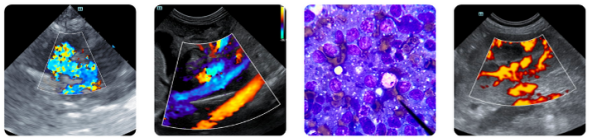


PATIENT

Messi Crouse

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years 9 months

WEIGHT

9.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Dr. Sasan Zhang

INVOICE

11211

DATE

1/30/2026

PRESENTING CLINICAL SIGNS

- Seen for weight loss, vomiting, chronic diarrhea on 1/21/2026. Was diagnosed with CKD at ER 2023 BUN = 45 , Creat = 2.4 but no follow was had after that. PE 1/21--2/6 HM, dehydration, thickened intestines on palpation. BW: PCV 29% , WBC 17.42 (mild neutrophilia), neutrophils 14.07K,glucose 96, creatinine 1.9 (high-normal), BUN 36, phosphorus normal,- Total T4: wnl. OP care with GI biome, SQ fluids, convenia, cerenia, metro---recheck 1/28--appetite improved and less vomiting; persistent diarrhea and PE relatively unchanged.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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 kidney 3.3 cm, right kidney 3.1 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 1.0 cm in length x 0.25 cm in width. Right adrenal measures 0.9 cm in length x 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. The spleen measures 0.7 cm in width.

Liver

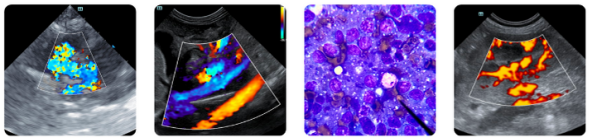
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

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



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lumen. Segmental thickening of the small intestine (up to 0.4 cm) with no loss of layering but a segmental increase in the muscularis to mucosa ratio. Normal peristaltic activity and no distension of the lumen.

Pancreas

Normal size (left 0.6 cm in width) with an increased echogenic and nodular appearance, and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.5 cm x 2.0 cm in size, maintaining a normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.
- Chronic pancreatitis versus pancreatic fibrosis.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the lymphadenomegaly would be reactive hyperplasia, lymphadenitis, and infiltrative neoplasia.

A differential diagnosis for the pancreas would be pancreatic neoplasia.

Further assessment would be urine and fecal analysis, FPL/PSL, folate, cobalamin, and TLI assay, an endoscopy of the upper GI tract with biopsies, FNA cytology of the mesenteric lymph nodes, and pancreas could also be considered.

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's still not a satisfactory improvement then a course of prednisolone would then be indicated.

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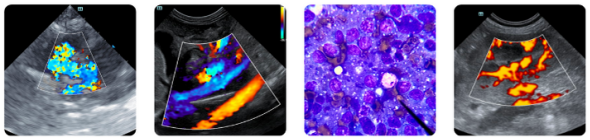

