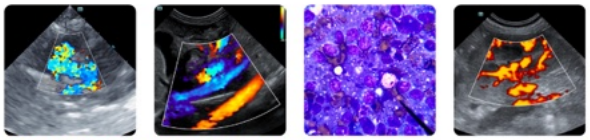


PATIENT

Boots Palm

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

7.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Eckenrode

HOSPITAL NAME

Carlisle Small Animal VC

REFERRING VET

Dr. Shamitko

INVOICE

70973

DATE

1/27/26

PRESENTING CLINICAL SIGNS

- Major Medical Conditions : new liver enzyme elevations, historical weight loss - currently stable
- Patient History : Seen for yearly exam few weeks ago - chronic vomiting hairballs with no significant increase infrequency. Recently less interested in novel protein RX diet (Royal Canin select protein PD). From Jan 2025 to July 2025 had lost 0.15lbs (7.4# ->7.25lbs), but is back up to 7.3lbs currently. O does not report any significant change in energy level or drinking/urination amounts.
- Primary concern or rule out: neoplasia vs inflammatory/reactive vs other
- CBC/Chem/UA 1/9/26: Monocytes 0.52 (0.467H); Eosinophils 1.343 (1.214H) ALT 171 (158H); AST 85 (67H) USG 1.023; UPC 0.4

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 3.7 cm, right measured 4.0 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

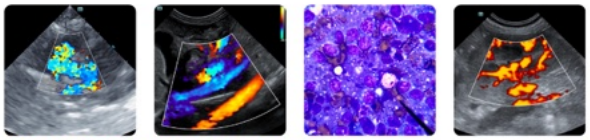
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.25 cm in width. The right adrenal gland measured 0.3 cm in width.

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. Th spleen measures 0.5 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 and echogenic appearance of the wall. 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 an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. Fecal material was present within the colon.

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

Normal mesenteric lymph nodes.

A small amount of acellular ascites present cranially to the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The ascites can be ascribed as secondary to the enteropathy.

Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

If possible analysis of the ascitic fluid would also be recommended.

