



## PATIENT

Luna Vicens

## SPECIES

Feline

## BREED

Domestic Medium Hair

## SEX

Spayed Female

## AGE

8 Years 5 Months

## WEIGHT

10

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Gabriel Ferrer, DVM

## HOSPITAL NAME

Pulse: Pet Ultrasound

## REFERRING VET

Dr. Virginia Carrero

## INVOICE

72054

## DATE

11/21/25

## PRESENTING CLINICAL SIGNS

Pt presented as a referral for a recheck echocardiogram and abdominal u/s to evaluate hx of vomiting that started one week ago despite been given appetite stimulant (Elura 20mg/ml). Also given Cerenia and Famotidine 10mg/ml. Pt also lost 1# in one week.

Abnormal PE/Chem/CBC/UA Results: Last echocardiogram attached as supporting document.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Full urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measured 3.4 cm. Right kidney measured 3.0 cm.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.90 cm in length x 0.38 cm in width. right measures 1.3 cm in length x 0.31 cm in width.

### *Spleen*

Normal size (1.0 cm in width) 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*

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 thickness of the small intestine (0.22 cm) with no loss of layering, but with an increased muscularis to mucosa ratio, normal peristaltic activity, and no distention of the lumen. Duodenum wall measured 0.26 cm.



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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. Colon wall measures 0.17 cm.

## Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Left pancreas measured 0.80 cm in width.

## Free Abdomen

Normal mesenteric lymph nodes, measuring 0.30 cm in width.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Enteropathy.

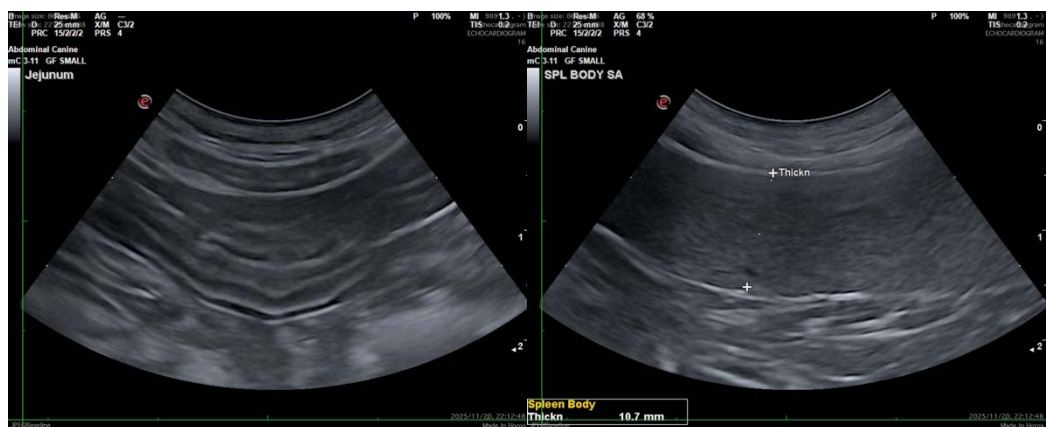
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

Specific therapy would be dependent on an etiological diagnosis.

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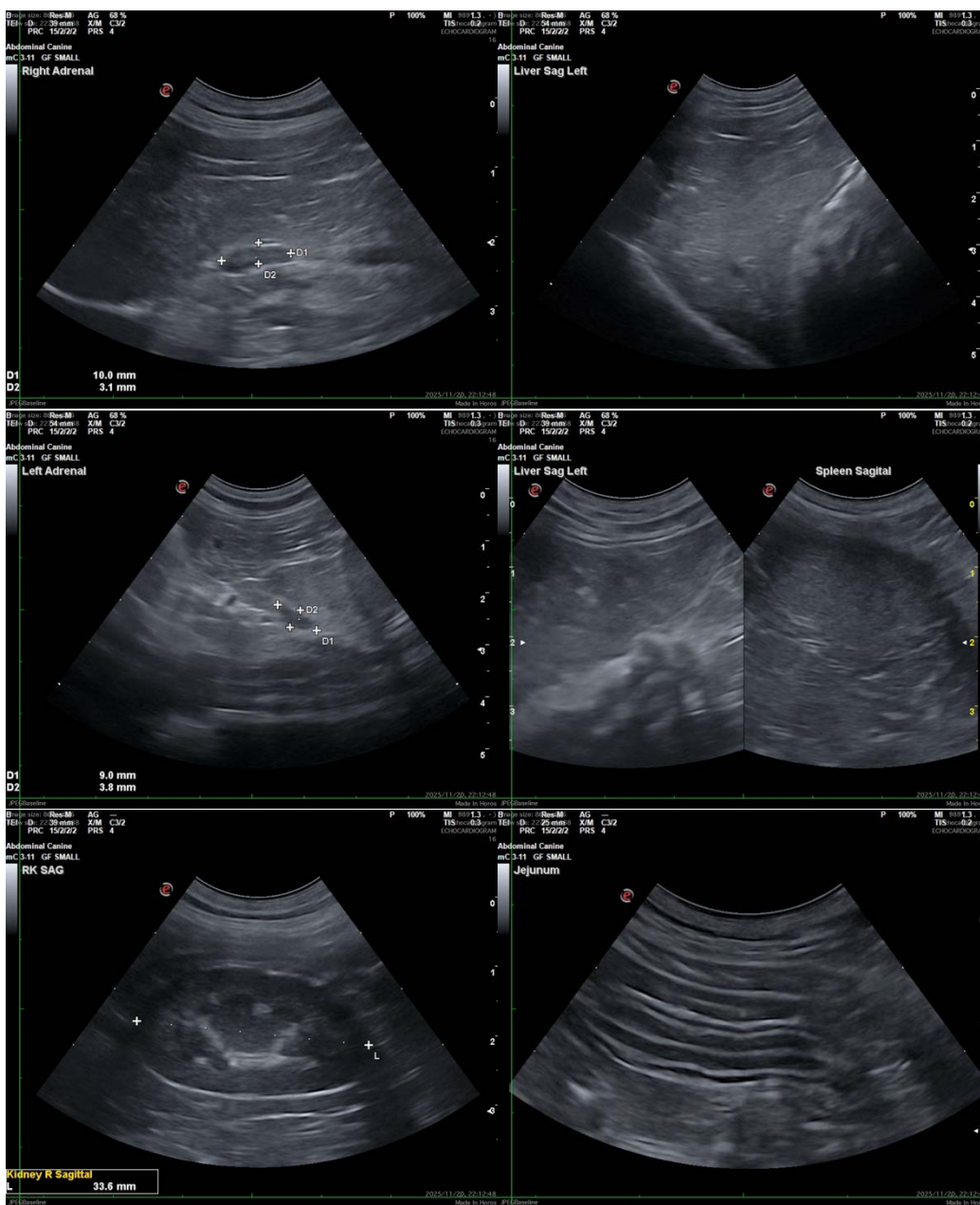
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)