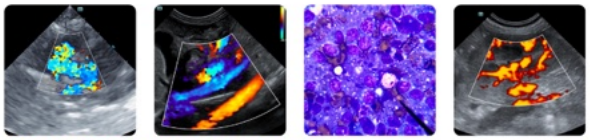


PATIENT

Mango Chepelsky

SPECIES

Feline

BREED

Domestic Longhair

SEX

Male

AGE

3 years

WEIGHT

6.28 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM

HOSPITAL NAME

Western New York Veterinary Service

REFERRING VET

Dr. Lann

INVOICE

68833

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Ongoing wt loss. In Stage 4 CKD, r/o IBD, pancreatitis, etc. The patient was diagnosed with renal dysplasia 1.5 years ago. Mango is in stage 4 chronic renal disease. but appetite remains pretty good. CLINICAL SIGNS: PU/PD Decreased muscle mass was noted, consistent with later stages of renal disease. MEDICATIONS: -Pepcid - 150 mL of LRS sub-Q three times a week - Varenzin - A daily phosphate binder
Abnormal PE/Chem/CBC/UA Results: BCS = 2/9 Creat=5.3mg/dL, and BUN > 130mg/dL , glob 5.5 g/dL, phos = 10.9mgdL K = 3mmol/L, milt neutrophilia Bloodwork, UA, and previous renal cytology attached

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 3.9 cm, right measured 3.8 cm), increased echogenic appearance, loss of cortico-medullary differentiation, normal pelvis and an irregular capsule. No infarcts, mineralization or renoliths evident. A small, focal, cortical cyst is present in the right kidney measuring 0.3 cm in size.

Adrenal Glands

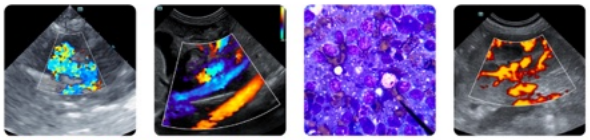
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.46 cm in width. The right adrenal gland measured 0.52 cm in width.

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 0.5 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.



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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, 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 (up to 0.3 cm) with no loss of layering, but with mild segmental increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

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 measuring up to 0.3 x 0.5 cm in size.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys is consistent with chronic kidney disease an in line with the patient's history.

Etiologies for the enteropathy would be secondary to the renal disease (uremic gastroenteritis), parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease.

Further assessment of the renal disease (if not already done) would be blood pressure.

Further assessment of the enteropathy would be fecal analysis, cobalamin and folate assay and possibly endoscopy of the upper GI tract with biopsies.