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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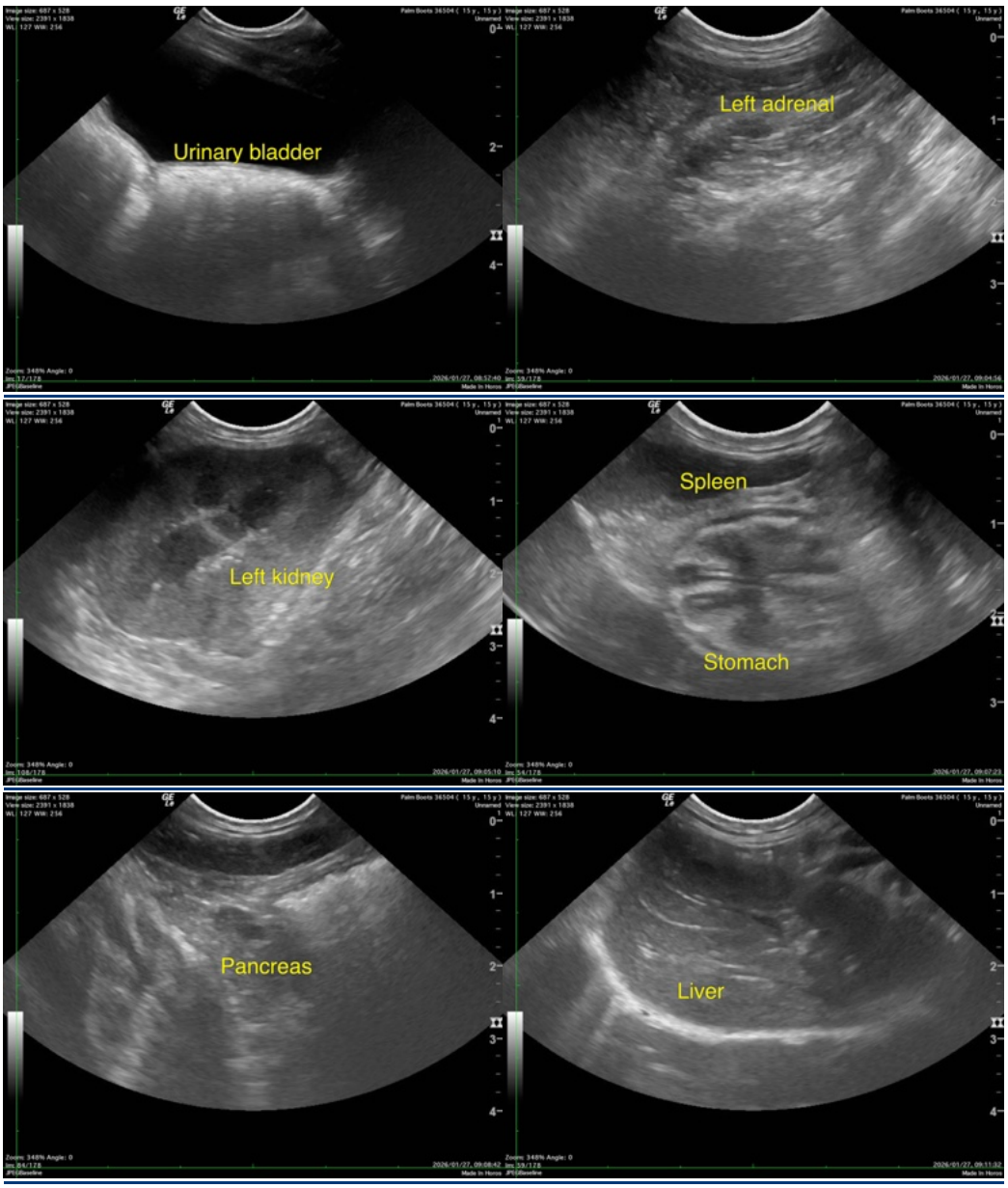

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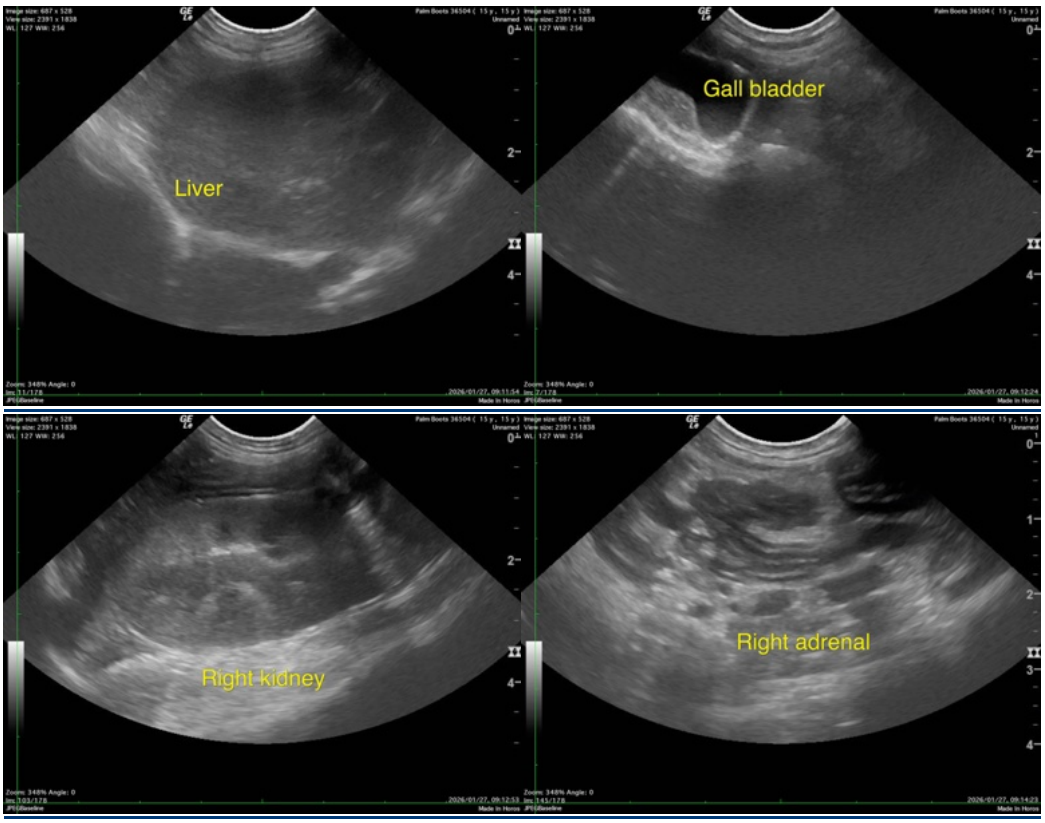

