



PATIENT

Ernie Ross

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

8.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Leck VH

REFERRING VET

Dr. Derr

INVOICE

71322

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- BCS 3/9. Follow up cardiac u/s from 1/15/24. No cardiac murmur but littermate died of saddle thrombus from HCM
- Abd u/s due to weight loss
- Current Meds: Revolution plus monthly; Mirataz daily (Gabapentin/Torbutrol)
- Rads and prev echo report attached for reference
- BUN=39; Creat=14; SDMA=5.6. USG: 1.024

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechoic sediment.

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 4.1 cm, right measured 3.8 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

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.38 cm in width. The right adrenal gland was not visualized.

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 0.9 cm in width.

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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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, 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. Normal thickness of the duodenum (0.35 cm) and small intestine (up to 0.25 cm) with no loss of layering, but segmental increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

The visible sections of the pancreas are enlarged (right pancreas 1.0 cm in width) with a mottled echogenic appearance and a mildly irregular capsule. Mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Chronic pancreatitis versus pancreatic fibrosis.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a less likely differential diagnosis.

The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis a less likely differential diagnosis.

Further assessment would be urine and fecal analysis, possibly urine culture, cobalamin, folate and FPL/PSL assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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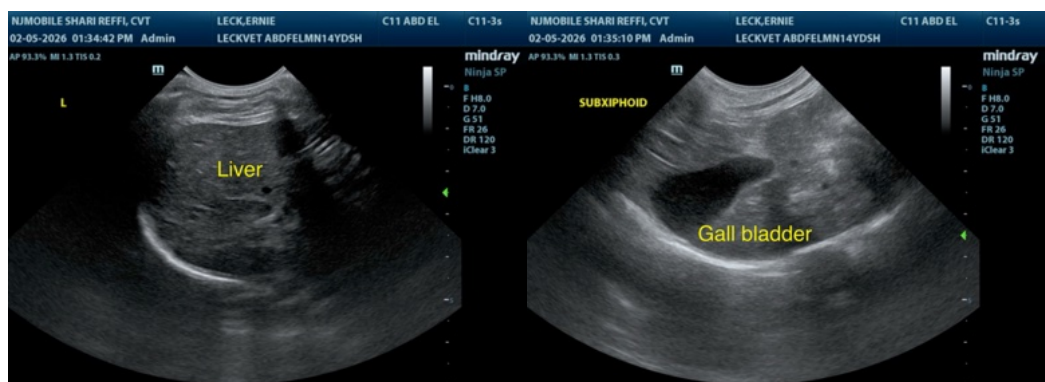
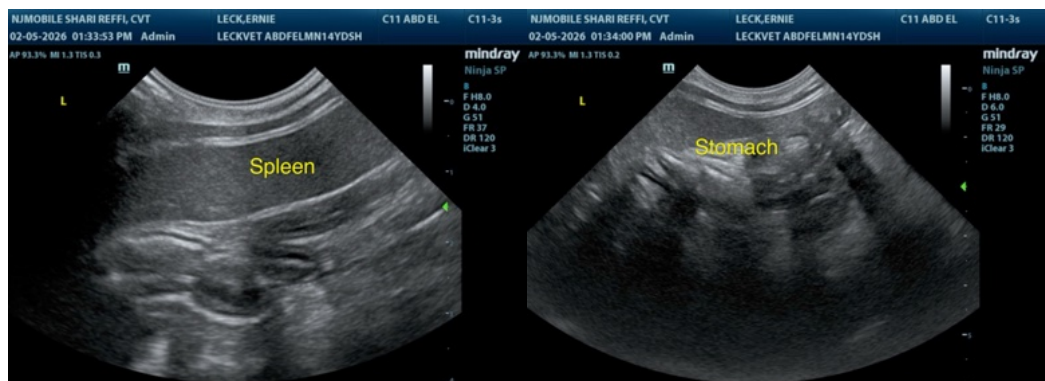
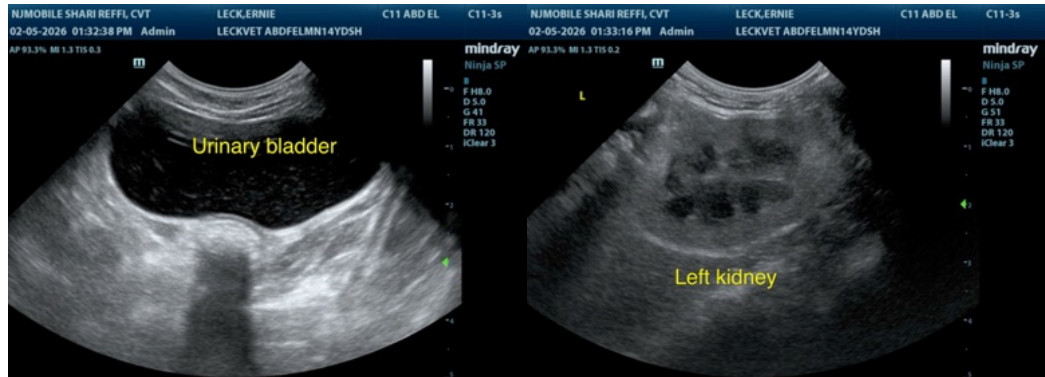
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Symptomatic management that can be considered would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.





