance, but maintained a normal shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Pancreatitis.
- Hepatopathy.
- Mesenteric lymphadenomegaly.

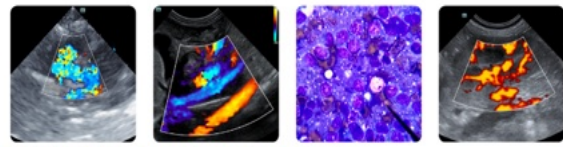
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease with emerging lymphoma an important differential diagnosis.

The appearance of the pancreas would be consistent with pancreatitis.

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar, metabolic and lipidosis with hepatitis and infiltrative neoplasia a less likely differential diagnosis.

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia.



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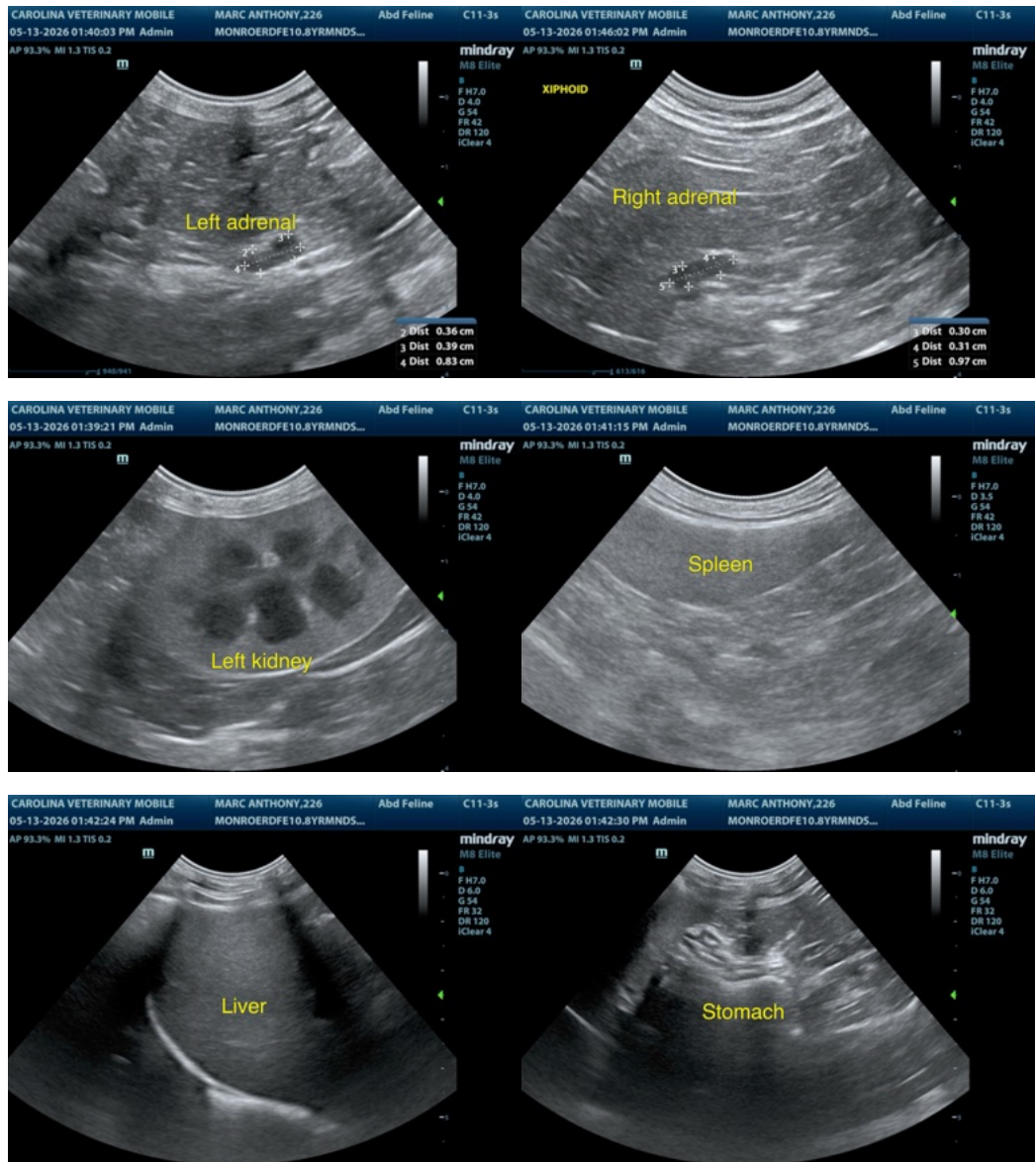
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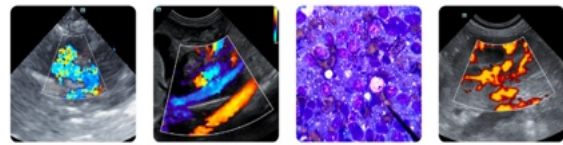
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Further assessment would be fecal analysis, FPL/PSL, cobalamin and folate assay, FNA cytology of the liver and lymph nodes if possible and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.





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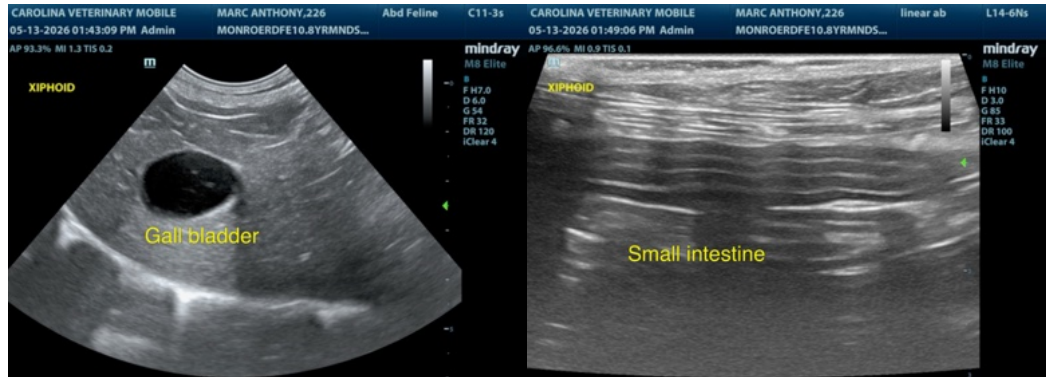
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com