



PATIENT

Winter Diaz

SPECIES

Feline

BREED

Angora

SEX

Neutered male

AGE

7 ½ years

WEIGHT

6.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Conigliario

INVOICE

68871

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History vomiting, weight loss, elevated LES with progressive Tbili.

Abnormal PE/Chem/CBC/UA Results: 2/2025 - 10lbs, thin, thick GI, ALKP 199, AST 106, ALT 491, Tbili 1.1, Felv/fiv neg/neg, AXR/CXR NR, treated with clavamox and cerenia pending ultrasound. lost to followup. 11/2025 - continued weight loss, acute anorexia, now icteric, now 7#, ALT 244, ALKP 1919, tbili 3.5, treated with cerenia, mirtazapine, fluids. improved slightly with but weightloss continues. Today 6.3lbs, severe muscle wasting, severe icterus.

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 4.0 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Mild, bilateral corticomedullary rim sign is present.

Adrenal Glands

The adrenal glands are not visualized.

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 1.0 cm in width.

Liver

The liver was enlarged with rounded edges, diffuse increased echogenic appearance, decreased portal markings, and regular curvilinear capsule. No nodules or masses evident. Dilated appearance of the hepatic veins and normal portal vasculature.

Gallbladder

The gallbladder is not visualized.



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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 is present within the colon.

Pancreas

The pancreas is poorly visualized, but 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 ascites is present.

Pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Renal disease.
- Dilated hepatic veins.
- Bicavitary effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be lipidosis, cholangiohepatitis complex, granulomatous disease and possibly infiltrative neoplasia.

Although the corticomedullary rim sign may be incidental and associated with the renal changes, it can be associated with granulomatous disease, bacterial nephritis and lymphoma.

Etiologies for the dilated hepatic veins would be intrathoracic pathology and cardiovascular disease.

Further assessment would be survey thoracic radiographs, echocardiography, urine culture, FNA cytology of the liver and if possibly analysis of both the pleural and the ascitic fluid.

Specific therapy would be dependent on an etiological diagnosis.



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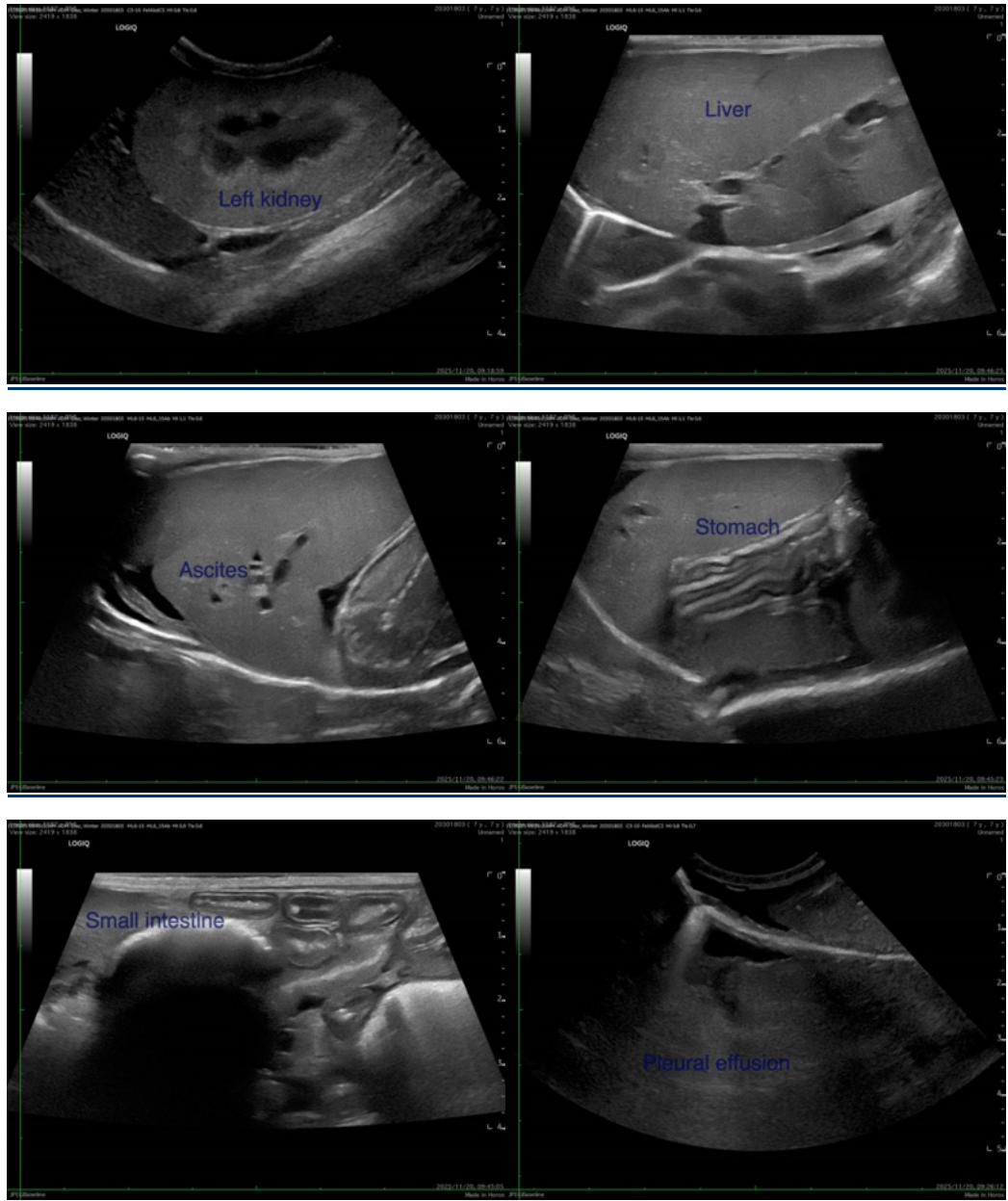
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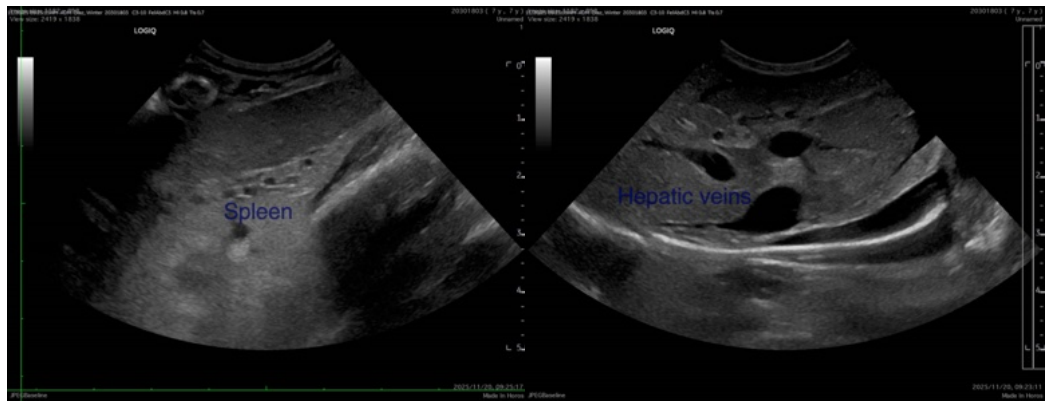
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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