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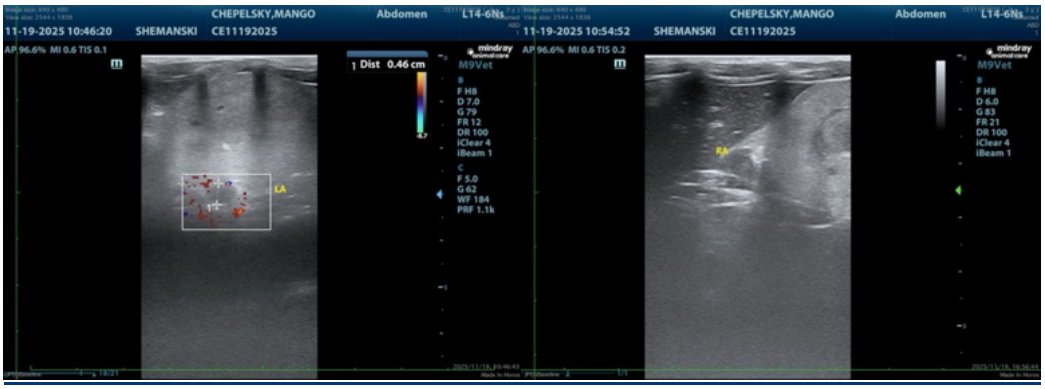
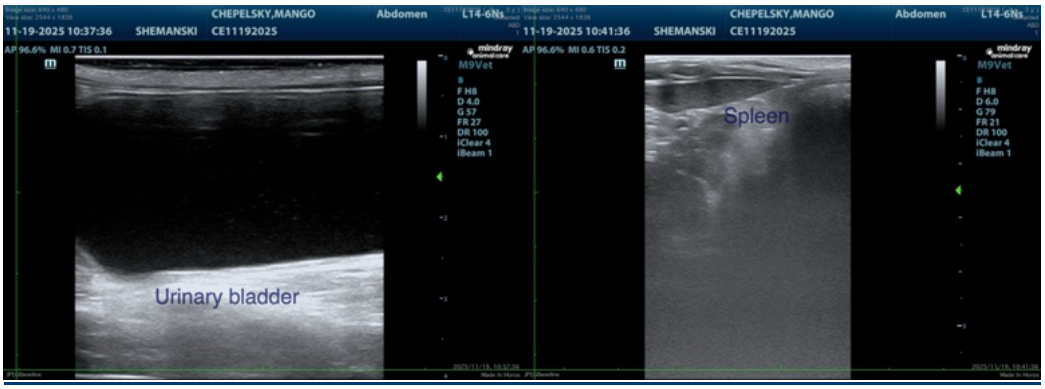
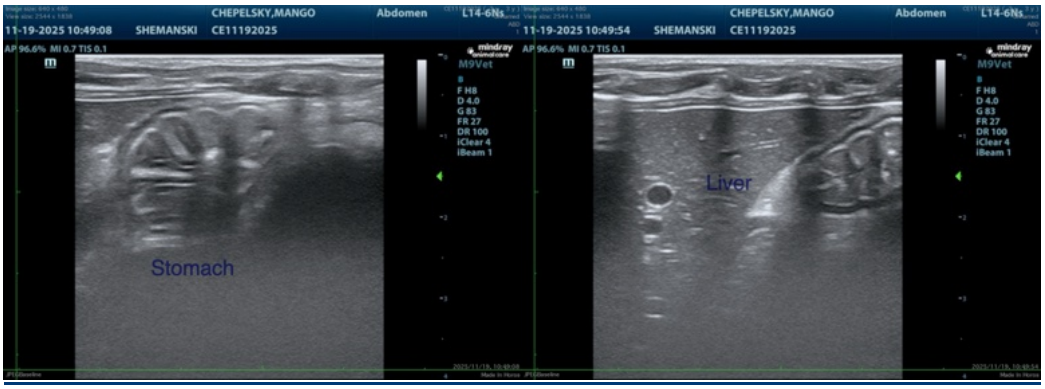
Management would be to continue with the current medication, feed a renal specific diet, potassium supplementation and either an ace inhibitor or receptor blocker.

Further symptomatic management of the possible enteropathy would be cobalamin supplementation and a course of Fenbendazole.

Ideally a novel protein/hypoallergenic diet would be indicated. However, this needs to be blanaced with the renal disease.







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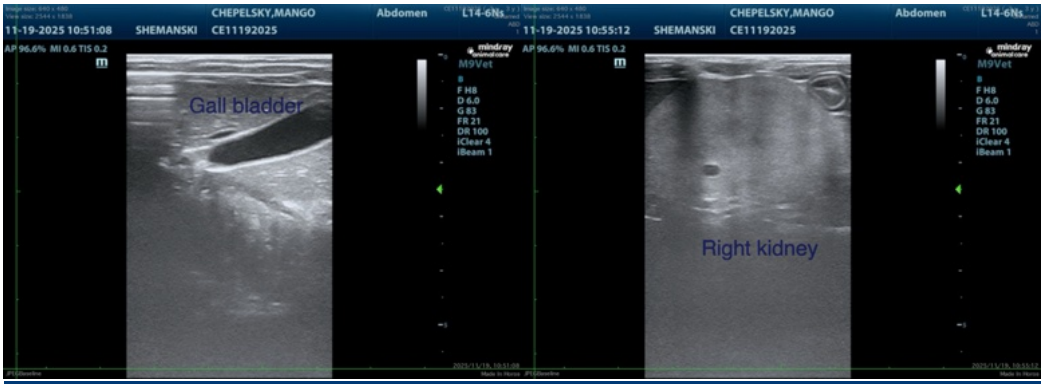

