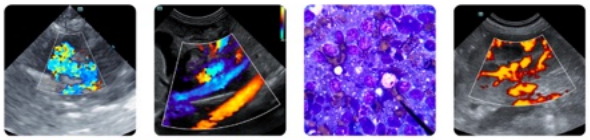


PATIENT

Abby Walsh

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

10 years

WEIGHT

3.86 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Signal Hill AC

REFERRING VET

Dr. Cumyn

INVOICE

69147

DATE

11/27/25

PRESENTING CLINICAL SIGNS

History: Weight loss over the last month, decreased appetite, vomiting frequently, increased globulins on bloodwork, mild constipation and kidney stone noted on x-ray ... Overall hx: Abby is a 10-year-old cat presenting with a two-week history of vomiting, weight loss, and significant hyperglobulinemia, with the underlying cause remaining undetermined. The primary clinical concerns are frequent vomiting and weight loss over a two-week period. Blood work was largely unremarkable, with normal kidney and liver values and no suspicion of pancreatitis. However, significant findings included a marked hyperglobulinemia (globulins at 67), slightly low albumin, and an inflammatory leukogram. The combination of gastrointestinal signs and high globulins has raised suspicion for an underlying neoplastic process, though the patient is currently considered a "mystery weight loss" case. Abdominal and thoracic radiographs were performed to investigate the clinical signs. The imaging was mostly unremarkable, though a possible renolith was noted, and the left kidney subjectively may be slightly large. The heart also appeared somewhat enlarged on the ventrodorsal view, but its measurements were within normal limits, and no heart murmur was auscultated, making cardiac disease less likely. The primary suspicion remains gastrointestinal in origin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with 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. Dilated proximal right ureter with no obvious obstruction evident.

The left kidney is normal in size measuring 3.8 cm with normal architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

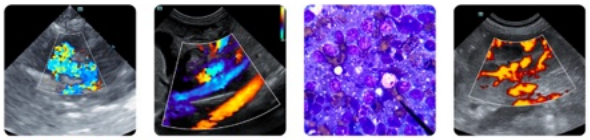
The right kidney measured 4.1 cm maintaining a normal echogenic appearance, corticomedullary differentiation and a regular curvilinear capsule. Pyelectasia is present and measured 0.5 cm in size. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.62 cm in length x 0.3 cm in width. The right adrenal gland measured 0.84 cm in length x 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 0.7 cm in width.



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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.

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 was present in the colon.

Pancreas

Normal size with an increased echogenic appearance and an irregular capsule. Mild increased echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.8 x 1.8 cm in size with a hypoechogenic appearance and a rounded shape. Hyperechogenic appearance of the mesentery surrounding the lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenomegaly
- Chronic pancreatitis versus pancreatic fibrosis
- Right-sided pyelectasia and dilation of the right proximal urethra.
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the right-sided pyelectasia and dilated proximal right ureter would be previous obstructive uropathy.

