



PATIENT

Rumi Ciaramitaro

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

10.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Busby

INVOICE

70082

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Weight loss, loose stools and suspect IBD CLINICAL SIGNS: very hungry but BAR Had past vomiting (now resolved) ongoing wt loss MEDICATIONS: *The owner has prednisolone 5mg at home but has been unable to administer the pills.*
Abnormal PE/Chem/CBC/UA Results: NSF per RDVM Abnormal Values: • MCV: 56.4 pg (High) - Reference: 39-55 pg • MCHC: 29.8 g/dL (Low) - Reference: 30-36 g/dL • RDW: 14.2% (Low) - Reference: 17-22% • Monocyte count: 0.33 × 103/uL (Low) - Reference: 0.5-0.8 × 103/uL • Eosinophil count: 0.40 × 103/uL (Low) - Reference: 0.9-2.3 × 103/uL • RBC Morphology: Normal • Reticulocyte count: 0.69% (45.8 × 103/uL) - indicates slight regeneration based on feline reference ranges
Chemistry Panel • All parameters within normal limits including: • Liver enzymes (ALT, AST, alkaline phosphatase) • Kidney function markers (creatinine, BUN) • Electrolytes (sodium, potassium, chloride) • Proteins (total protein, albumin, globulin) • Glucose and other metabolic markers Endocrinology • Total T4: 2.64 ug/dL (Normal) - Reference: 1-4.1 ug/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 (left measured 3.9 cm, right measured 4.2 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.33 cm in width. The right adrenal gland measured 0.42 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 0.8 cm in width.



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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

The gallbladder is small 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. The small intestine measured up to 0.26 cm.

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

Enlarged mesenteric lymph nodes measuring up to 0.4 x 1.2 cm in size, but maintained a normal shape and echogenic appearance.

Incidental, subcutaneous cyst was present and measured approximately 0.3 x 0.9 cm in size.

No ascites evident.

Thorax

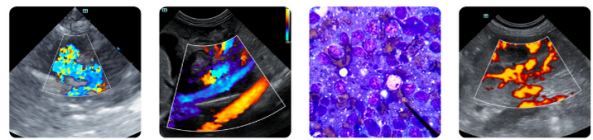
Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenomegaly.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia an unlikely differential diagnosis.



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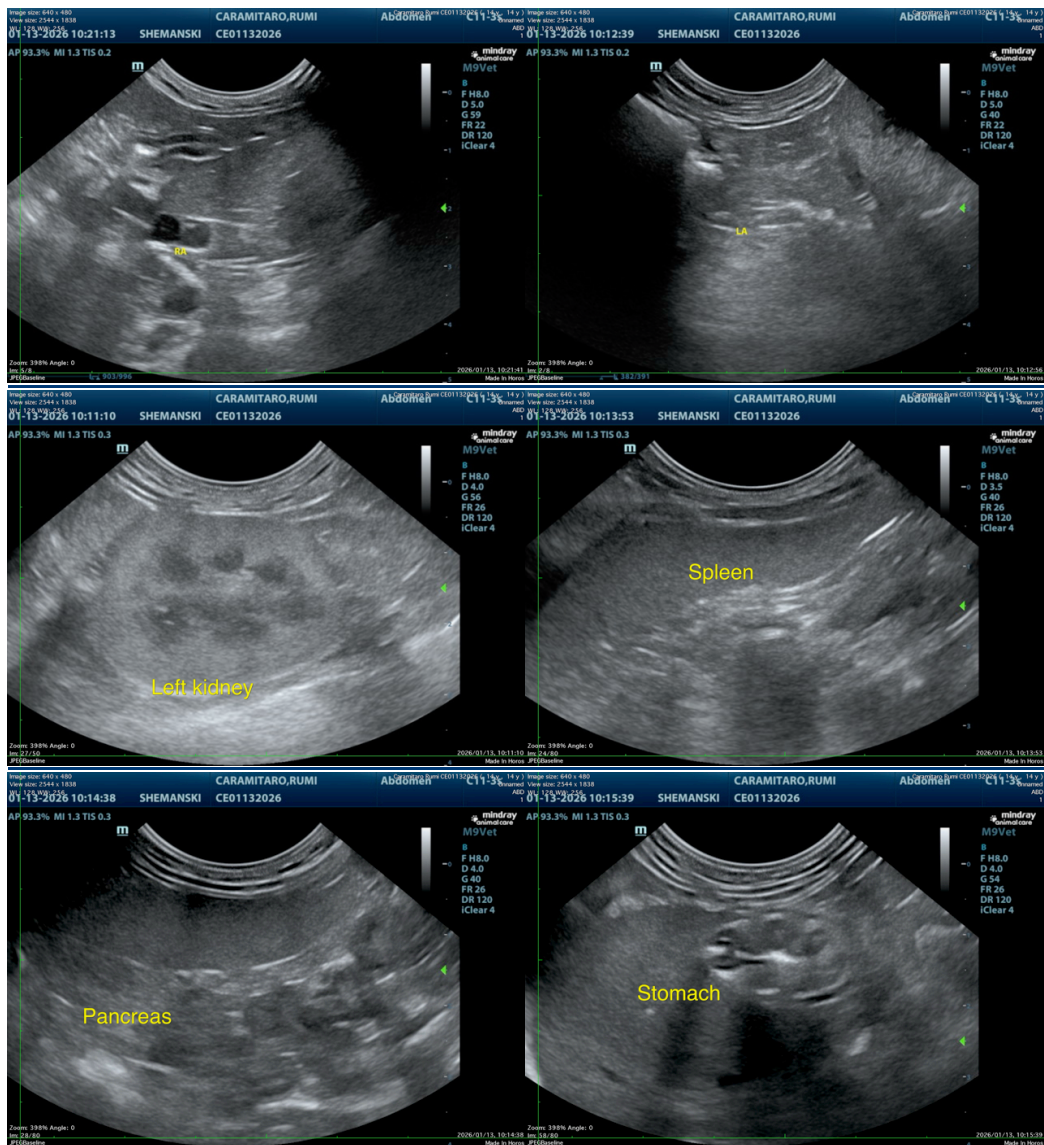
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Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies. FNA cytology of the mesenteric lymph nodes could also be considered.