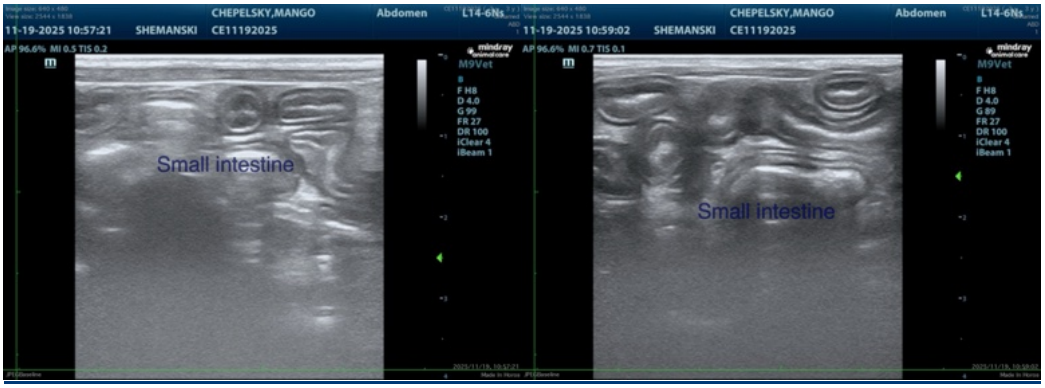

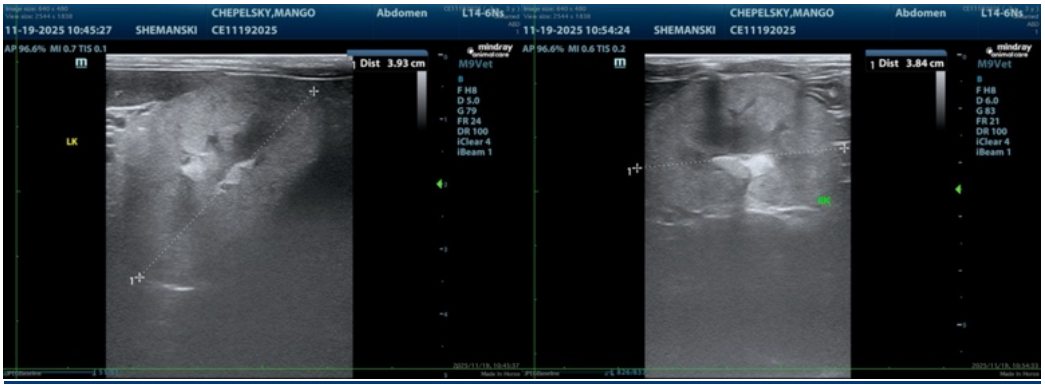

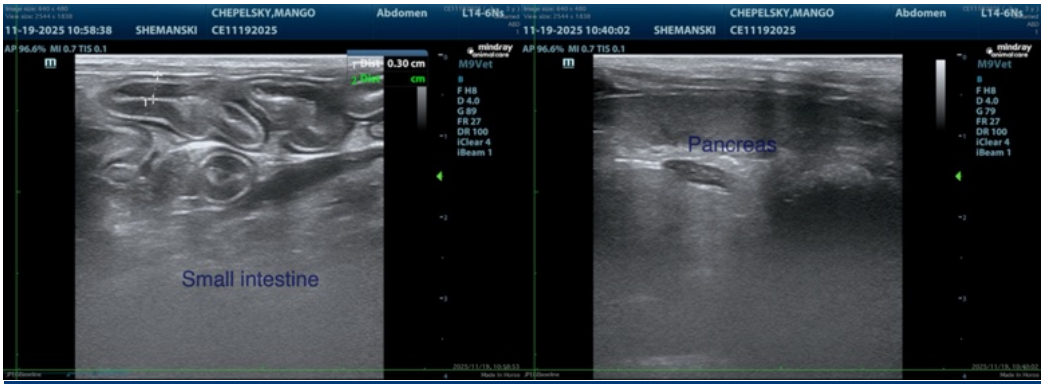

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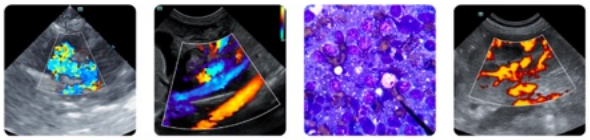

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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