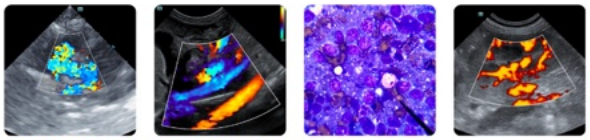




**PATIENT**

Ludwig Atkings

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

3.8 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Danielle Jaspar, RVT

**HOSPITAL NAME**

Orchard VC

**REFERRING VET**

Dr. Antonopoulos

**INVOICE**

68608

**DATE**

11/12/25

## PRESENTING CLINICAL SIGNS

History: Dry heaving more past couple of days, pawing at face started yesterday- causing hair loss on face. Weight loss Pica - hair eating
Abnormal PE/Chem/CBC/UA Results: CBC: Moderate leukocytosis characterized by moderate neutrophilia, mild to moderate lymphocytosis, mild monocytosis and mild basophilia. On blood smear evaluation there was evidence of reactivity in multiple cells lines, no left shift but some toxic change. Increased number of basket cells were appreciated. Rouleaux and occasional nucleated reds identified. Chem: Hyperproteinemia characterized by hyperglobulinemia UA: NSF, USG > 1.050 Manual: normal T4: Euthyroid with normal cholesterol.

## 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 3.7 cm, right measured 4.0 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. Normal color flow pattern is evident in both kidneys.

### *Adrenal Glands*

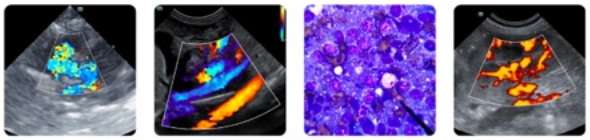
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.1 cm in length x 0.38 cm in width. The right adrenal gland measured 0.55 cm in length x 0.26 cm in width.

### *Spleen*

The spleen was enlarged and measured 1.4 cm in width, but maintained a normal 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.





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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, small intestine, 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.

### *Pancreas*

The pancreas was enlarged (left measured 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*

Enlarged mesenteric lymph nodes measuring up to 0.6 x 1.4 cm in size maintaining normal shape and echogenic appearance.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Mesenteric lymphadenomegaly
- Pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenomegaly and the mesenteric lymphadenomegaly would be reactive hyperplasia (secondary to the pancreatitis) with splenitis/lymphadenitis and infiltrative neoplasia a differential diagnosis.

Further assessment would be FPL/PSL assay and FNA cytology of the spleen and mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the pancreatitis would be feeding small, frequent meals of a low-fat intestinal type diet, antiemetics and analgesics.

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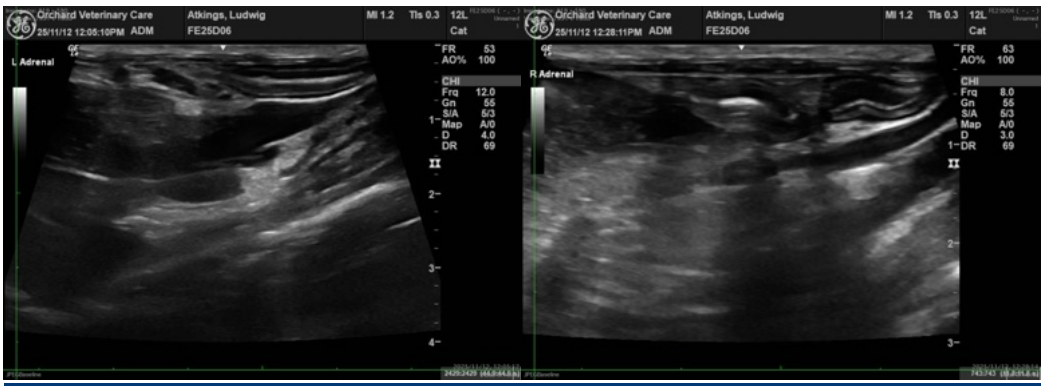


