

PATIENT

Emile Bevis

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed female

AGE

16 years

WEIGHT

4.53 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

69836

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Acute onset of severe ataxia and imbalance. A similar, but much less severe, episode occurred approximately 6 months ago. It lasted for about 12 hours and then resolved completely. The patient is severely ataxic and exhibits a consistent, preferential turn to the right. A heart murmur has been present since she was a kitten. It was first detected during an emergency visit for lily ingestion. An echocardiogram at that time deemed her heart stable enough for IV fluids despite the murmur. No vomiting, diarrhea, coughing, or sneezing reported. No known exposure to toxins or medications. A grade III/VI heart murmur is audible. Pulses are strong and synchronous. Normal bronchovesicular sounds bilaterally Current Medications Prednisolone 2.5mg q two days, Clopidogrel 18.75mg UID started Dec. 30/25

Abnormal PE/Chem/CBC/UA Results: Values Blood pressure - WNL Blood work and urinalysis results attached Primary Question to Be Answered in This Exam Wondering if this could have been a vascular event given hx of murmur and pred use.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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.

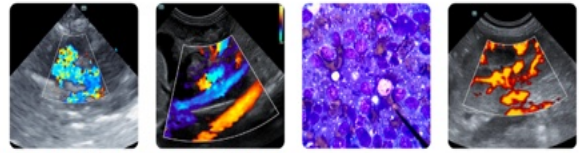
Normal renal size (left measured 3.1 cm, right measured 3.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.56 cm in length x 0.43 cm in width. The right adrenal gland measured 0.66 cm in length x 0.39 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 0.7 cm in width.



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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 not visualized.

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. A moderate amount of ingesta was present in the stomach compatible with a recent meal.

Pancreas

The 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

Normal mesenteric lymph nodes.

No ascites evident.

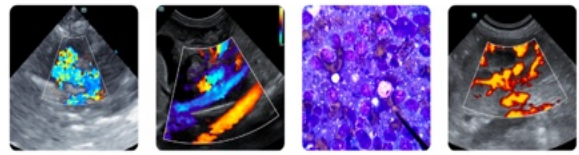
ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the presenting clinical signs, primary intracranial disease needs to be considered and possibly followed up with an MRI scan.

Specific therapy would be dependent on an etiological diagnosis.