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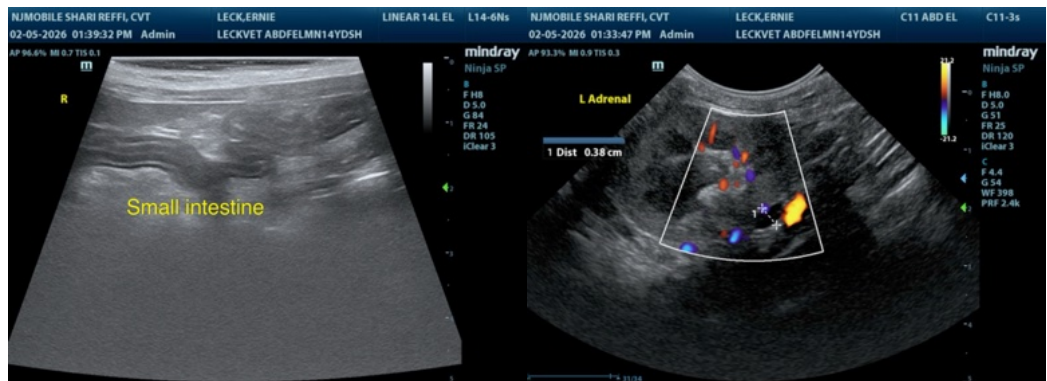
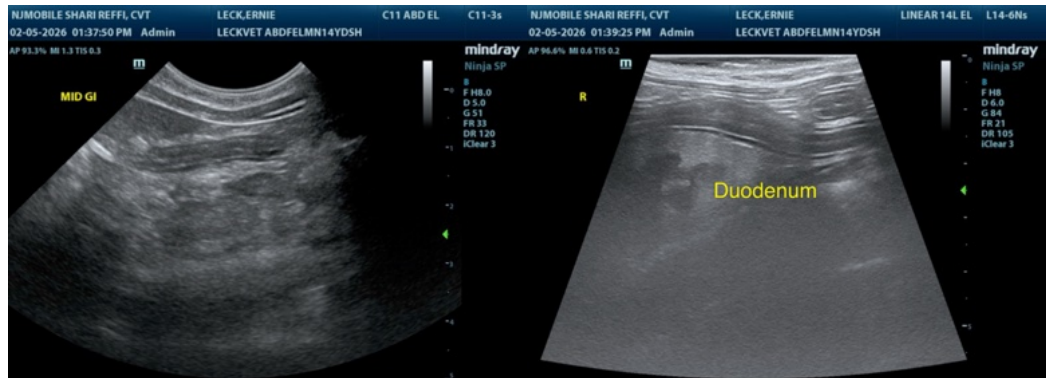
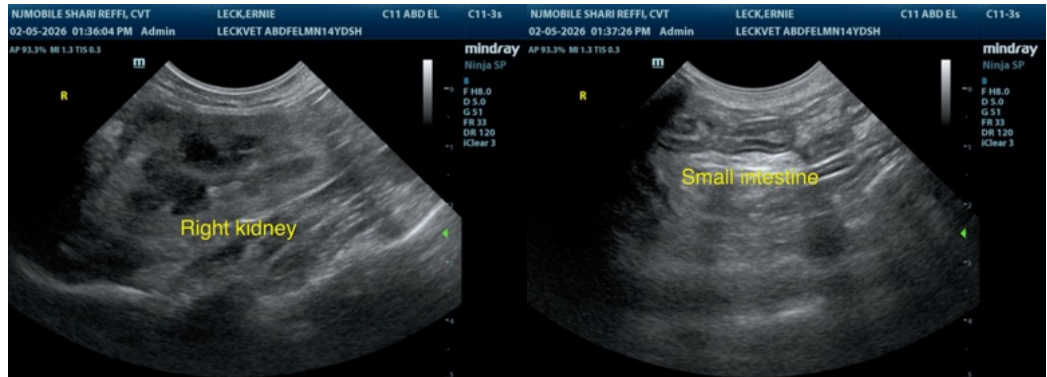
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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