



PATIENT

Holly Leonardi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

5.76 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Busby

INVOICE

68889

DATE

11/20/25

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Weight loss, elevated liver enzymes Indoor kitty History of hyperthyroidism, asthma, rhinitis, dental disease MEDICATIONS: Prednisolone transdermal - 5mg SID - started a few months ago for the asthma Methimazole transdermal - 5mg BID Convenia injection for the rhinitis

Abnormal PE/Chem/CBC/UA Results: ALT = 672 U/L ALP = 347U/L TBili = 1.8mg/dL

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 3.3 cm, right measured 3.6 cm) with 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 0.29 cm in width. The right adrenal gland measured 0.32 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 0.8 cm in width.

Liver

Normal size and echogenic appearance, with prominent 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 a small amount of non-adhered hyperechogenic sediment, thickened and irregular appearance of the wall and the wall measured 0.2 cm. 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 measuring 0.15 cm with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. Fecal material is present within the colon.

Pancreas

Normal size with a hypoechoic appearance and an irregular capsule. Mild, increased echogenic appearance of the mesentery and fat surrounding the pancreas. The visible pancreatic duct measured 0.3 cm in diameter.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Cholecystitis.
- Cholangitis.
- Chronic pancreatitis.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a less likely differential diagnosis.

Etiologies for the cholecystitis and cholangitis would be bacterial infection and immune mediated.



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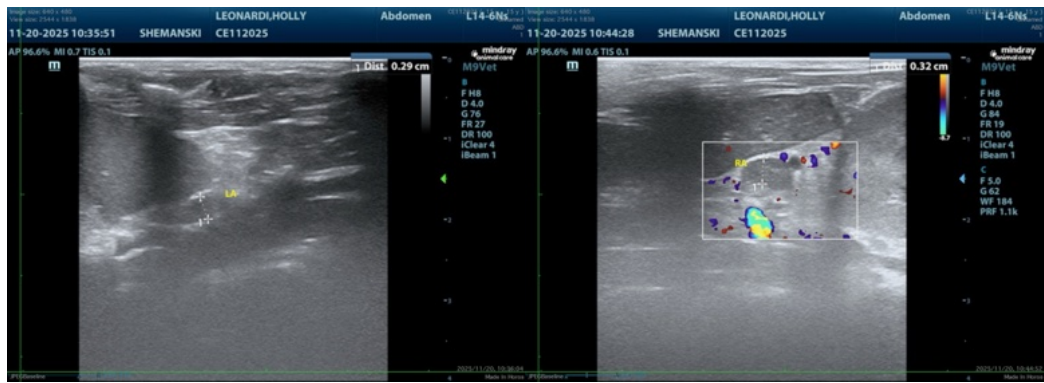
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Further assessment would be fecal analysis, cobalamin, folate and FPL/PSL assay and possibly endoscopy of the upper GI tract with biopsies.

Cholecystocentesis for cytology and culture could also be considered.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered (not requiring oral dosing) would be feeding a novel protein/hypoallergenic diet, cobalamin supplementation and to continue with transdermal Prednisolone. Ideally additional therapy would be a course of Fenbendazole, course of Antibiotics (Penicillin, Cephalosporins, quinolones) and Ursodiol.





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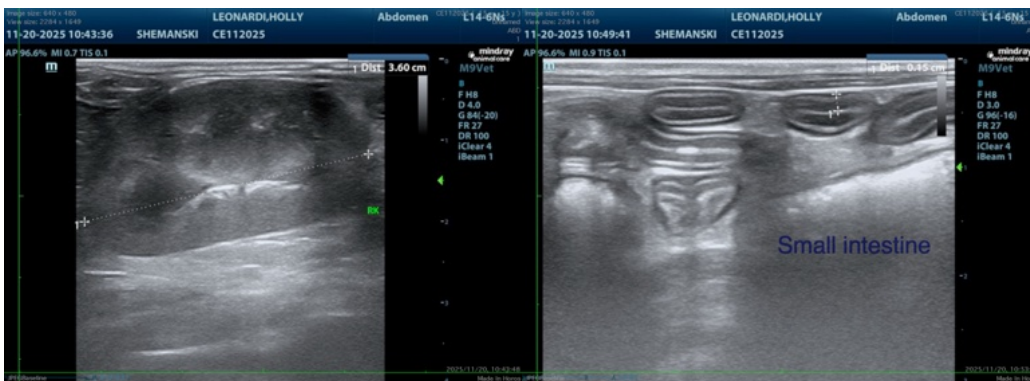
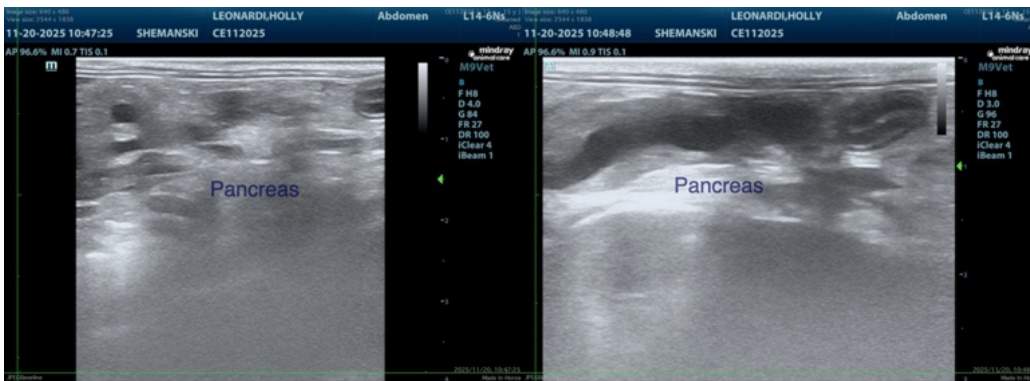
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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