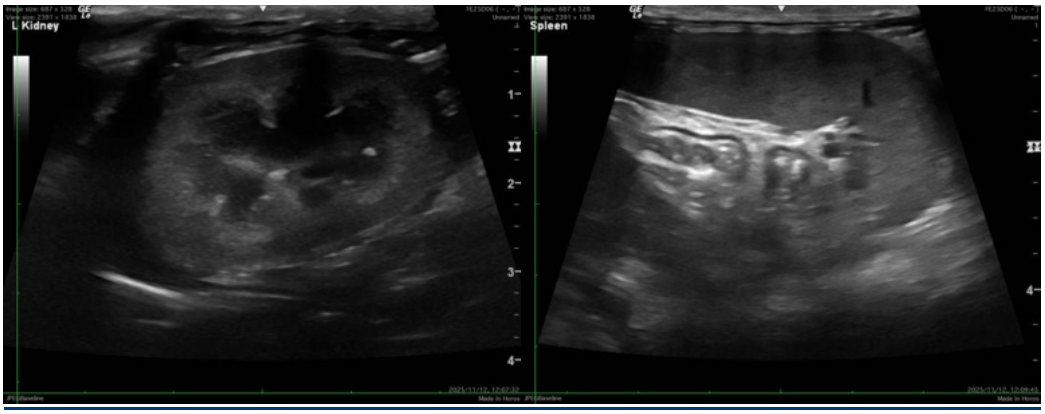


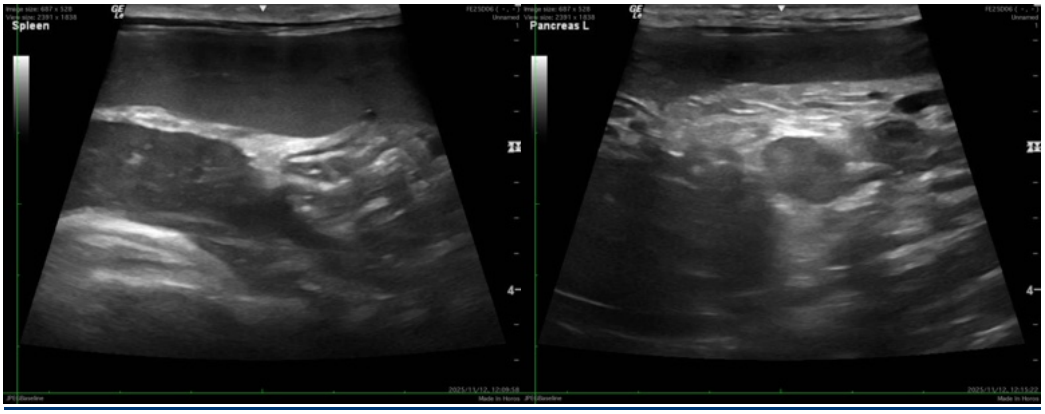

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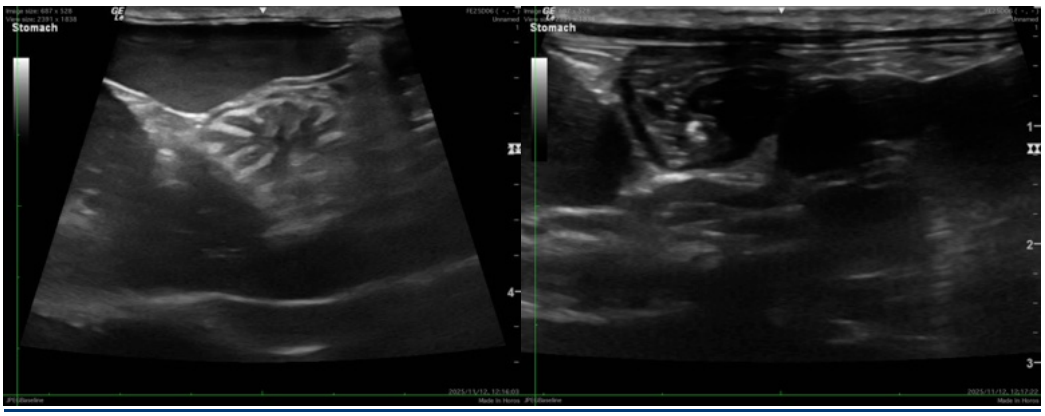


