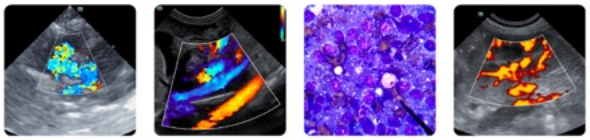


PATIENT

Eevee Thomas

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

11 years

WEIGHT

5.65 lbs lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Isaac

HOSPITAL NAME

Valley West & Elk Valley VH

REFERRING VET

Dr. Isaac

INVOICE

68782

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: History of vomiting and weight loss. Seen last this spring and novel protein diet was dispensed, pet would not eat it. Previous labs in the spring showed mild hypoalbuminemia (2.5) and bacteruria. No other significant findings.
Abnormal PE/Chem/CBC/UA Results: Lost an additional pound since the last visit in April. Repeat CBC/Chem/UA with proBNP pending as pet now has a grade 2 systolic murmur. Very thin. Vomiting daily at home. No diarrhea. Still fairly active at home.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating hyperechogenic sediment.

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 3.9 cm, right measured 4.2 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal 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 0.36 cm in width.

Spleen

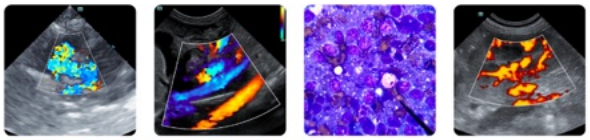
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.4 cm in width.

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 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. A small amount of fluid accumulation was noted within the loops of the 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

Focal, enlarged mesenteric lymph node measuring 1.0 x 1.7 cm in size with a normal echogenic appearance, but a rounded shape. The rest of the mesenteric lymph nodes appear normal.

A scant amount of ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Focal lymphadenomegaly.
- Age related renal changes versus early chronic kidney disease.
- Ascites.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the focal lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia.

The likely etiologies for the urinary bladder sediment would be incidental debris and crystalluria with bacterial cystitis an unlikely differential diagnosis.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as dietary hypersensitivity, parasitic enteritis and inflammatory bowel disease should still be considered.

The enteropathy could account for the ascites and may be possibly due to hyperalbuminemia (if present).

Further assessment would be based on the pending results, but could include fecal analysis, cobalamin, folate and TLI assay and endoscopy of the upper GI tract with biopsies.

FNA cytology of the focal mesenteric lymphadenomegaly should also be considered.

Specific therapy would be dependent on an etiological diagnosis.

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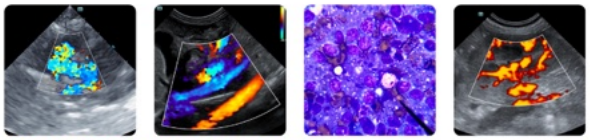

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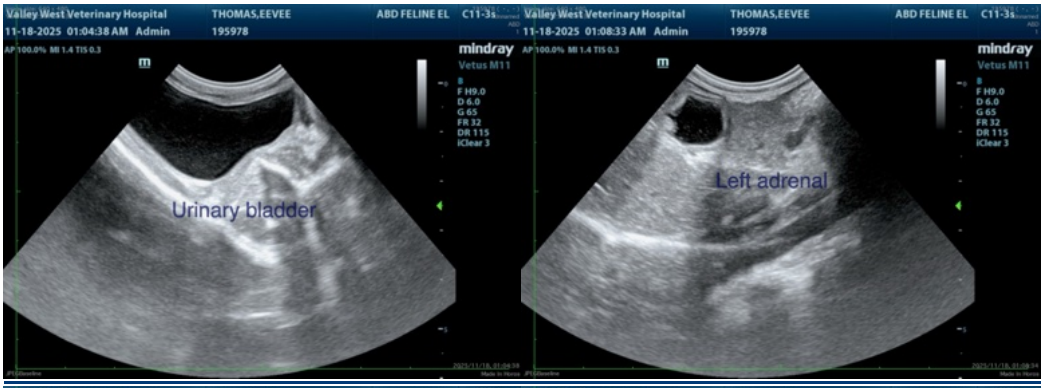

