



## PATIENT

Linus Halliburton

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

10 years

## WEIGHT

17.9 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Vincent Ravancho, CVT

## HOSPITAL NAME

Summit Dog and Cat  
Hospital

## REFERRING VET

Dr. Baker

## INVOICE

73764

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

- Vomiting/not eating since 3/19
- Wt. loss - decreased from 19.8 to 17.99 lbs
- Dehydration
- Current Medications - Cerenia, Mirtazapine
- Globulin 5.2 (H), otherwise unremarkable, Abdominal rads - negative study for GI obstruction

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic 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 4.3 cm, right measured 4.3 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.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.52 cm in width. The right adrenal gland measured 0.58 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.

### *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, small, mottled echogenic cystic mass in the caudal aspect of the right lobe measuring 1.0 x 1.5 cm in size. 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, 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.

## *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

- Urinary bladder sediment.
- Hepatic cystadenoma.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The hepatic cystadenoma can be considered an incidental finding.

On this ultrasound there is no obvious etiology for the presenting clinical signs. Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying gastroenteropathy such as acute gastritis (dietary indiscretion, toxins, viral, parasites) as well as inflammatory bowel disease and dietary hypersensitivity should still be considered.

Further assessment that can be considered would be fecal analysis, cobalamin and folate assay and if there is not a satisfactory improvement with symptomatic therapy then endoscopy of the upper GI tract with biopsies would be warranted.

Initial symptomatic management would be to continue with the current therapy, fluid therapy if indicated, correction of any electrolyte anomalies and feeding small frequent meals of an intestinal type diet.



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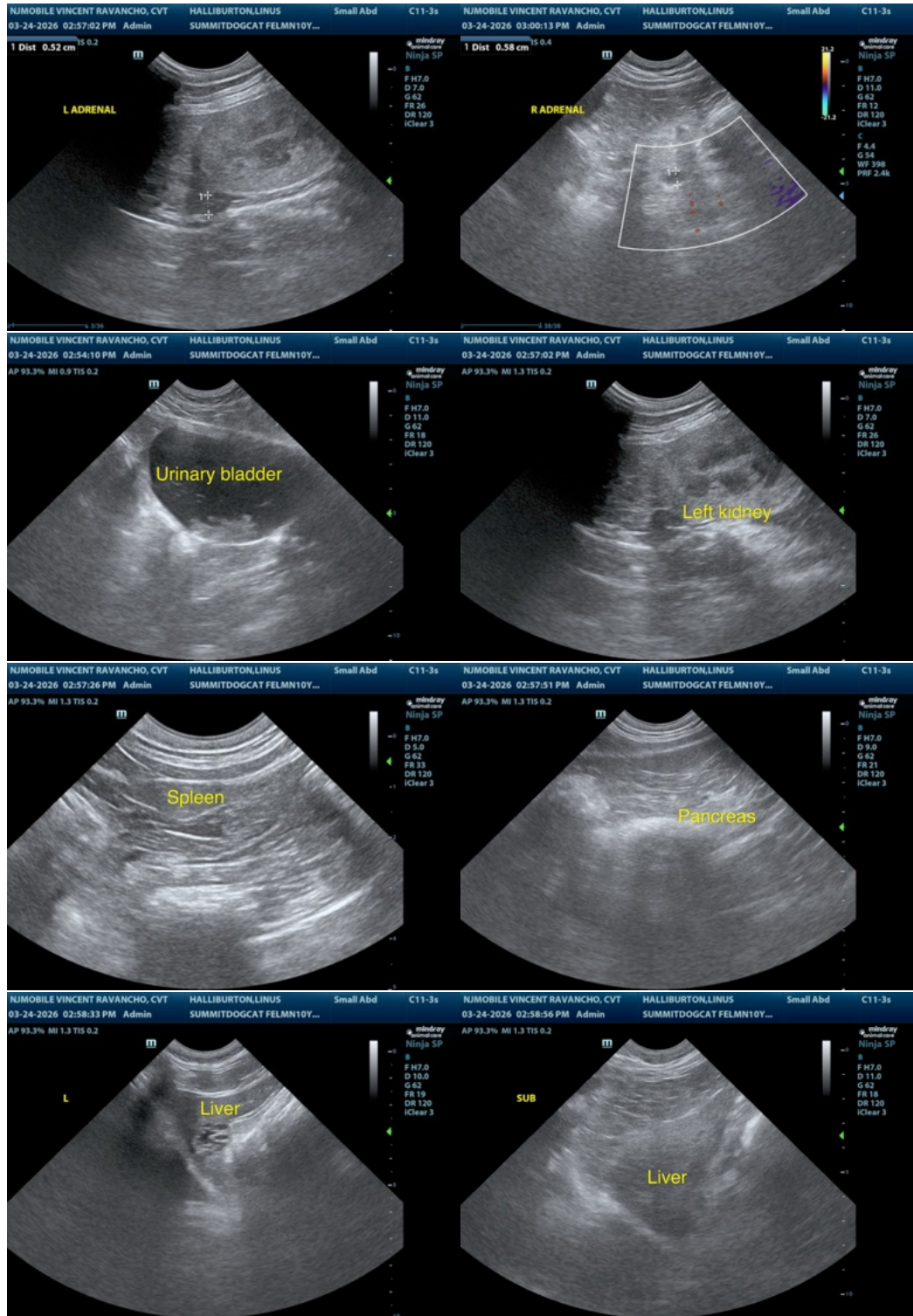
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)