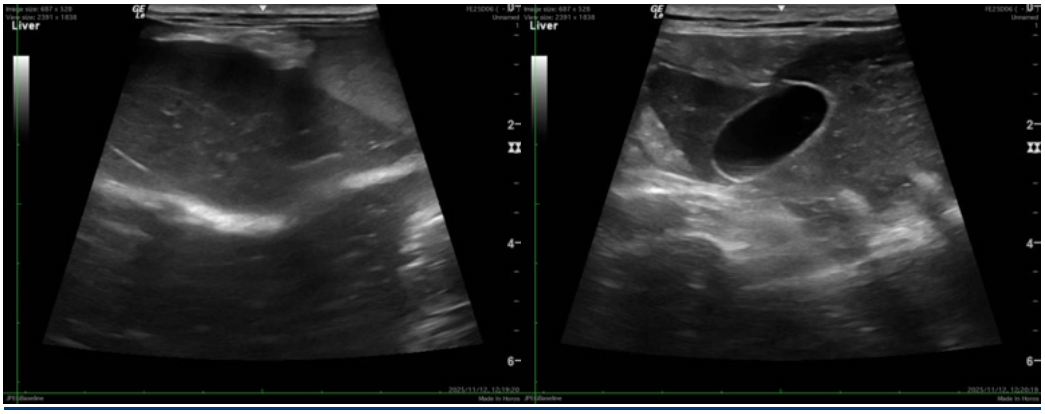


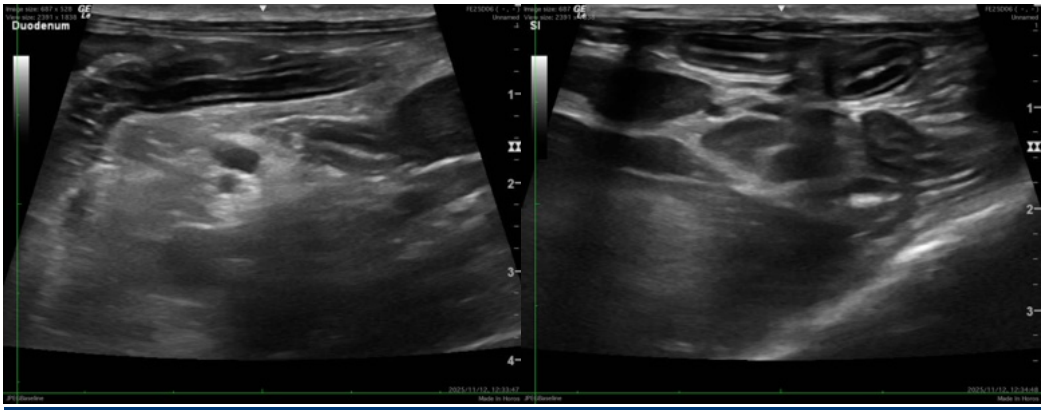

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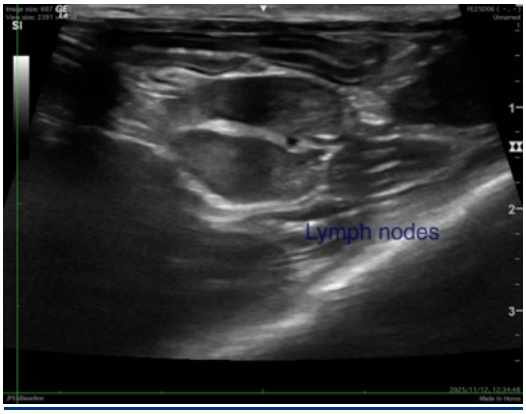


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)

info@sonopath.com