



PATIENT

Korra Cat

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

4.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution VU

REFERRING VET

Dr. Rondot

INVOICE

69893

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History of IBD (susp). Had been well controlled on RC GI mod cal and B12 injections but recently had episode of hematemesis. More frequent past month (every other day). Appetite is not affected

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 (0.92 x 0.5 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.8 cm, right measured 3.2 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.31 cm in width. The right adrenal gland measured 0.31 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 measured 1.0 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

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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 mild segmental increase in the muscularis to mucosa ratio, no loss of layering, normal peristaltic activity and no distension of the lumen.

Pancreas

The pancreas is normal in size with a mottled echogenic appearance and irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.4 cm, pancreatic body measured 0.7 cm and the right pancreas measured 0.3 cm.

Free Abdomen

Prominent appearance of the mesenteric lymph nodes measuring up to 0.3 x 0.7 cm in size maintaining a normal shape and echogenic appearance with a hyperechoic appearance of the surrounding mesentery.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Chronic pancreatitis versus pancreatic fibrosis.
- Mesenteric lymphadenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the enteropathy would be inflammatory bowel disease as per the patient's history.

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia secondary to the chronic enteropathy with lymphadenitis and infiltrative neoplasia highly unlikely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

Management would be to continue with the current therapy, but possibly change the diet to a novel protein/hypoallergenic diet and if there is still not a satisfactory improvement then a course of Prednisolone should then be considered.



