



## PATIENT

Kreimslach Beaudett

## SPECIES

Feline

## BREED

Maine Coon

## SEX

Neutered male

## AGE

10 years

## WEIGHT

18 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Laura Tarr, CVT

## HOSPITAL NAME

Ark AH

## REFERRING VET

Dr. Dingle

## INVOICE

70157

## DATE

1/15/26

## PRESENTING CLINICAL SIGNS

**History:** Kreimslach has been losing weight for the past couple months. Over 3 lb weight loss since June of last year. He vomits almost daily, usually a hairball or dry food. Appetite has not changed, if anything he is hungrier. CBC/Chem/T4 was WNL except for slight eosinophilia (1.221). T4 = 1.6. Hx of grade III/VI heart murmur. Only medication he is currently taking is Catalax for hairballs.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant 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 4.1 cm, right measured 3.8 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 in both kidneys.

### *Adrenal Glands*

The adrenal glands were not visualized.

### *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 0.6 cm in width.

### *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.



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## *Gastrointestinal*

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 increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

## *Pancreas*

The left pancreas is normal in size and echogenic appearance with a regular capsule and normal echogenic appearance of the mesentery and fat surrounding the pancreas. The right pancreas is normal in size with a hypoechogenic appearance and an irregular capsule, hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

## *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Chronic pancreatitis versus pancreatic fibrosis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

With the eosinophilia parasitic enteritis and dietary hypersensitivity would be an important differential diagnosis.

