



PATIENT

Mr. Kole Lynch

SPECIES

Feline

BREED

American Shorthair

SEX

Neutered Male

AGE

16

WEIGHT

12.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

Dr. Stranzl

INVOICE

35585

DATE

11/22/25

PRESENTING CLINICAL SIGNS

History: Marked weight loss. Previous DDx liver disease, kidney disease, pancreatitis, owner was not able to medicate. Liver enlarged mildly on radiographs. Hypoechoic pancreas.

Abnormal PE/Chem/CBC/UA Results: glucose 510, Cl 103, anion gap 31, albumin 4, ALT 437, AST 326, ALP 274, bilirubin 0.6, conjugated 0.3, unconjugated 0.3, chol 576. CBC, proBNP, T4, fecal analysis unremarkable. FIV/FelV negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder, containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall. 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 5.0 cm/right 4.9 cm), with normal echogenic appearance, some loss of cortico-medullary differentiation, bilateral pyelectasia, and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

Normal size (0.8 cm in width) 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.

Liver

Normal size, with 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

Full gallbladder, 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, 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.

Pancreas



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The pancreas was enlarged (left pancreas 1.2 cm in width) with a mottled echogenic appearance, and an irregular capsule. Increased echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic pathology
- Hepatopathy
- Renal disease
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pancreas would be chronic pancreatitis, chronic active pancreatitis, emerging pancreatic fibrosis, and possibly neoplasia. The most likely etiology for the hepatopathy would be metabolic secondary to the diabetes, with reactive hyperplasia, cholangiohepatitis complex, and infiltrative neoplasia less likely differential diagnoses. The appearance of the kidneys is consistent with early chronic kidney disease, although the pyelectasia is most likely secondary to the renal changes. Underlying low grade pyelonephritis should still be considered. Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, hematuria, and possibly bacterial cystitis.

Further assessment would be urinalysis, urine culture, FPL/PSL assay, and FNA cytology of the pancreas and the liver.

Specific therapy would be dependent on an etiological diagnosis.

Management of the diabetes would be recommended, however, close monitoring of the blood glucose is indicated, as the diabetes may be secondary to pancreatitis.