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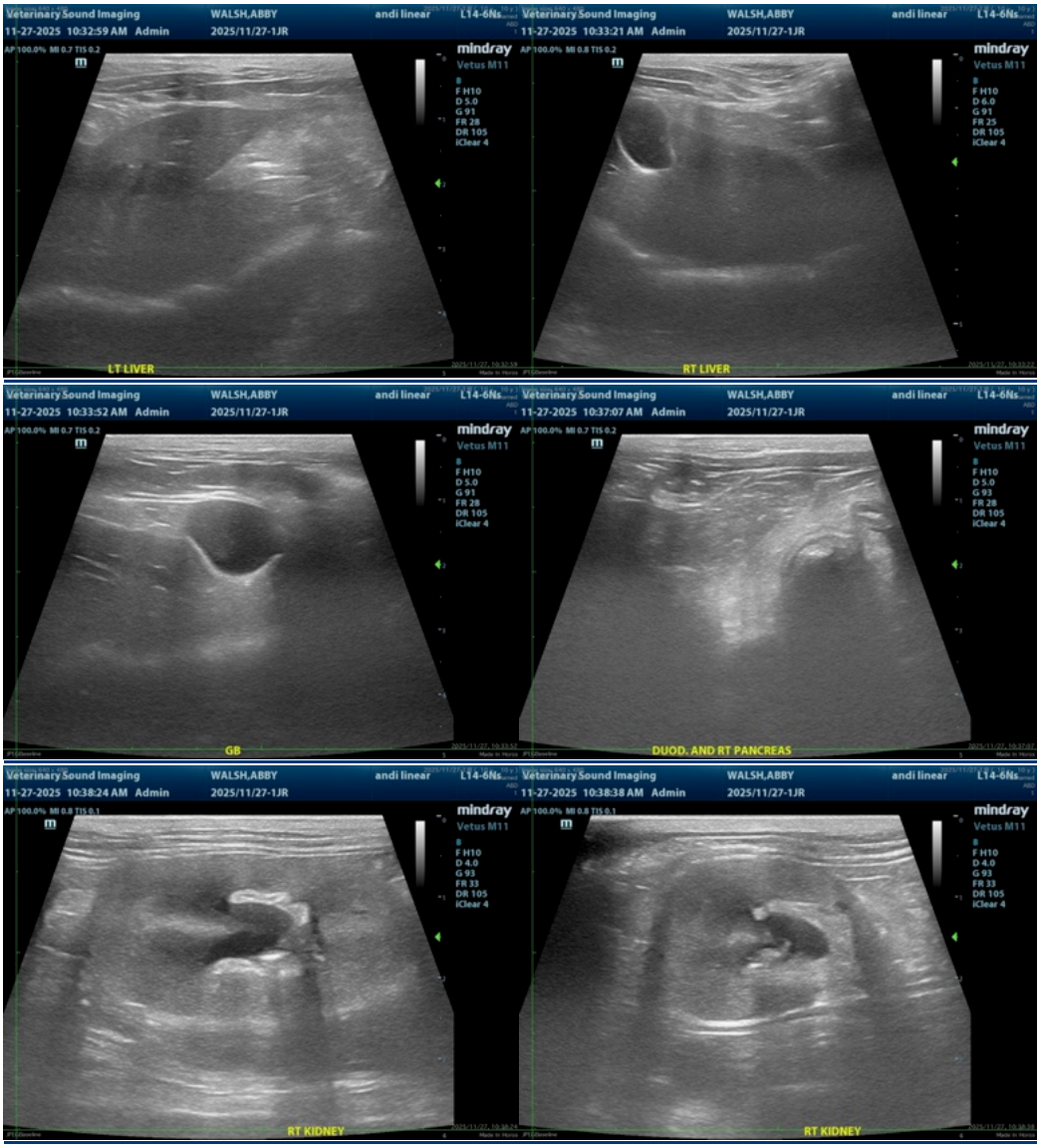
The most likely etiology for the urinary bladder sediment would be incidental debris with crystalluria and bacterial cystitis a less likely differential diagnosis.

Further assessment would be urinalysis, possibly urine culture, FPL/PSL assay, serum protein electrophoresis and FNA cytology of the mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.



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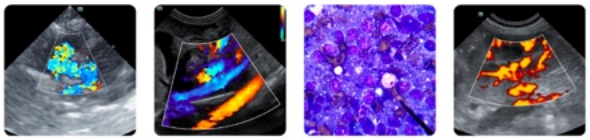

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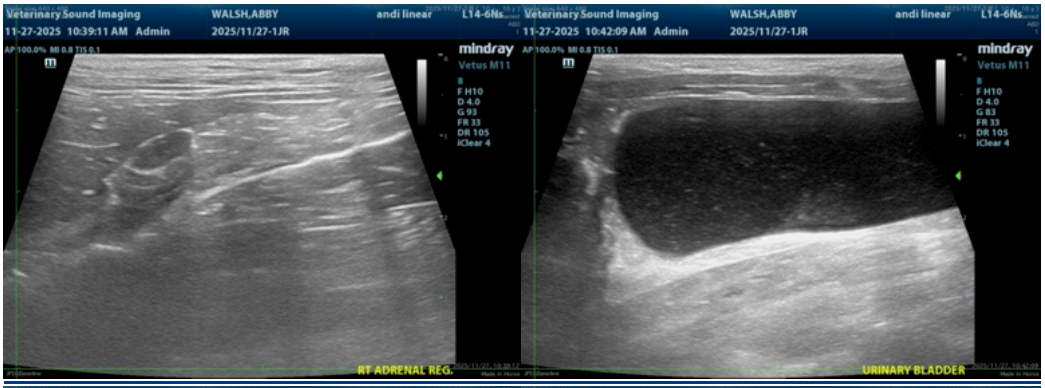