Further assessment would be fecal analysis, cobalamin, folate and FPL/PSL 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 small frequent meals of 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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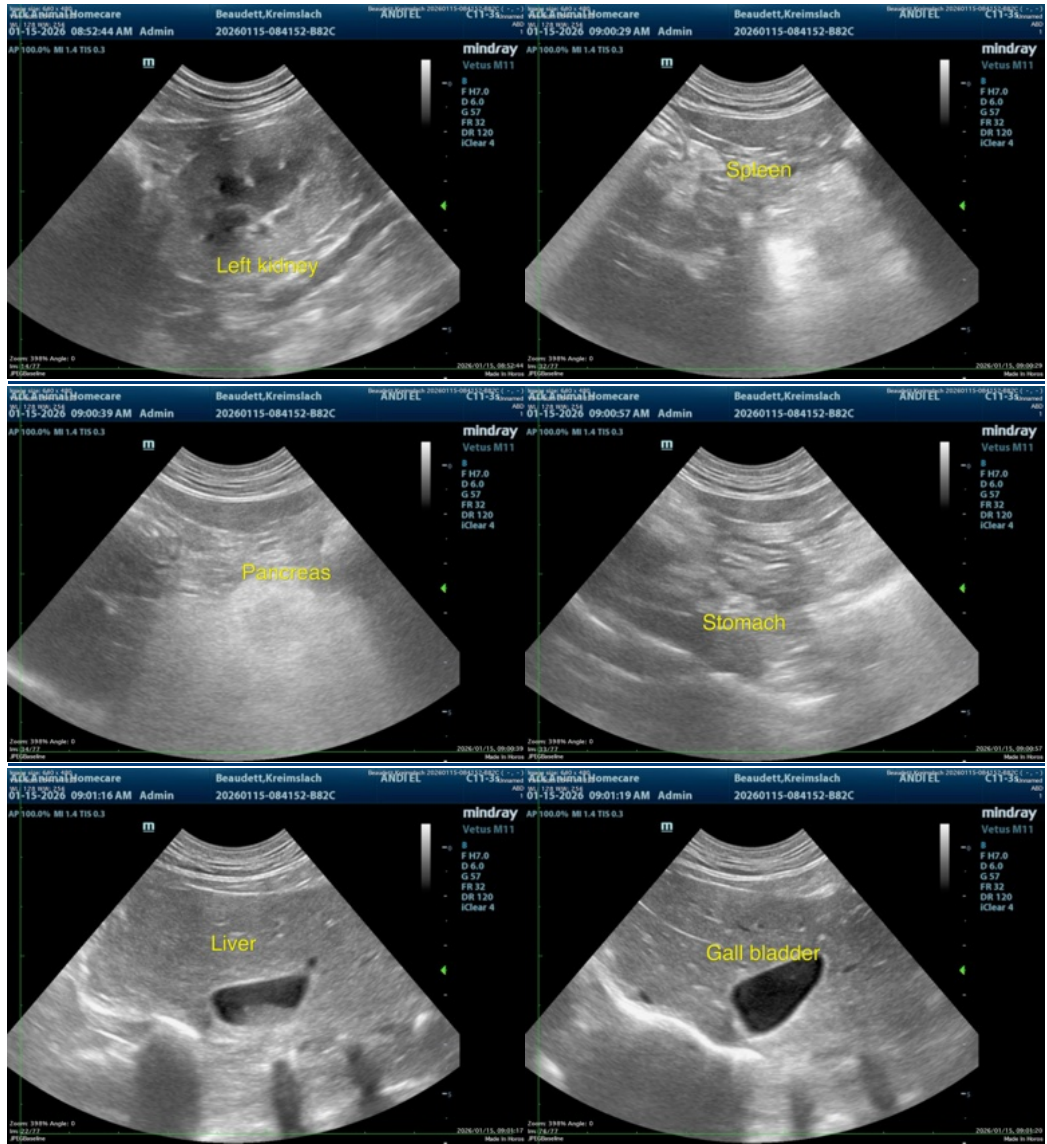
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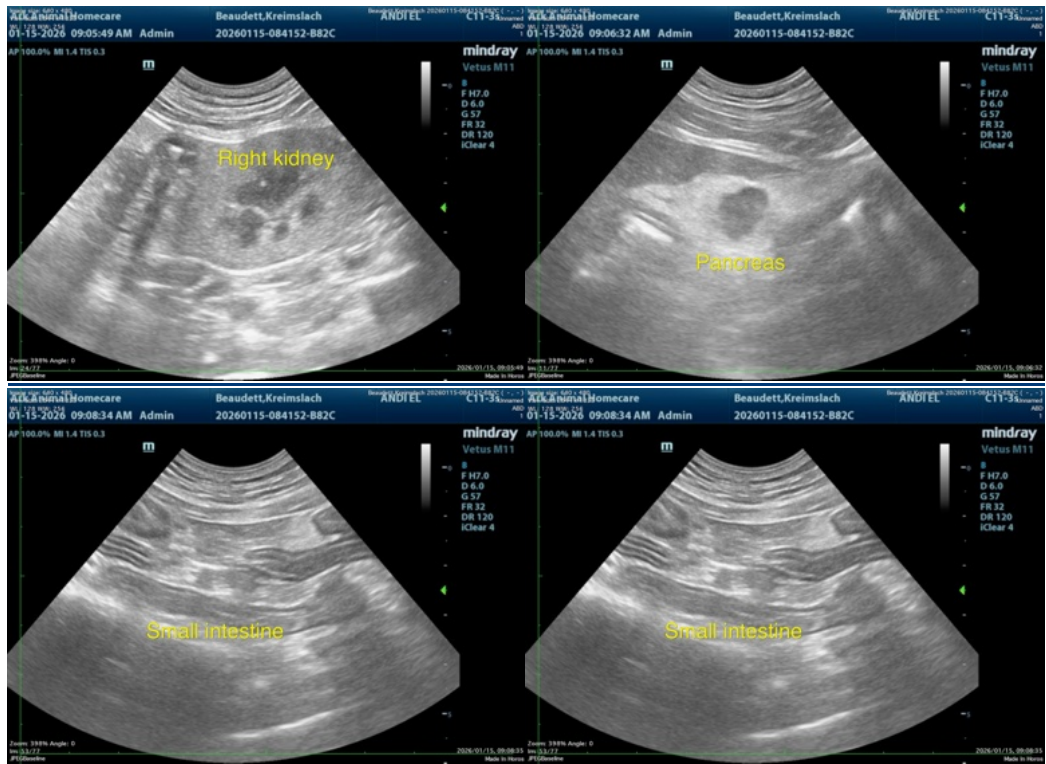
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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