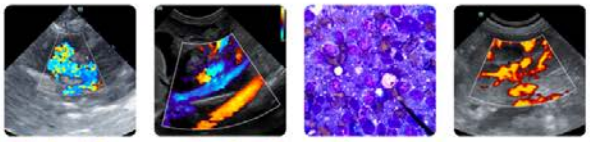


PATIENT

Nala Rodgers

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Harrison Pearl, DVM

INVOICE

71882

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Nala presented for evaluation of weight loss, a thinning hair coat, and frequent vomiting. The vomiting occurs every one to two days and is described as a dark brown, thick, and malodorous substance, not just undigested food. The owner also reports hearing loud gurgling sounds from the patient's abdomen. Her appetite towards wet food has increased (not eating much dry), while her activity level remains normal. Urination and defecation habits are difficult to assess in a multi-cat household but appear unchanged. Radiographs show abnormal mineralization in abdominal fat and abdominal effusion. Bloodwork shows mild non-regenerative anemia, and ALP elevation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small, almost empty 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, 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 kidneys measure 4.1 cm each. Normal color pattern present in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.86 cm in length x 0.31 cm and 0.27 cm in width. Right measures 1.48 cm in length x 0.36 cm and 0.40 cm in width.

Spleen

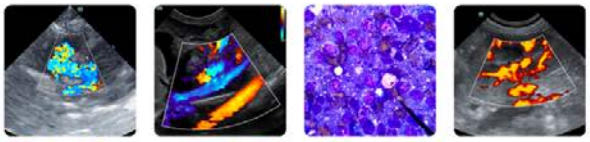
Enlarged (measuring up to 1.2 cm in width), maintaining a normal echogenic appearance with smooth homogenous parenchyma, but with an irregular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. A focal parenchymal mineralization was present in the body of the spleen.

Liver

Enlarged with rounded edges, a diffuse increased echogenic appearance, decreased portal markings, and a regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Small containing normal anechoic bile. 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, 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. Fecal material present within the colon.

Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

Small amount of ascites present.

Hyperechogenic and nodular appearance of the mesentery noted.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Hepatopathy.
- Mesenteric inflammation.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenomegaly would be reactive hyperplasia, infiltrative neoplasia, and possibly splenitis.

With the elevated ALP activity, the most likely etiology for the hepatopathy would be lipidosis, with cholangiohepatitis complex, neutrophilic/lymphocytic cholangitis, metabolic, and infiltrative neoplasia being differential diagnoses.

Etiologies for the mesenteric inflammation would be sterile peritonitis, bacterial peritonitis, granulomatous disease, and abdominal carcinomatosis.

The ascites can be ascribed as secondary to the hepatopathy, splenomegaly, and mesenteric inflammation.

Further assessment and therapy need to be based on the pending results but could include FNA cytology of the liver.

Initial management of the hepatopathy would be nutritional support (tube feeding if necessary) and Ursodiol.

