



PATIENT

Meli O'Dell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

5 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Heidi Licata, DVM

INVOICE

74510

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Elevated white blood cell count, anemia, and low protein. Based on the symptoms and blood work findings, rDVM is concerned about primary intestinal disorders such as IBD or lymphoma. Meli is a ~9–11-year-old MN stray (adopted ~8 years ago) with a 2-week history of weight loss. He has always been thin (< 10 lbs) with chronic soft, foul-smelling stools. Recently, he has had diarrhea with litter box avoidance, occasional vomiting with defecation (none in the past week), and increased lethargy. Appetite remains strong; very food-driven. Mild ocular and nasal discharge noted over the past few days. Fecal exam ~1.5 weeks ago was negative. No prior GI panel or B12 supplementation. First ultrasound. Diarrhea, weight loss, lethargy and hypersomnia. Still very hungry. Owner reports he has not been cleaning himself very well recently. **MEDICATIONS:** Royal Canin probiotics SID

Abnormal PE/Chem/CBC/UA Results: Calcium: 7.8 mg/dL (low) - Sodium: 157 mEq/L (elevated) - Osmolality: 342 mOsm/kg (slightly elevated) - TP: 5.1 g/dL (low) - Albumin: 2.0 g/dL (low) - Total T4: 0.9 ug/dL - WBC: 35.5 K/uL (elevated) - HCT: 26% (low) - Neutrophils: 28,057/uL (elevated) - Lymphocytes: 6,704/uL (elevated) - CHCM 29 g/dL - SDMA: 16 ug/dL (elevated)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **left kidney** presented thickened, irregular parenchyma with increased echogenicity. A pelvic calculus was noted, non-obstructive. Loss of corticomedullary definition noted. The left kidney measured 3.5 cm. The **right kidney** revealed cortical infarcts and remodeling with thickened, irregular contour, measuring 3.66 cm. Pelvic calculus in the right kidney also noted measuring 0.70 cm. Blood flow to the left appeared to be adequate on power doppler assessment. Blood flow to the right kidney was subnormal.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Right measured 0.45 cm. Left measured 0.45 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** presented uniform parenchyma, no overt pathology. The gallbladder wall was echogenic and thickened without overdistention.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a full stomach with mild hyperperistalsis and intestinal thinning, consistent with chronic inflammatory bowel.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Minor pancreatic duct dilation noted with some echogenic debris. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Mild amount of free fluid noted.

