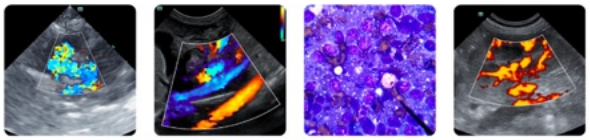


PATIENT

Bella White

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

12.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne, CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Dingle

INVOICE

71051

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- Chronic vomiting controlled on maropitant 8mg SID. Trial of EOD dosing had breakthrough vomiting. A food trial was recommended, but the patient will not eat the recommended food. She is currently eating well.
- Patient had grey zone total T4 in May with otherwise unremarkable labs, but mild azotemia was noted when P was presented to the ER in late September. Cardiac/Circulatory: Grade III/VI systolic murmur 8/25/22 abdominal ultrasound performed elsewhere. Findings: Mild pancreatic enlargement, focal loss of wall layering and thickening within the ileal wall, both proximally and distally. Mildly enlarged lymph nodes near the ileocolic junction. Moderate amount of abdominal effusion caudal to the bladder. Mesentery appears hyperechoic and irregular. Effusion was sampled and sent for cytology revealing suppurative inflammation.

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 3.4 cm, right measured 3.6 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.

Adrenal Glands

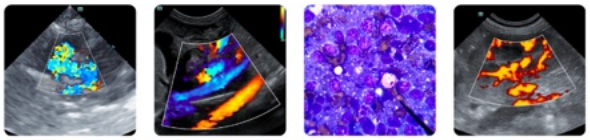
The left adrenal gland was poorly visualized, but appears to be of normal shape, echogenic appearance and size. The right adrenal gland was not visualized.

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.



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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 (up to 0.25 cm) with no loss of layering, but with segmental increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

The pancreas is enlarged (left 0.9 cm in width) 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

- Pancreatitis
- Enteropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the pancreas would be chronic pancreatitis.

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a less likely 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 can be considered would be feeding small, frequent meals of a low fat intestinal type diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement then changing the diet to a hypoallergenic/novel protein as well as adding a possibly course of Prednisolone.

