



PATIENT

Loki Franz

SPECIES

Feline

BREED

Devon Rex

SEX

Neutered male

AGE

12 years

WEIGHT

10.3 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

70237

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History of IBD and pancreatitis, diagnosed on previous ultrasound in 2023. Appetite waxing and waning. Potential chronic kidney disease stage 1 per lab work of 1/7/25 The owner reports that for the past couple of weeks, Loki has been apprehensive about eating. He acts hungry, goes to the food, but may sniff it or hesitate before eating. This is abnormal for him. His abdomen also seemed fuller. This coincides with the owner going out of town, which is stressful for Loki Diet Was on RAWZ diet, changed to Smalls six weeks ago. He was previously on an organic chicken and turkey wet food diet. After the IBD diagnosis, he was switched to a rabbit-based diet. About 8-10 weeks prior to this flare-up, he was switched back to a chicken diet from Smalls (a frozen, cooked food delivery service). MEDICATIONS: Prednisolone 5mg SID
Abnormal PE/Chem/CBC/UA Results: Basophilia and hyperalbuminemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small 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 3.6 cm, right measured 3.8 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 0.34 cm in width. The right adrenal gland measured 0.41 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 0.6 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.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness of the gallbladder wall with a hyperechogenic appearance. Normal size and appearance of the cystic and common bile duct.

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 with no loss of layering, but with mild increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

Normal size (left pancreas measured 0.7 cm) with a hypoechogenic appearance with areas of parenchymal fibrosis and an irregular capsule. Mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Enteropathy.
- Previous cholecystitis.
- Urinary bladder sediment.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with chronic active pancreatitis.

The most likely etiology for the enteropathy would be inflammatory bowel disease as per the patient's history.



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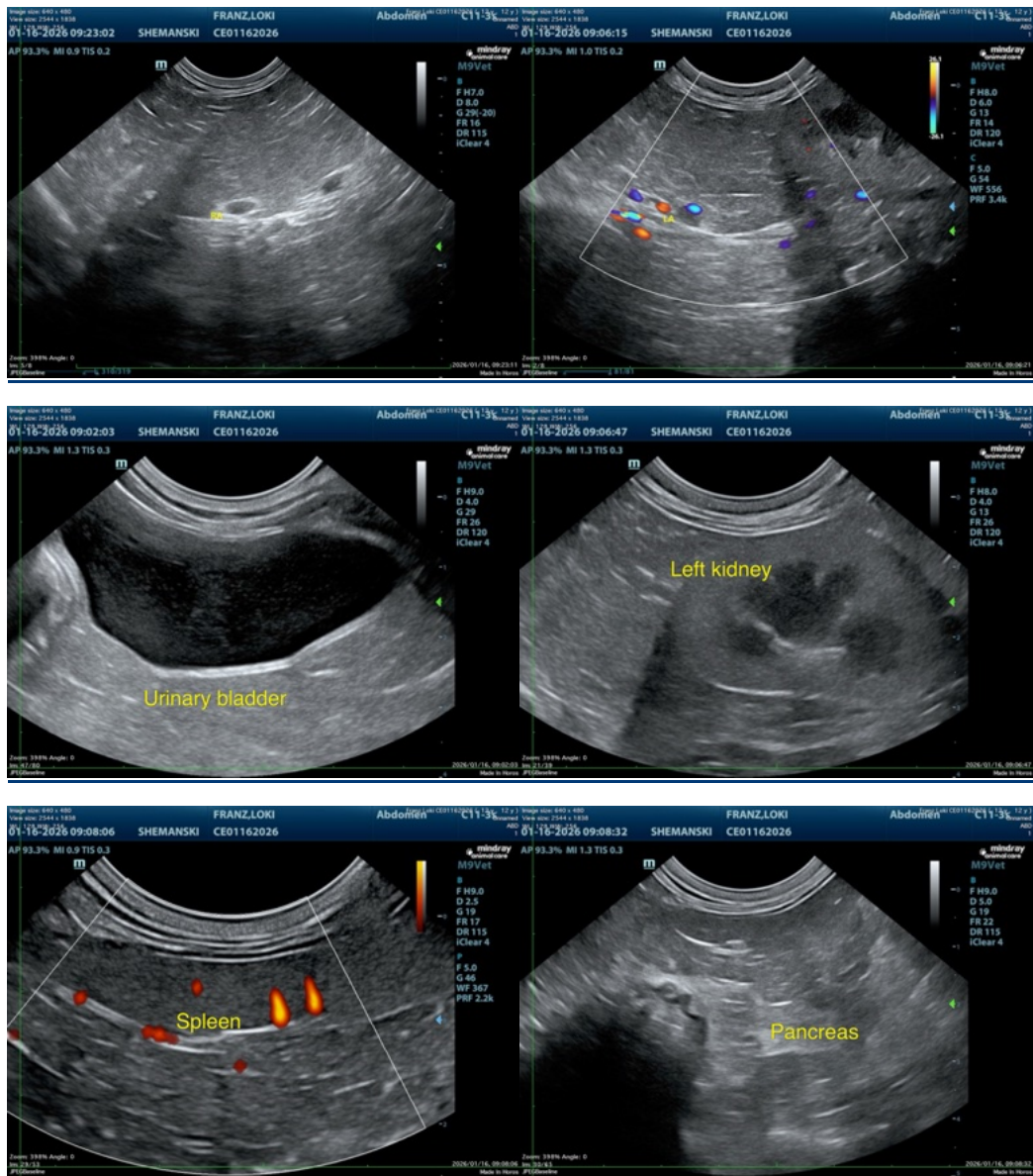
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The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria, hematuria and bacterial cystitis a less likely differential diagnosis.