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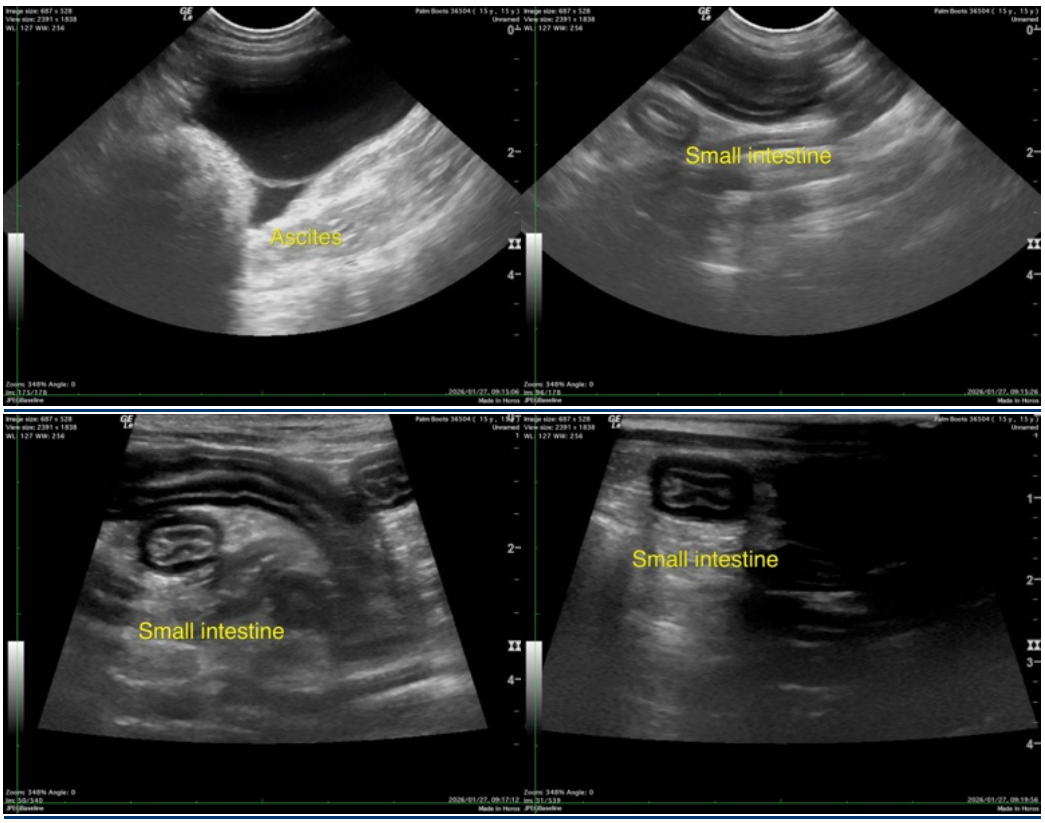

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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