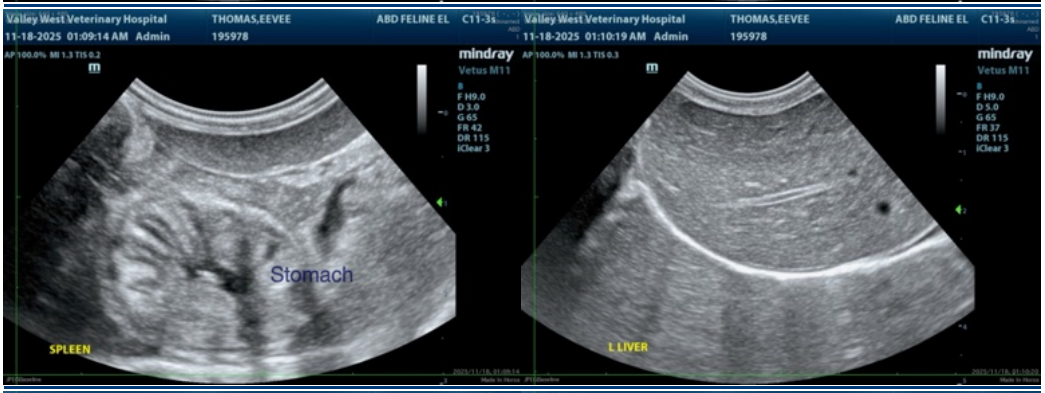

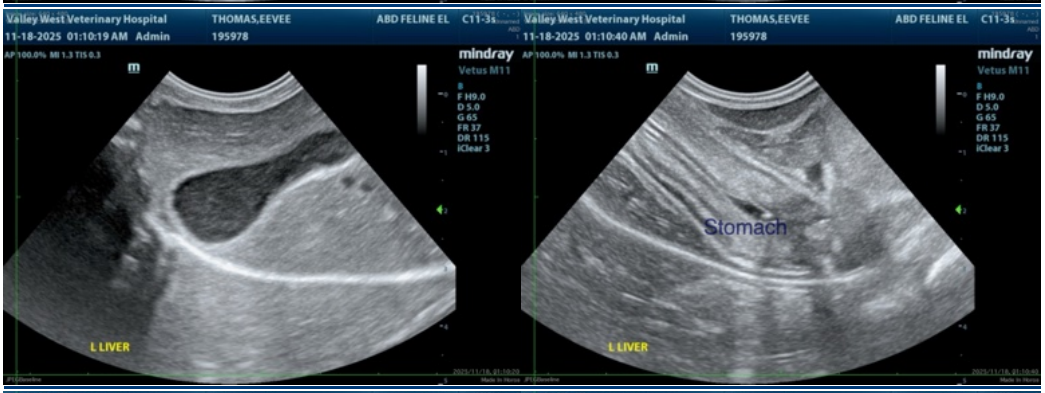

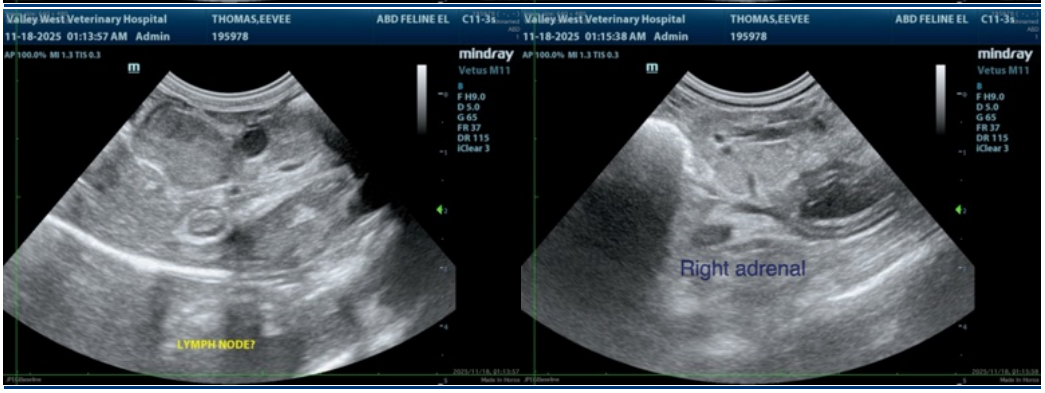

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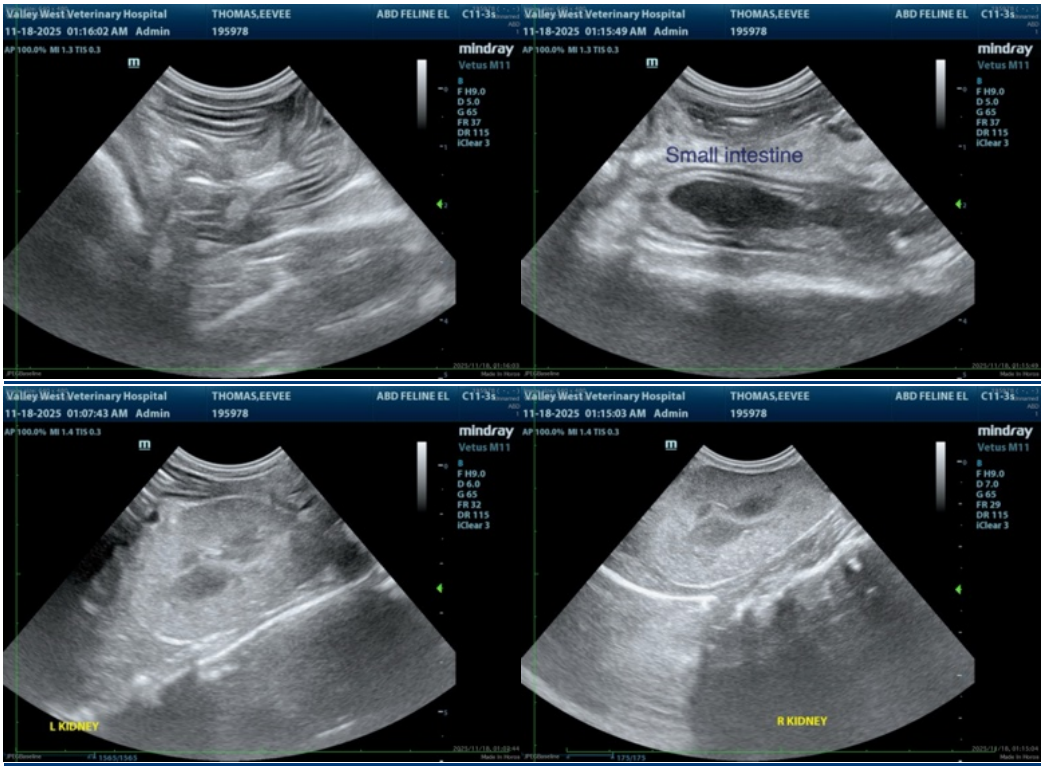

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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