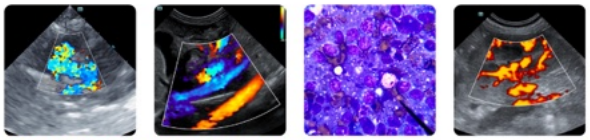


PATIENT

Blueberry Kutz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

17 years

WEIGHT

17.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

68650

DATE

11/13/25

PRESENTING CLINICAL SIGNS

History: Presented yesterday as a second opinion for ADR. 10# unintentional weight loss over 5 months (p is still BCS 9/9) rapid decline in energy, appetite, behavior noted at home starting 10/28/25 Seen at prev DVM during summer for inappropriate urination, no obvious UTI, started on antibiotics/probiotics. Inappropriate urination has improved but not resolved. Seen 11/11 at prev DVM for ADR exam where start dehydration (>10%) was noted along w/ palpable firm bowel segments, hypothermia. He received IVF therapy and was given a guarded prognosis w/out referral to 24h facility. QAR-Dull. >10% dehydrated. Large palpable, central ABD mass vs FB that is painful upon palpation. No obv HM. Increased upper respiratory noise, mild. Bilateral mucoid yellow discharge. Non-ambulatory. No obvious neurologic deficits. BCS 8/9, however Owner notes ~10# unintentional weight loss in last ~5m. Prominent muscle wasting along epaxials and temporalis muscle. Live Fleas present. Abnormal: mild sunken appearance to globes. Grade 3 Dental Disease -- multiple missing teeth, Owner notes recent loss of canine tooth at home. Did not perform rectal exam however excessive debris perirectal. Abnormal PE/Chem/CBC/UA Results: IDX RAD Report: The segment of intestine in the mid ABD that is segmentally dilated with mineral foci and heterogeneous soft tissue is suspected to represent the ascending colon and ileum, however it is not definitive whether this segment is large or small intestine. The appearance is concerning for an impaction and/or chronic partial mechanical obstruction. Infiltrative intramural GI disease is a consideration. The bronchial pattern throughout the lungs may be an age-related change or feline lower airway disease. Non-regenerative anemia. HCT =19.1 (30-52%) WBC shows generalized leukocytosis, specifically neutrophilia, suspect bands, and lymphocytosis SDMA = 23 HIGH BG = 64 LOW ALB = 2.1 LOW GLOB = 5.5 HIGH ALP = 177 HIGH T4 = NSF BP = 130mmHg ECG = tachycardic but otherwise NSF

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.

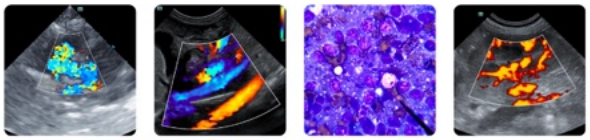
Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.8 cm, right measured 3.9 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

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.38 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.



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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 0.5 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 small 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. A small amount of gas was present in the small intestine. A shadowing area was present in the distal small intestine.

Pancreas

The 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

Normal mesenteric lymph nodes.

A small amount of acellular ascites evident.

Diffuse, hyperechogenic appearance of the mesentery.

Thorax

Normal appearance of the heart. No pericardial effusion evident. A small amount of pleural effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mesenteric inflammation.
- Pleural effusion.
- Small intestinal foreign body?

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

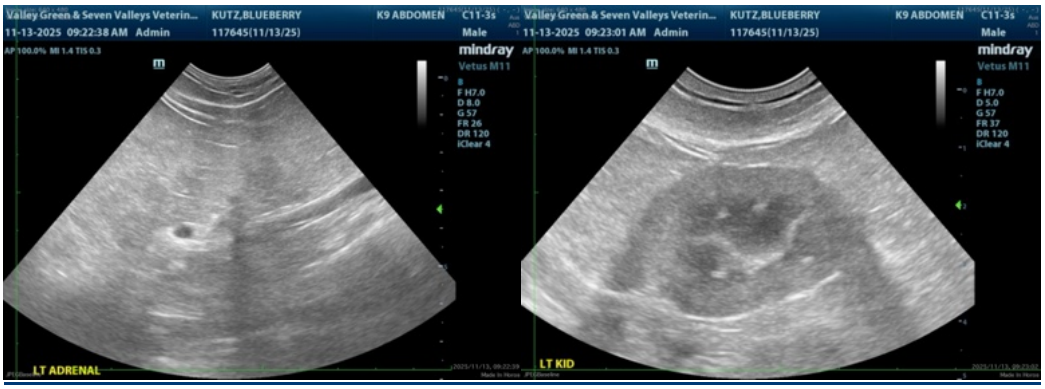
With the mesenteric inflammation and the pleural effusion, an important differential would be abdominal carcinomatosis.