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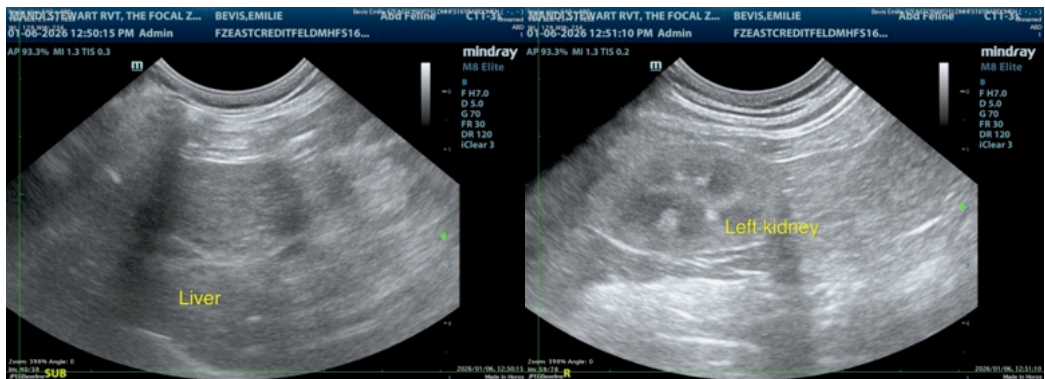
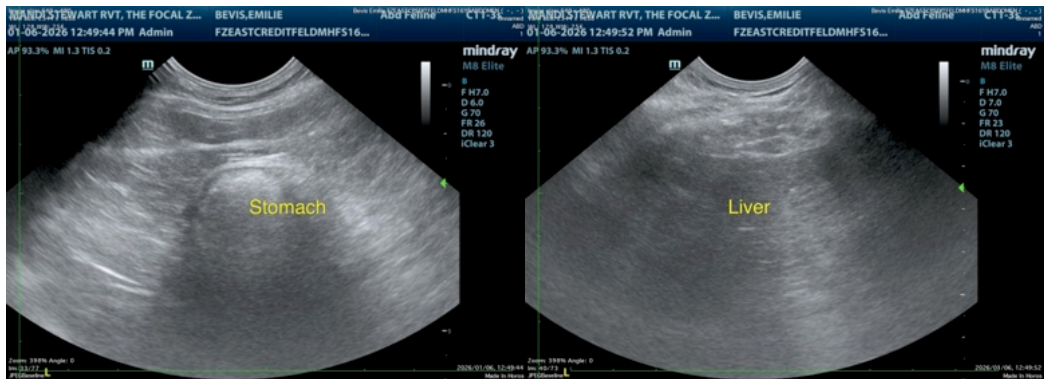
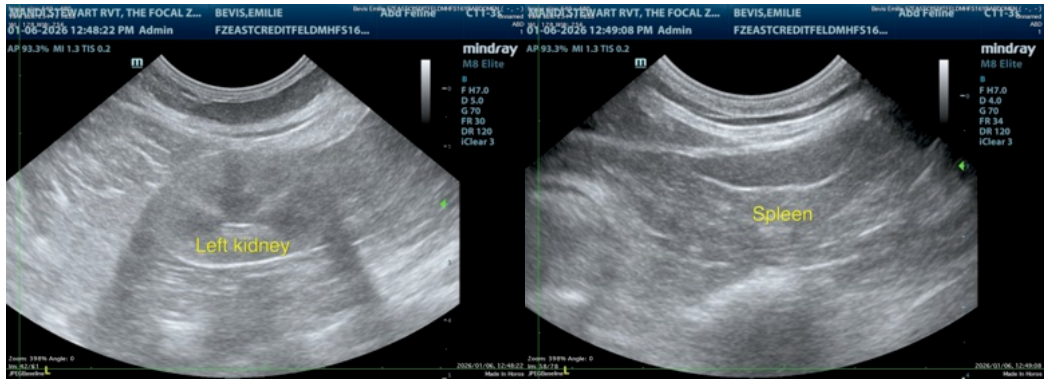
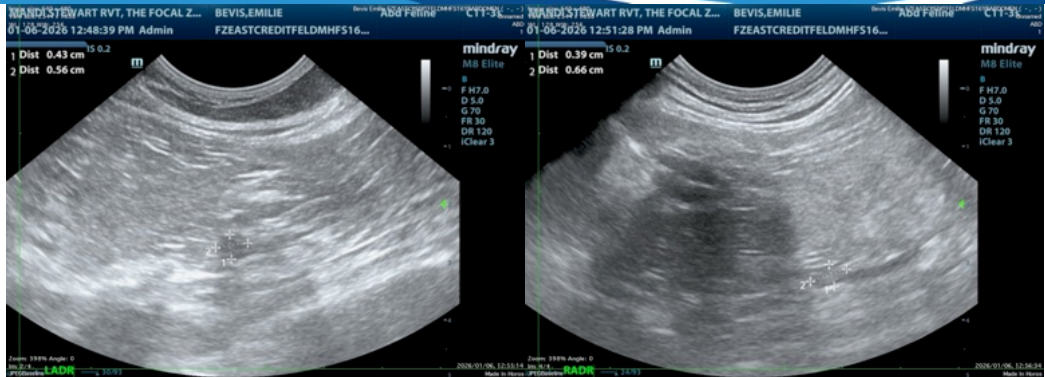
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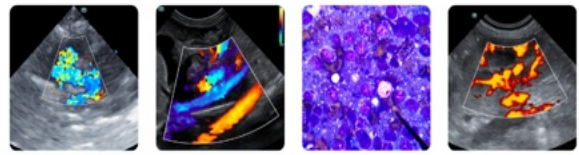
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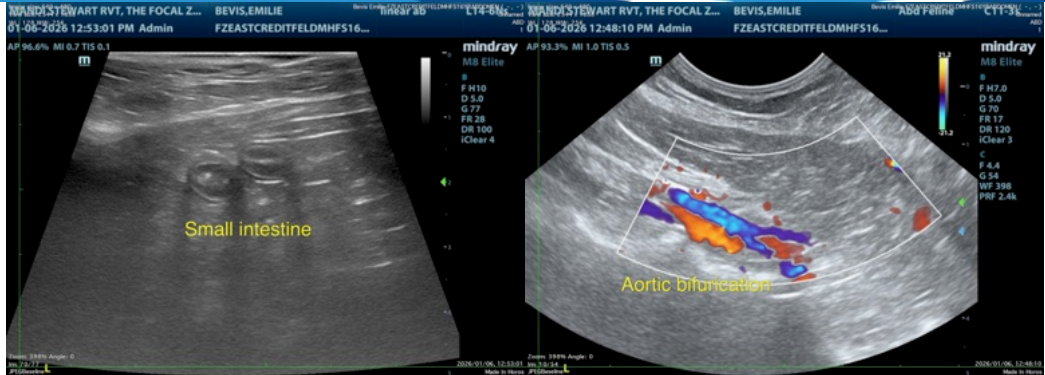
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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