Rapid view of the heart revealed no evident pathology, with normal contractility and volumes. No pleural effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory bowel presentation.
- Moderate renal dystrophy, infarcts – Interstitial nephrosis pattern, subjectively near end stage.
- Mild free fluid – May be secondary to cachexia.
- Age related pancreatic remodeling.
- Volume contracted spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of anemia and elevated white count is unclear. Sonographically, the most dramatic presentation is the kidneys with renal infarcts and nephrolithiasis, which is non-obstructive. No overt evidence of neoplasia. CBC path review and bone marrow aspirate indicated. There is no evidence of cardiac disease. Chronic inflammatory bowel with secondary malabsorption is a strong potential in this patient.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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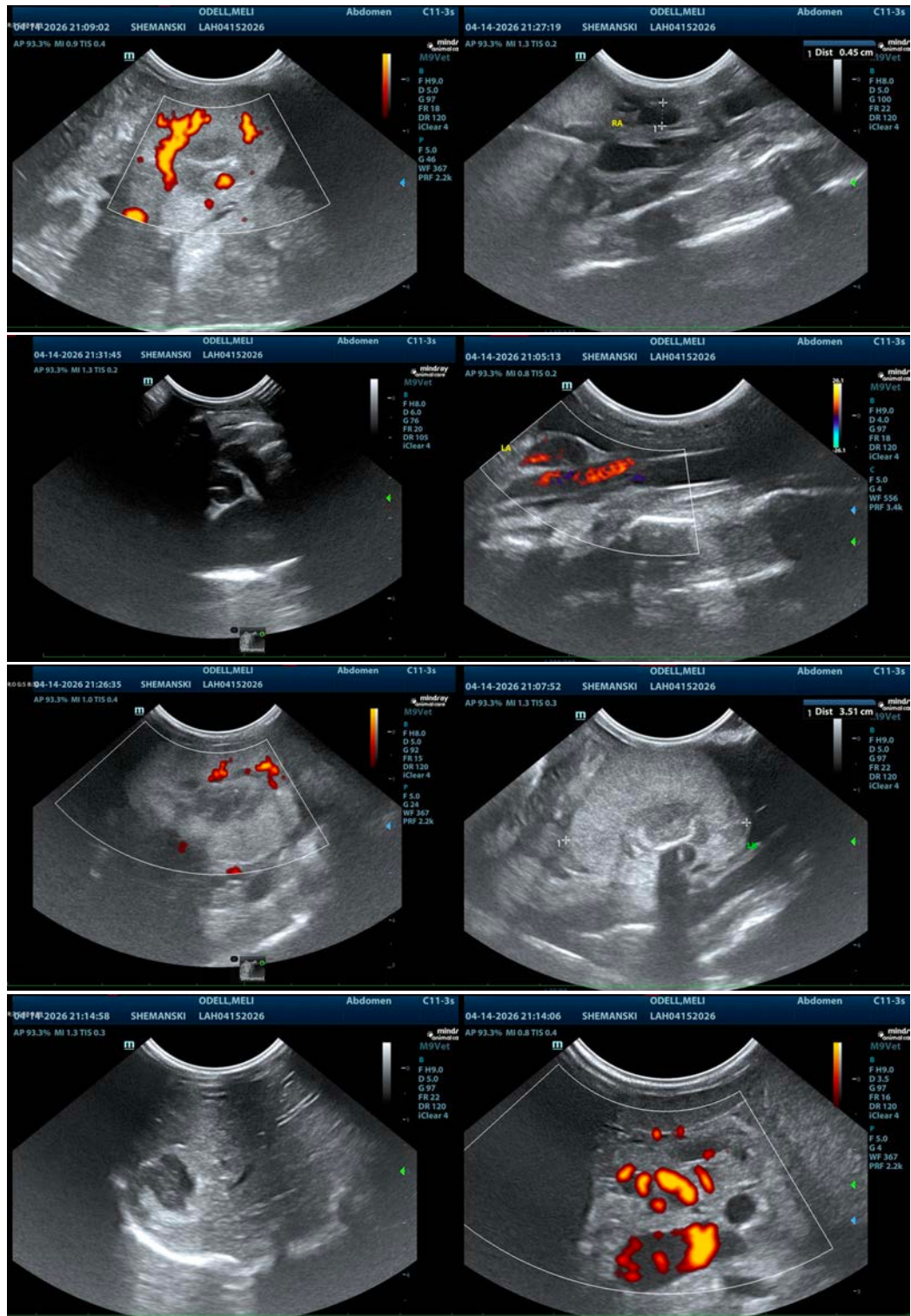
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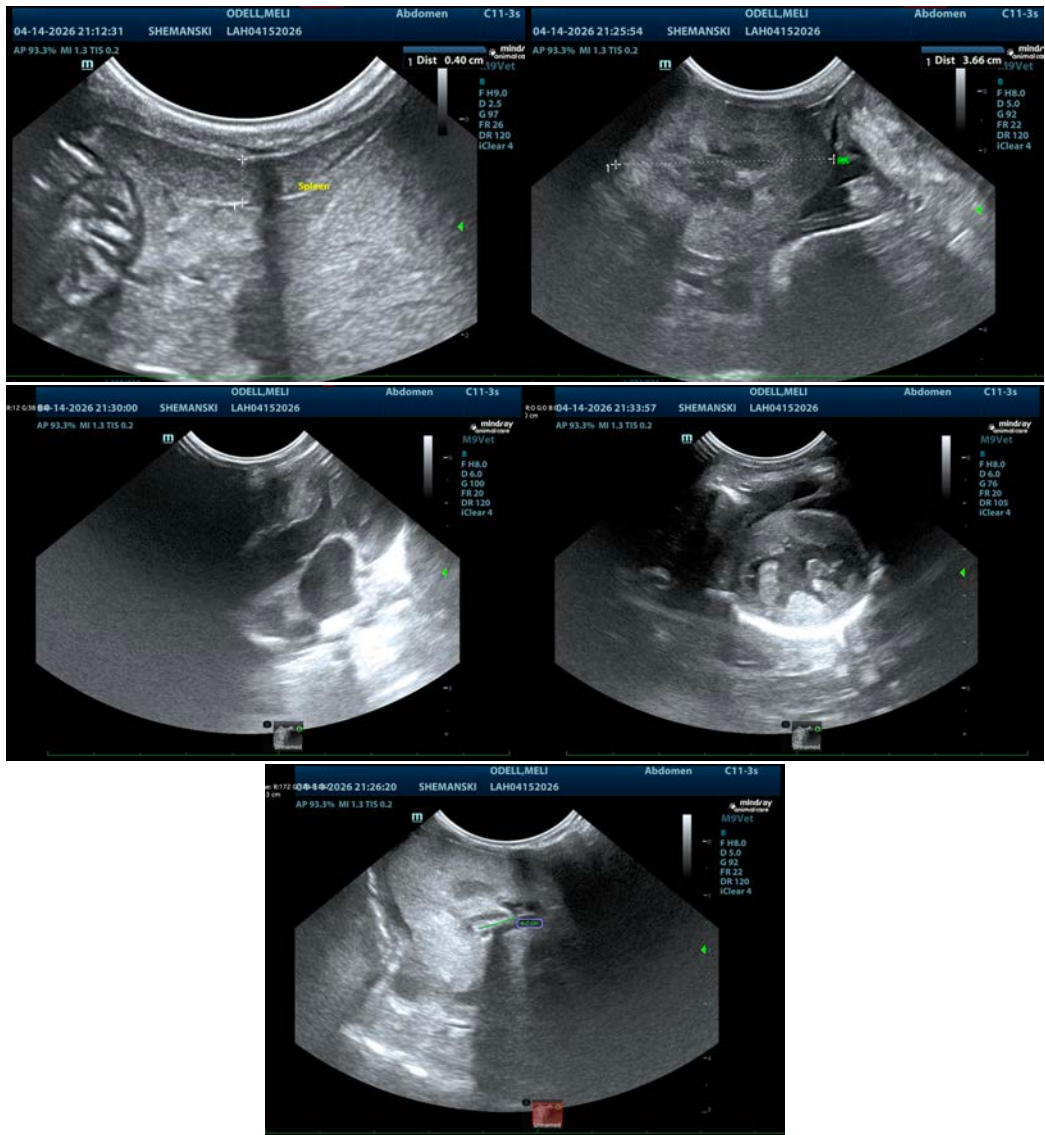
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com