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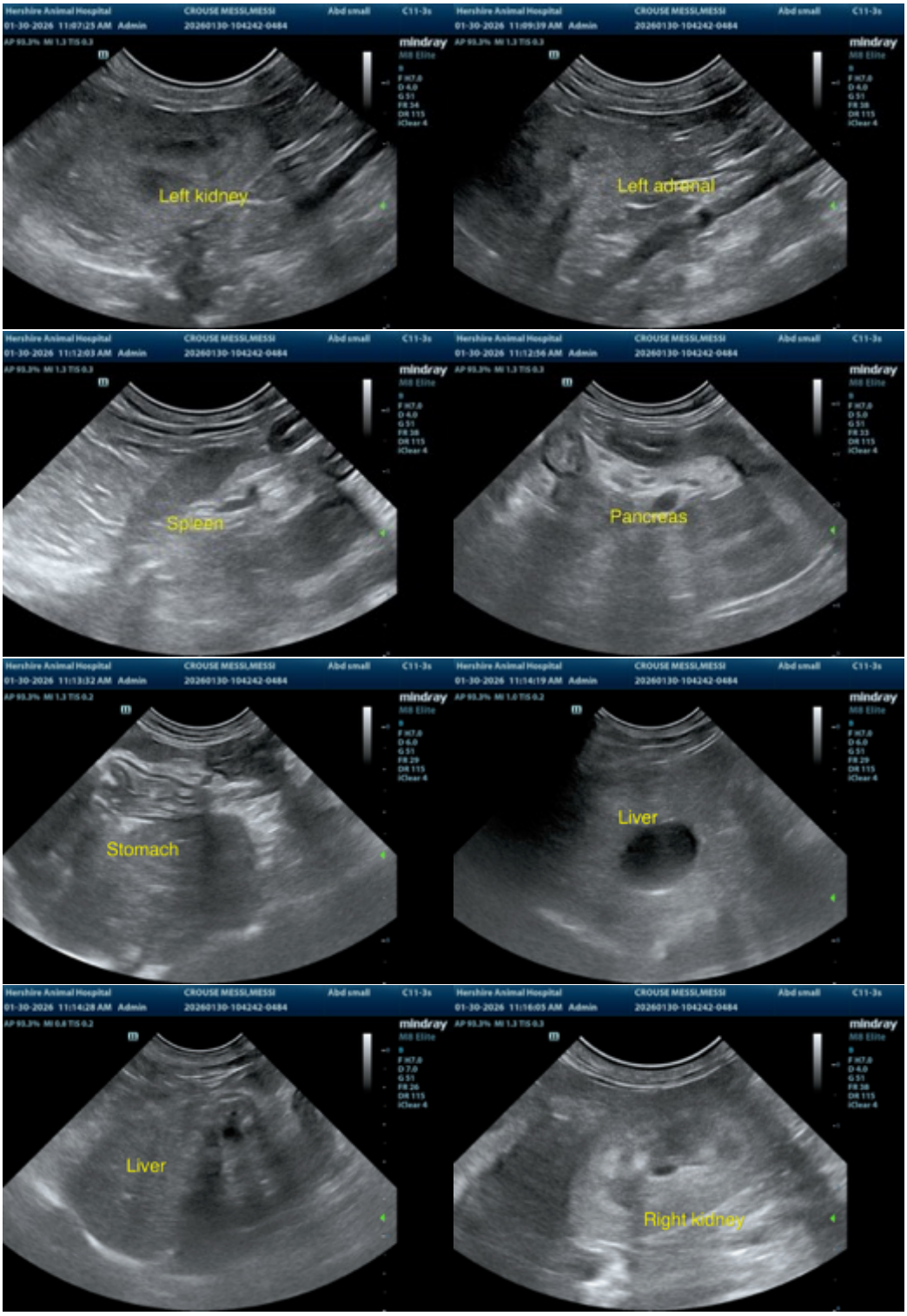

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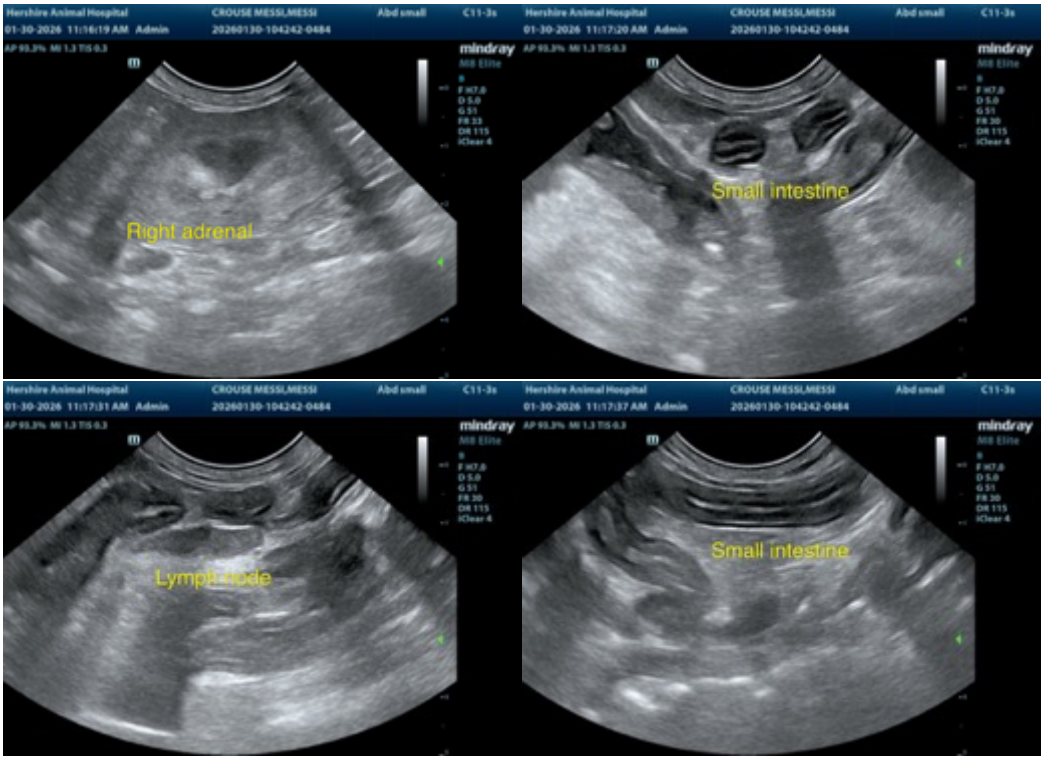

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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