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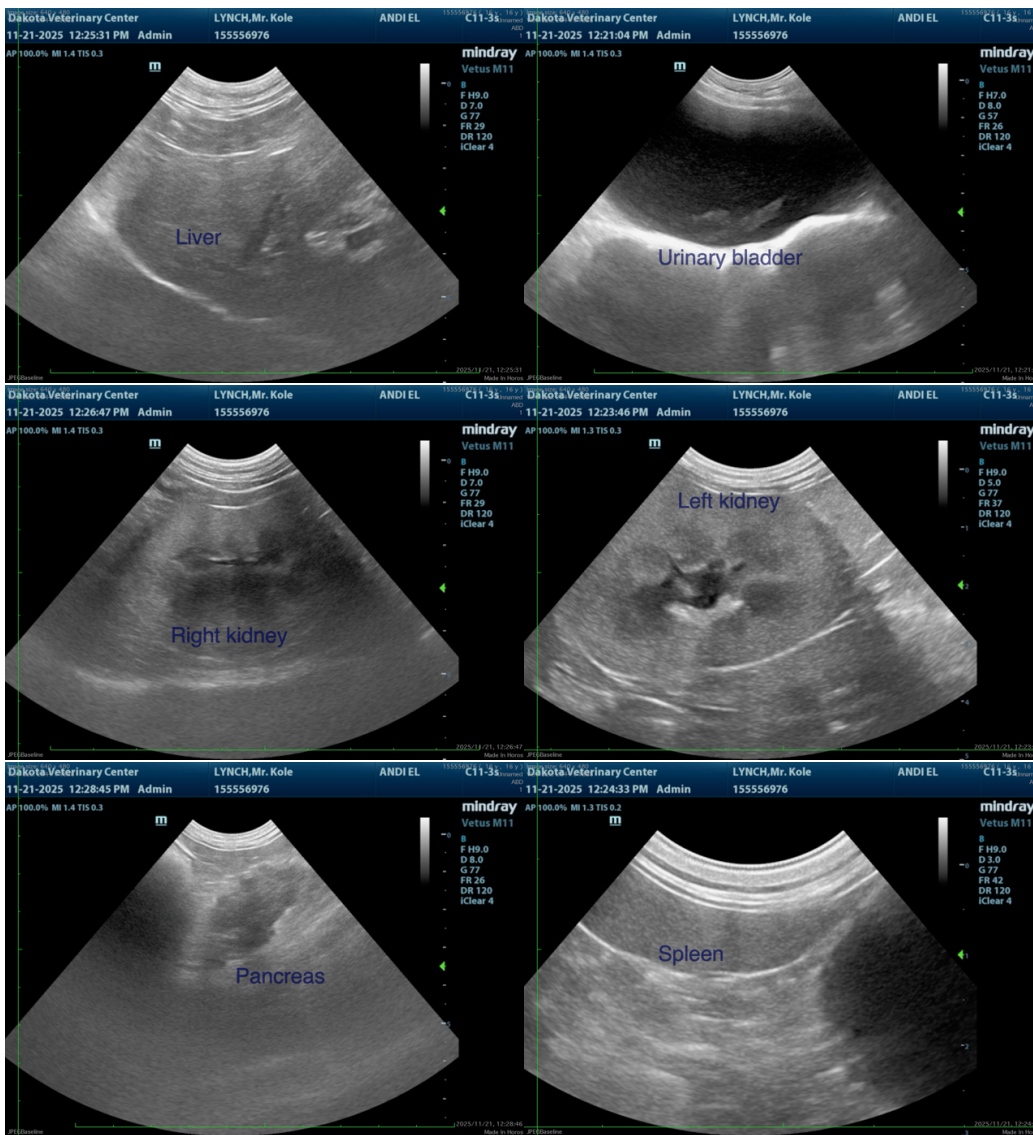
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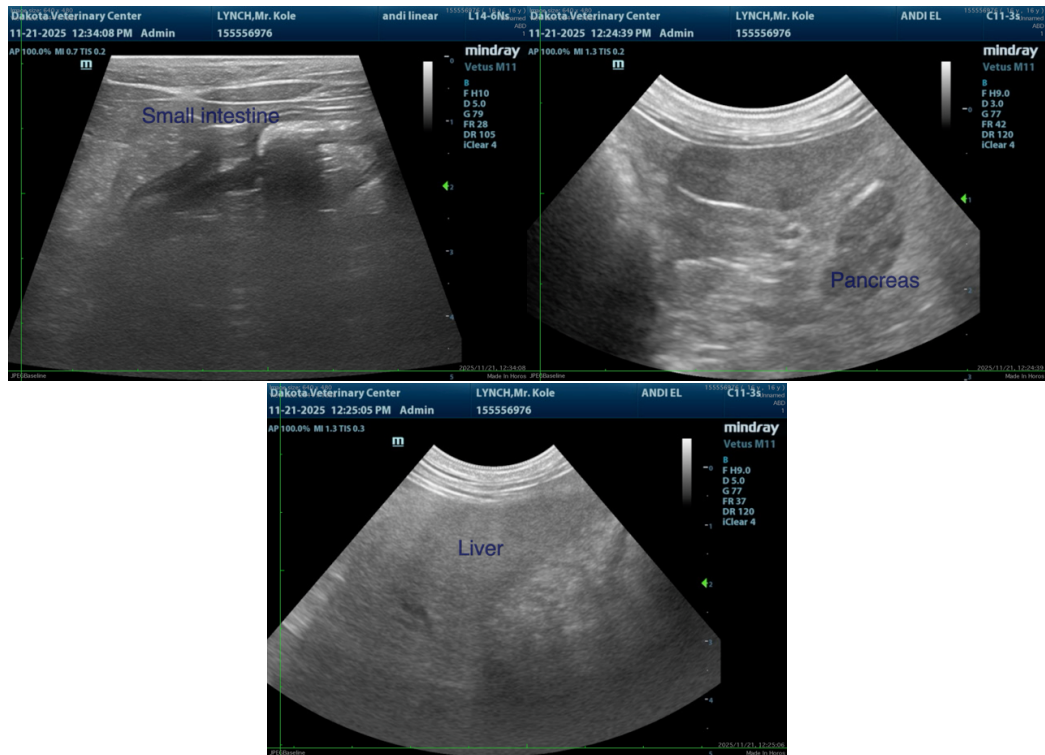
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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