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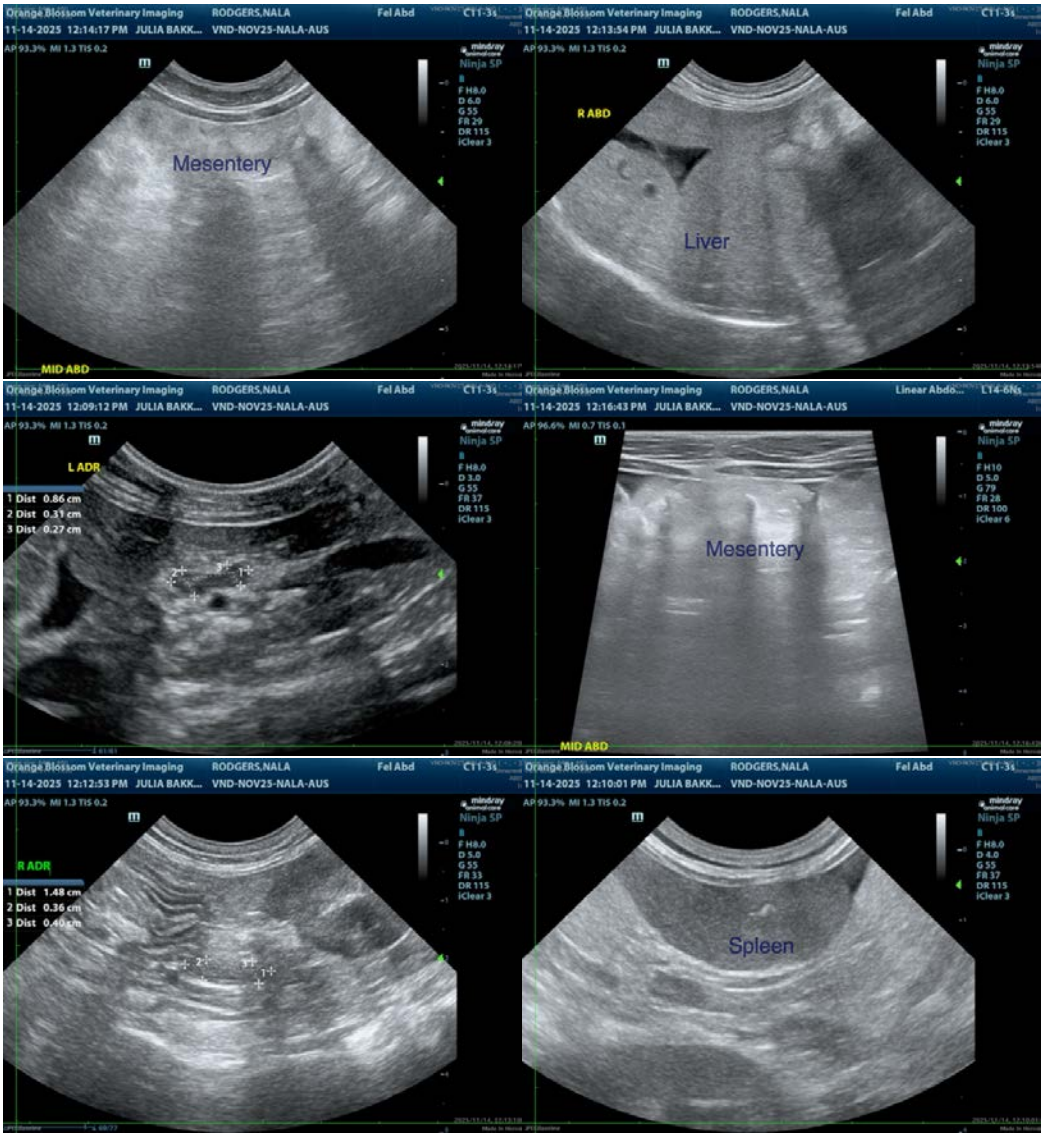

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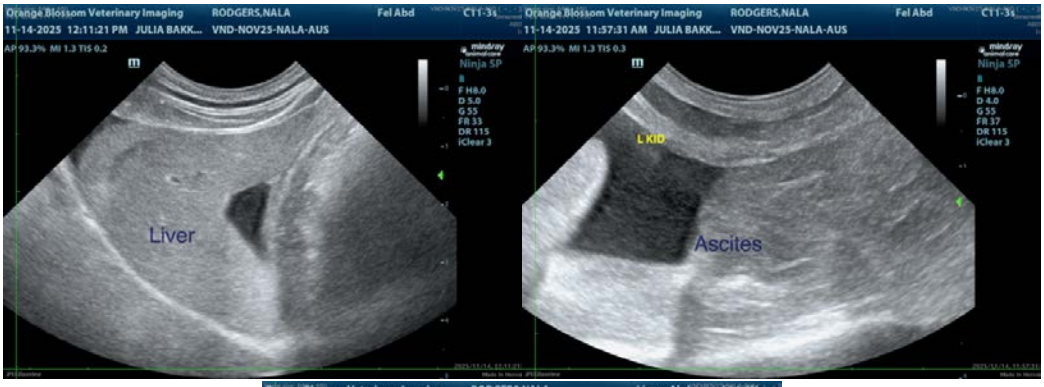

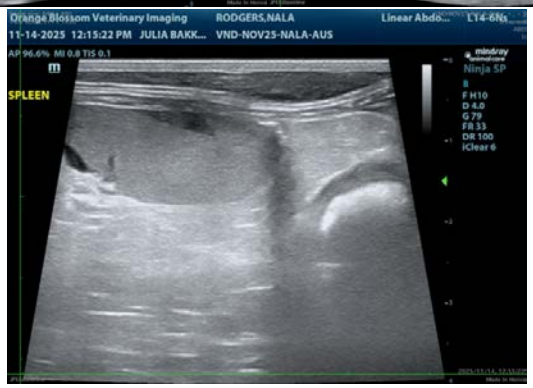

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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