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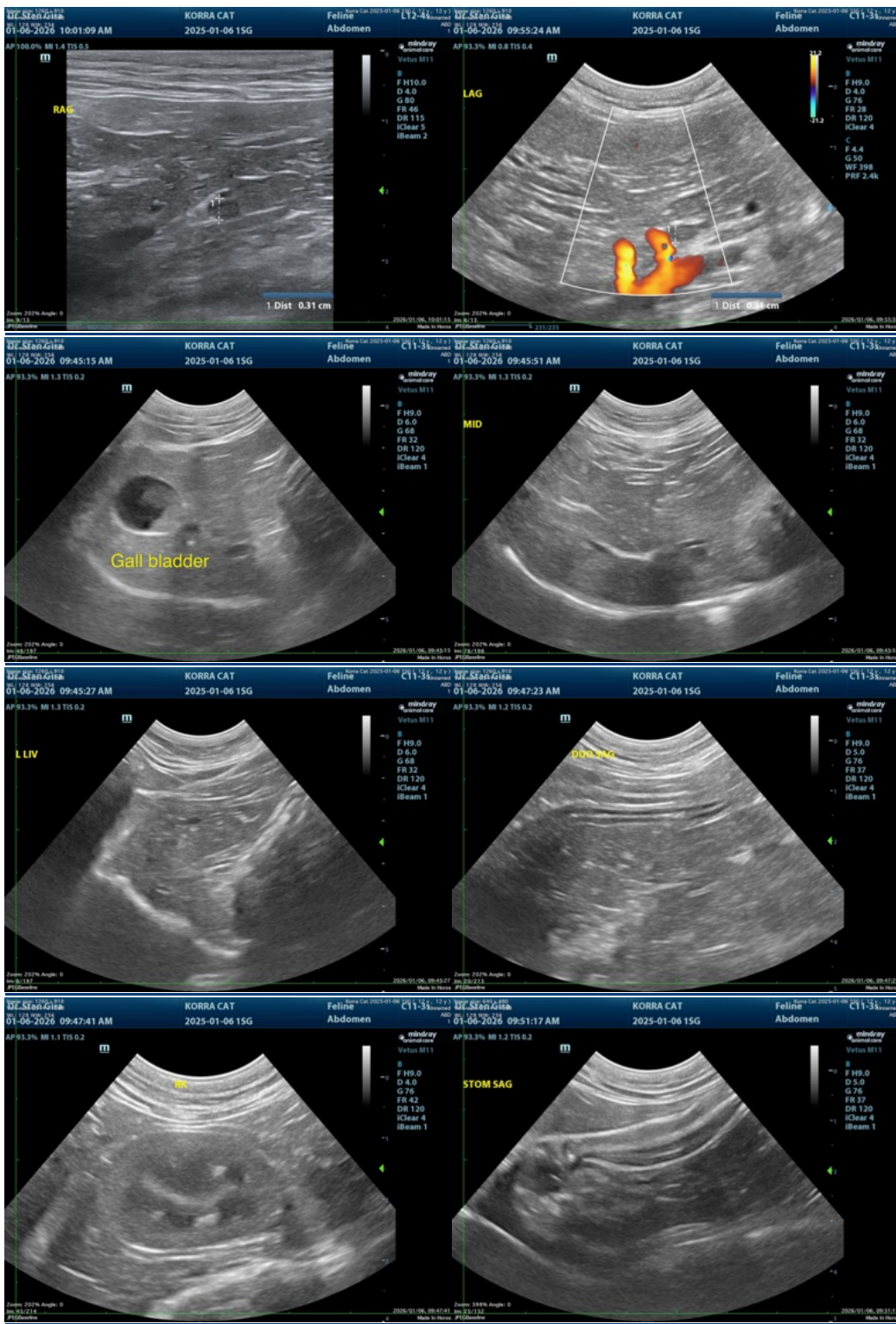
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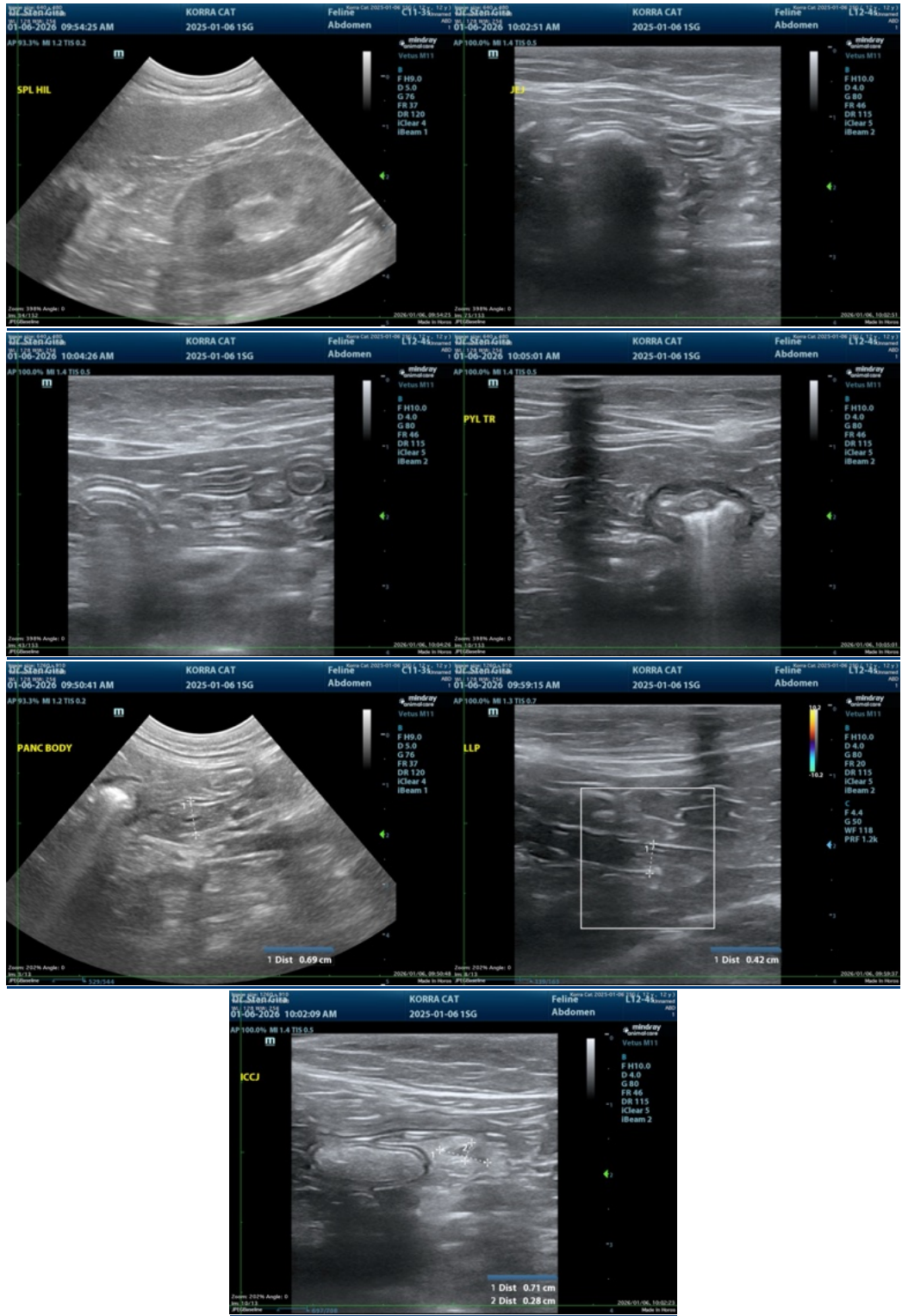
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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