Based on the patient's history, presenting clinical signs can be ascribed as a flare up of the pancreatitis and/or the inflammatory bowel disease.

Management would be to feed small frequent meals of a novel protein/hypoallergenic diet, antiemetics, analgesics and to continue with the Prednisolone.





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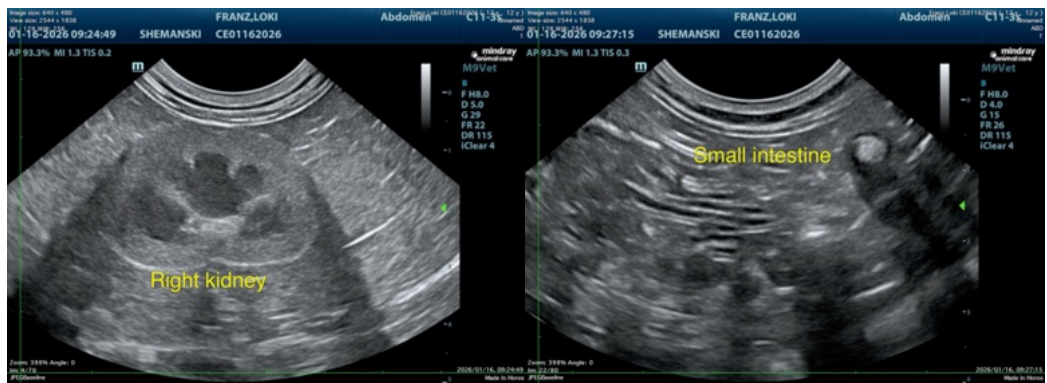
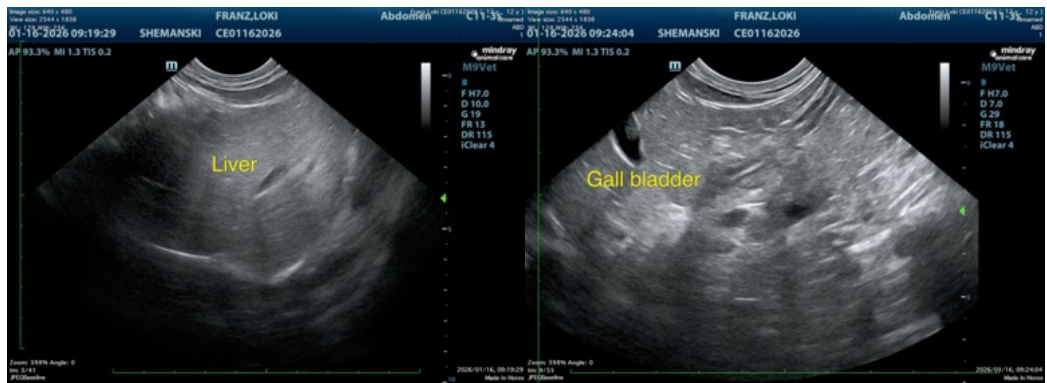
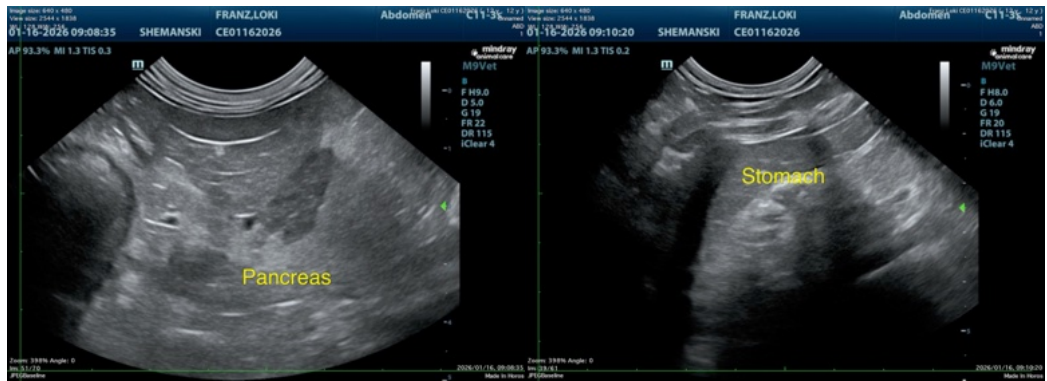
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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