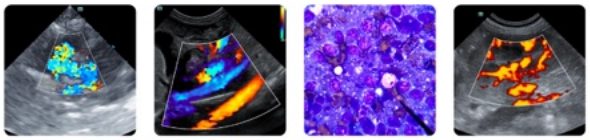

PATIENT

Oreo Tiger Fehr

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

4.39 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo AH

REFERRING VET

Dr. Bongiorno

INVOICE

70021

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: *Submitting limited scan follow up (GIT). Reassessment of GIT prior to exploratory for small intestine and lymph node biopsies* Initially presented (November 2025) for vomiting, lethargy, weight loss. AUS performed at that time (attached) DDX: IBD/small intestinal disease vs lymphoma Dec 12/25 recheck: -no vomiting, eating okay, not needing to give cerenia, -getting some of his energy and feist back, jumping from one counter to the other Current meds: Cerenia PRN. Is on a hypo diet but does not like it and steals other cats food (gastro fibre).

ULTRASONOGRAPHIC EXAMINATION

Normal appearance of the stomach, duodenum, 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 small intestine (up to 0.25 cm) with no loss of layering, but with an increased in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Enlarged, hypoechogenic and rounded lymph nodes in the region of the ileocecal junction measuring up to 0.4 cm in size. Hyperechogenic appearance of the mesentery surrounding the lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Focal mesenteric lymphadenomegaly.
- Enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine and lymph nodes is similar to that evident on the previous ultrasound.

Etiologies to consider for the enteropathy would be parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease and possibly emerging lymphoma.

Etiologies for the lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia.

Further assessment if not already done would be fecal analysis, cobalamin and folate assay and FNA cytology of the mesenteric lymphadenomegaly.

Endoscopy of the upper and lower GI tract would be indicated.

Endoscopy of the lower GI tract would allow visualization and mucosal biopsies of ileocecal junction and distal ileum.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be to continue with a novel protein diet, cobalamin supplementation, course of Fenbendazole and possibly a course of Prednisolone.

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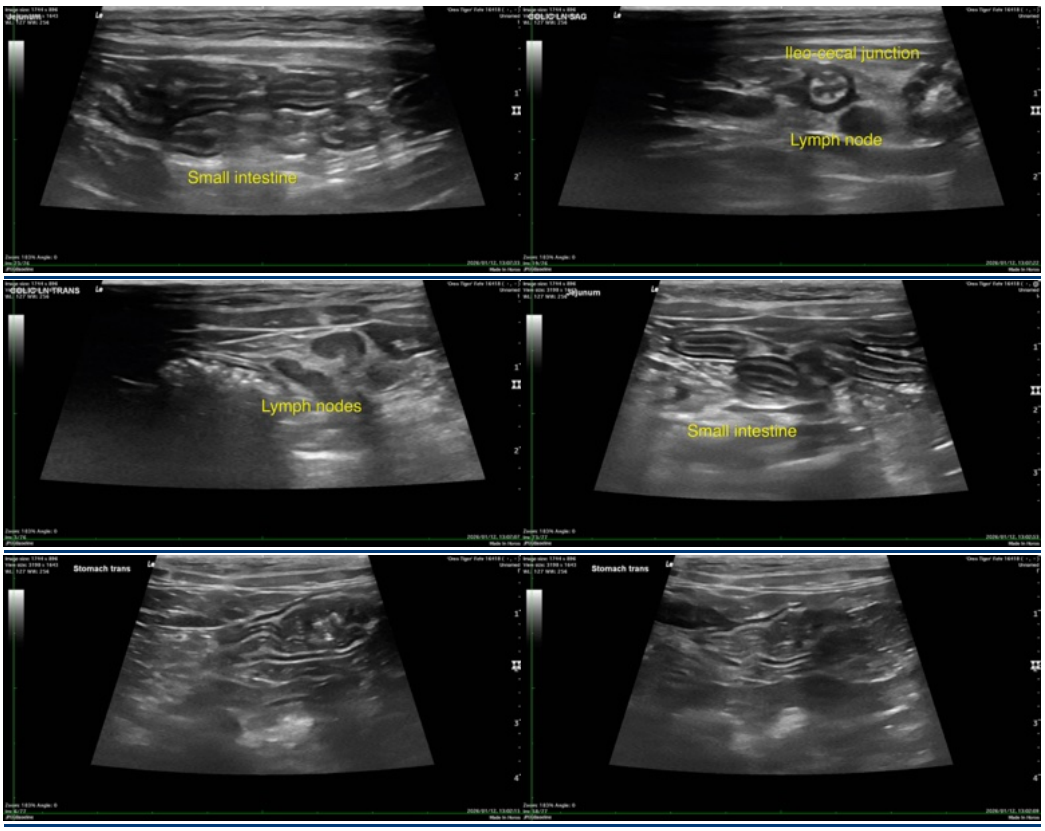

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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