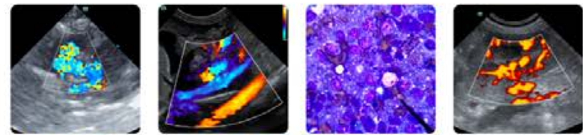


PATIENT
Harley Bennett

SPECIES
Feline

BREED
DLH

SEX
Neutered Male

AGE
12 Years

WEIGHT
4.95 kg

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

IMAGING PERFORMED BY
Amanda Stewart

HOSPITAL NAME
Simcoe Animal Hospital

REFERRING VET
Dr. Kaur

INVOICE
72626

DATE
1/30/26

PRESENTING CLINICAL SIGNS

Findings: Previously diagnosed with kidney disease, was seen on Jan 19 for inappetence and lethargy (lost 0.76kg in 3 months). Diagnosed with diabetes, began treatment. Besides treatment and Mirtazapine, very low appetite - repeat BW has shown good response to diabetic treatment

Current Medications: Senvelgo - 5kg SID; Thera K 1 mL q 12 hours

Abnormal PE/Chem/CBC/UA Results: See attached lab work Will send recent BW, however most recent BG & Ketone were normal on Jan 27th (BG - 7.4mmol/L, ketones 0.2mmol/L) Primary Question to Be Answered in This Exam Is there a structural reason for inappetence and lethargy?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a moderate amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

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.

Bilaterally small kidneys (both measuring 2.7 cm) with an increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.60 cm and 0.62 cm in width. Right measures 0.56 cm and 0.43 cm in width.

Spleen

Normal size (0.70 cm in width) 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.

Liver

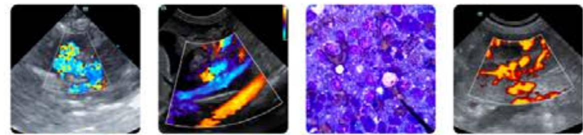
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

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 thickness of the small intestine (up to 0.25 cm) with no loss of layering, but with an increase in the muscularis to mucosal ratio, normal peristaltic activity, and no distention of the lumen. Normal appearance of the stomach, 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.



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Pancreas

Visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Enteropathy.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease and in line with the patient's history.

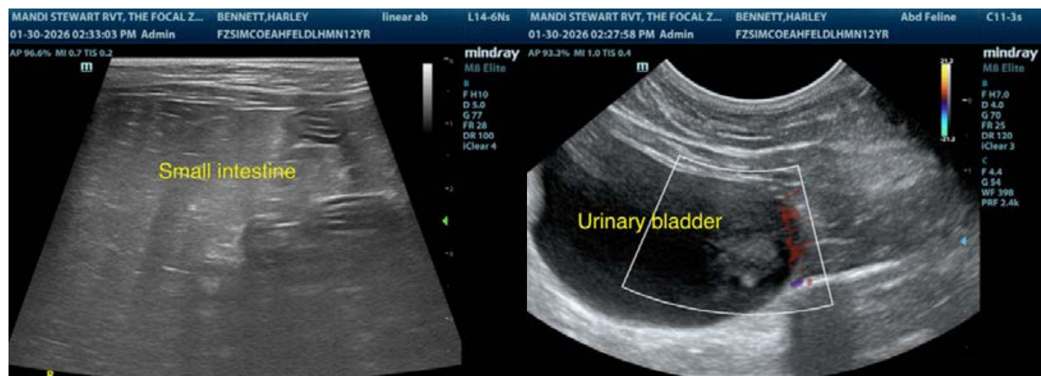
Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease, with emerging lymphoma being a less likely differential diagnosis.

The urinary bladder sediment is most likely an incidental finding, with hematuria and bacterial cystitis possible differential diagnoses.

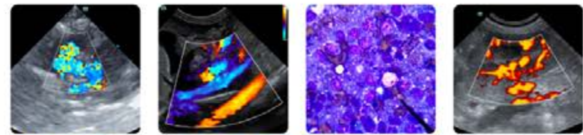
Further assessment would include urine and fecal analyses, possible urine culture, cobalamin and folate assay, and endoscopy of the upper GI tract with biopsies. UPC and blood pressure would also be recommended for further evaluation of the renal disease.

Specific therapy would be dependent on an etiological diagnosis.

Dietary management of the renal disease would include feeding a renal diet. However, feeding a novel protein/hypoallergenic diet would be ideal for the enteropathy. Additional symptomatic management of the enteropathy would be a course of Fenbendazole and cobalamin supplementation. If there is not a satisfactory improvement, then Budesonide would then be indicated.



The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

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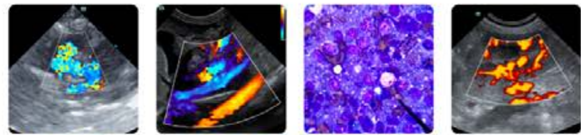

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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