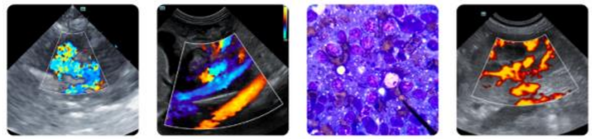


PATIENT

Snow Nader

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

9.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Dana Tuschida

INVOICE

35639

DATE

1/31/26

PRESENTING CLINICAL SIGNS

- P is a 8 yo N/M DSH (indoor only) with intermittent soft stool with blood and vomiting episodes for roughly 9 months. P was seen on 4/5/25 and performed abdominal radiograph and blood work. O reports ProPectalin and Cerenia helped with symptoms. Symptoms returned after discontinuation.

- Sending out fecal intestinal parasite testing today.

- Abnormal PE/Chem/CBC/UA Results: See attached labs from 4/5/25: lymphopenia at 0.88 K/uL (0.92-6.88), PLT 146 K/uL (151-600), ALT at 165 U/L (12-130), AMYl 1559 U/L (500-1500) See attached rads from 4/25/25: No signs of true GI obstruction, gas present in colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder, containing a small 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.

Normal right renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The right kidney measured 4.7 cm.

Small left kidney, measuring 2.6 cm, with an increased echogenic appearance, loss of cortico-medullary differentiation, normal pelvis, and an irregular capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 1.0 cm in length x 0.3 cm in width.

The left adrenal gland was not visualized.

Spleen

Normal size (0.7 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.

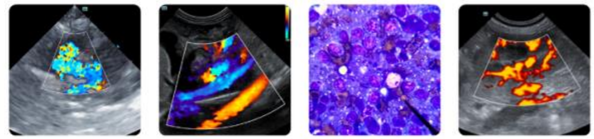
Liver

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

Gallbladder

Small gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



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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 distention of the lumen.

Pancreas

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

Enlarged mesenteric lymph nodes, measuring up to 0.6 cm x 1.5 cm in size, maintaining a normal shape and echogenic appearance.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Enteropathy
- Mesenteric lymphadenomegaly
- Left sided nephropathy
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia with lymphadenitis and infiltrative neoplasia less likely.

The Left sided nephropathy can be considered and incidental finding, representing a previous obstructive uropathy or bacterial nephritis or congenital anomaly.

Likely etiologies for the Urinary bladder sediment would be incidental debris or crystalluria with bacterial cystitis a less likely differential diagnosis.

Further Assessment would be cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

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, cobalamin supplementation, course of fenbendazole, (if needed), and if there is still not a satisfactory improvement, then a course of prednisolone would then be indicated.

SonoPath.com info@sonopath.com 1.800.838.4268

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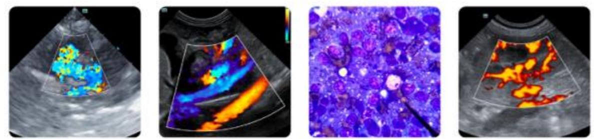

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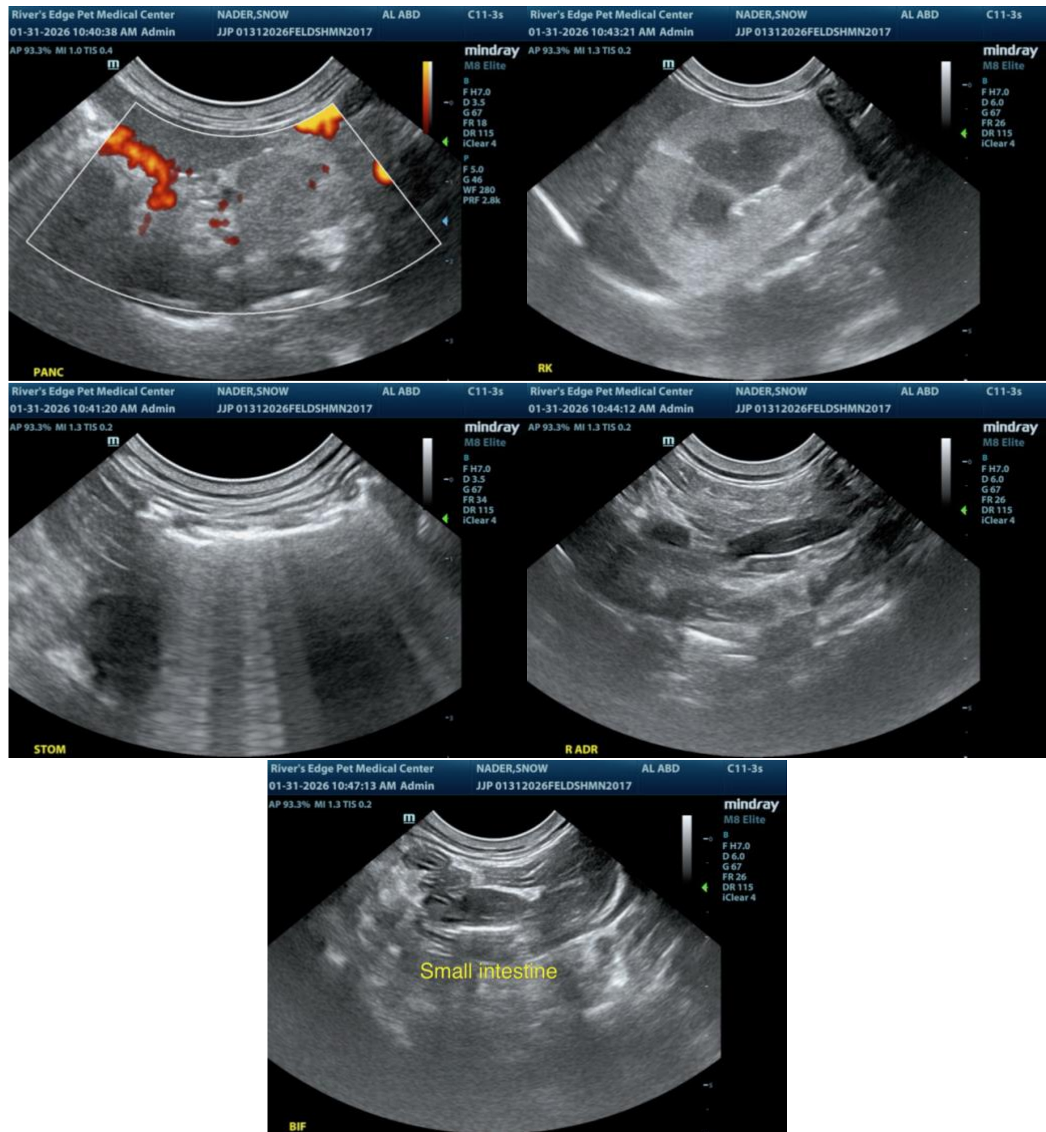

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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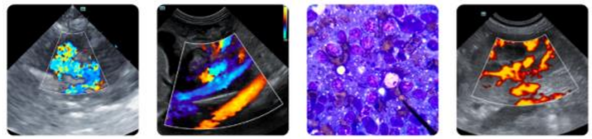

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

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