Specific therapy would be dependent on an etiological diagnosis. 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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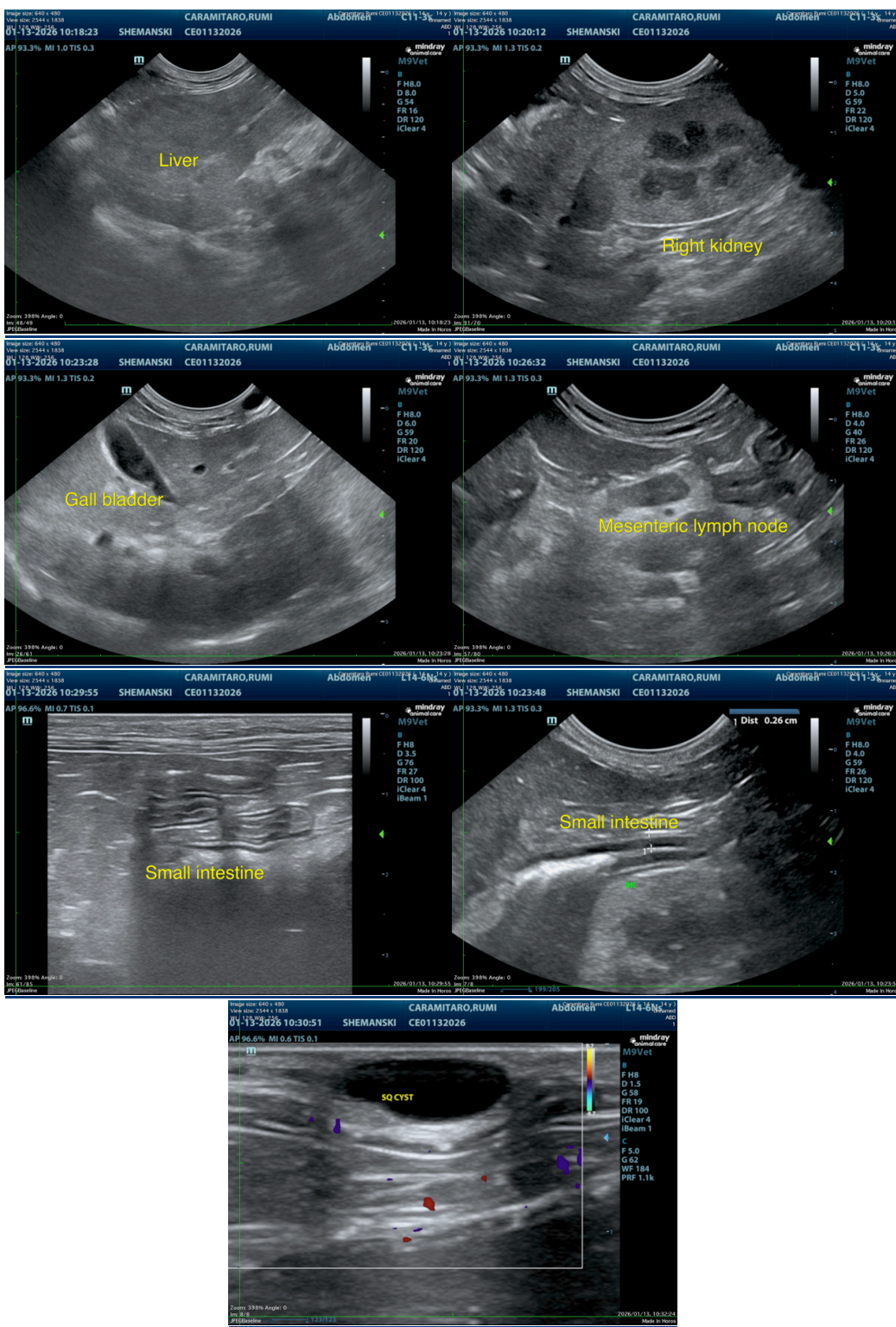
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The information and recommendations provided are based on the images presented by the



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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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