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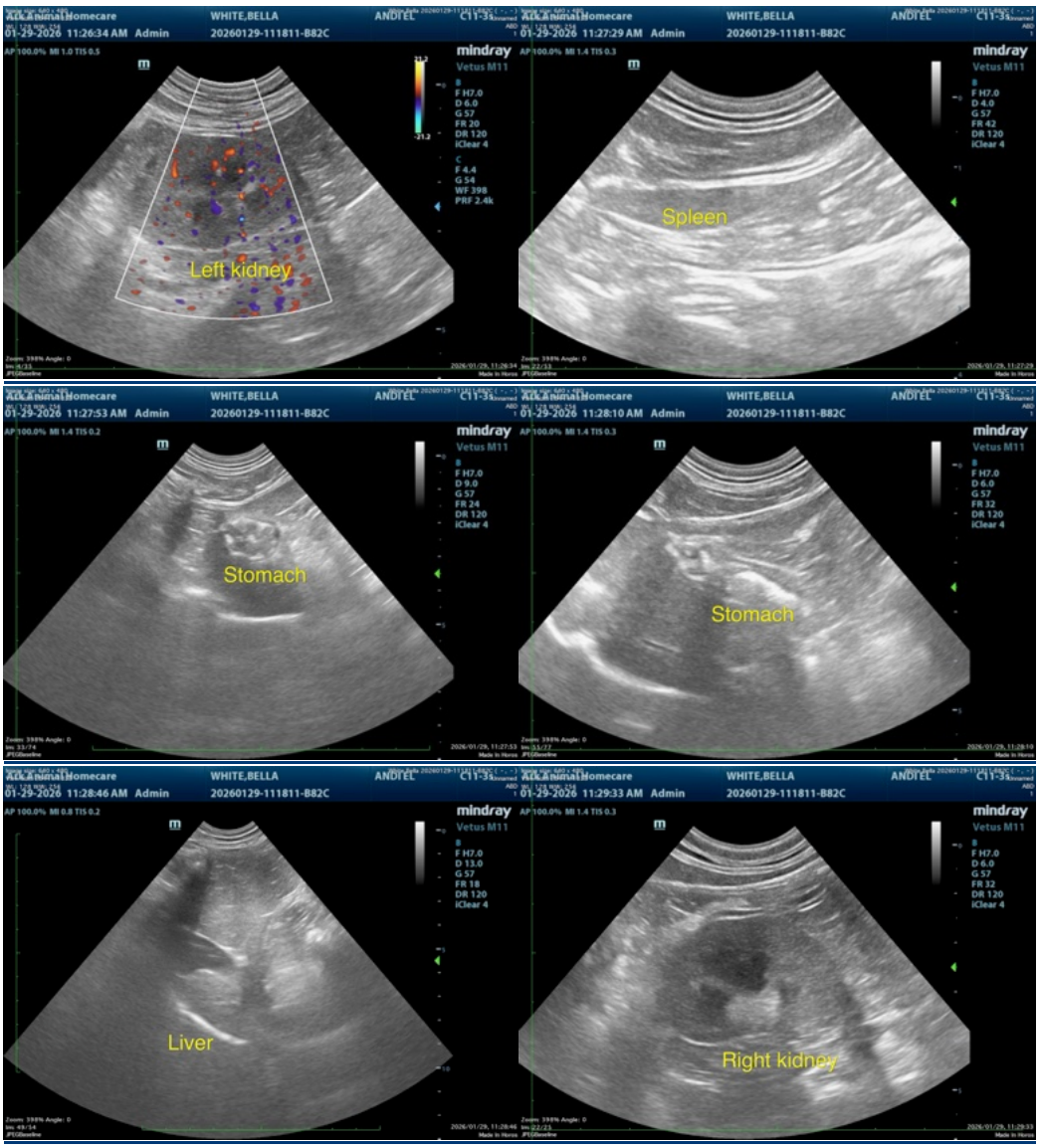

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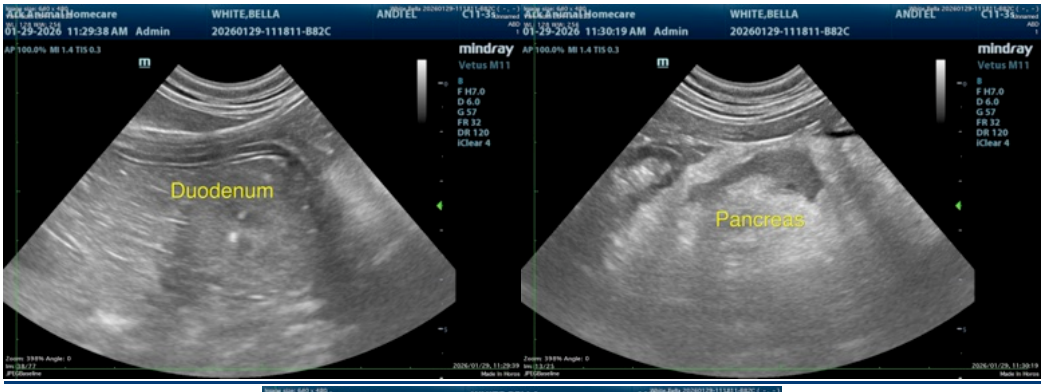

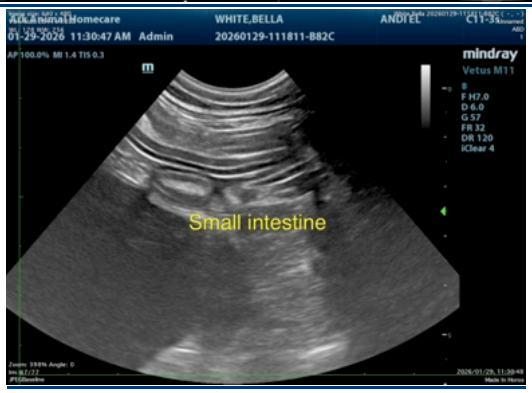

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com