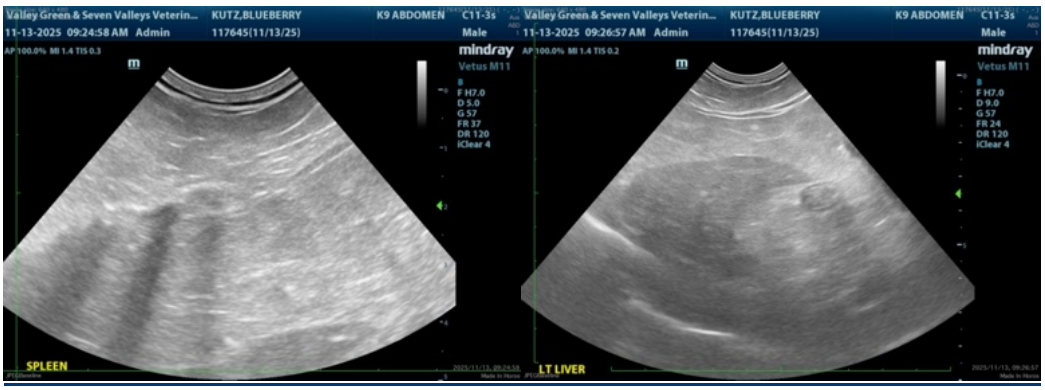
Sterile and bacterial peritonitis would be differential diagnosis.

Although the shadowing area of the small intestine may be incidental, monitoring for progression of a foreign body needs to be considered.

Further assessment would be FNA cytology of the mesentery and analysis of the pleural and ascitic fluid.

Specific therapy would be dependent on an etiological diagnosis.





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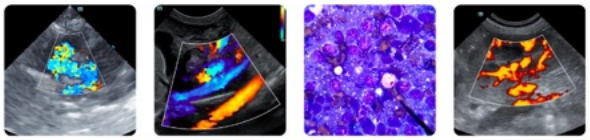

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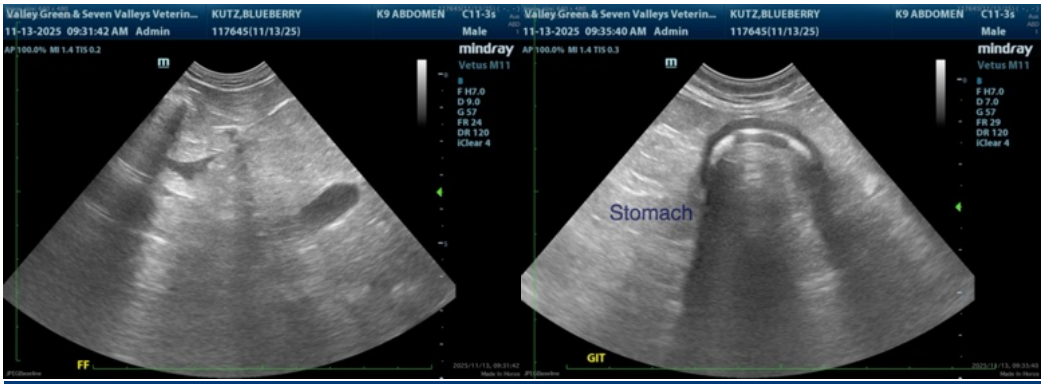

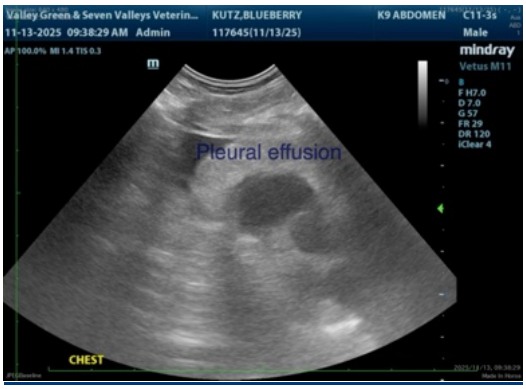

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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