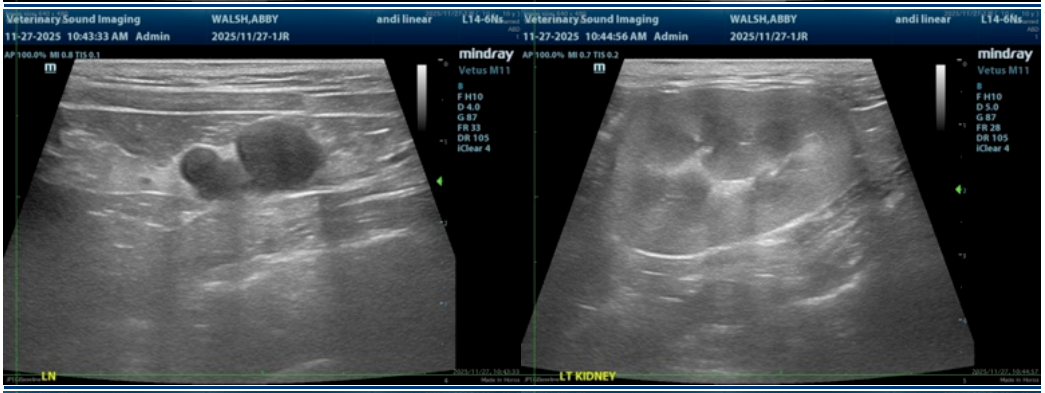

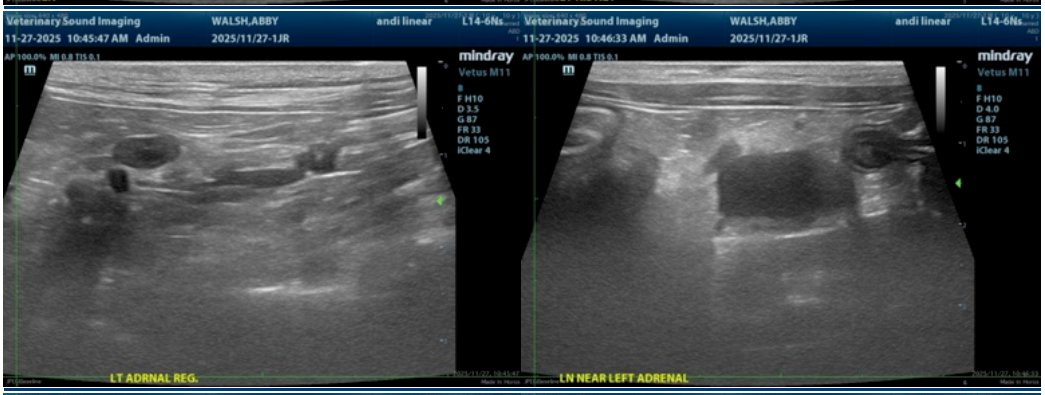

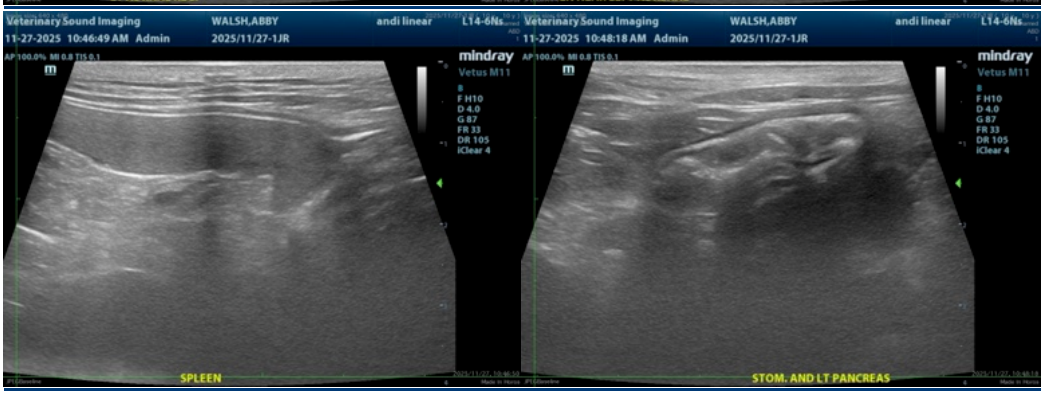

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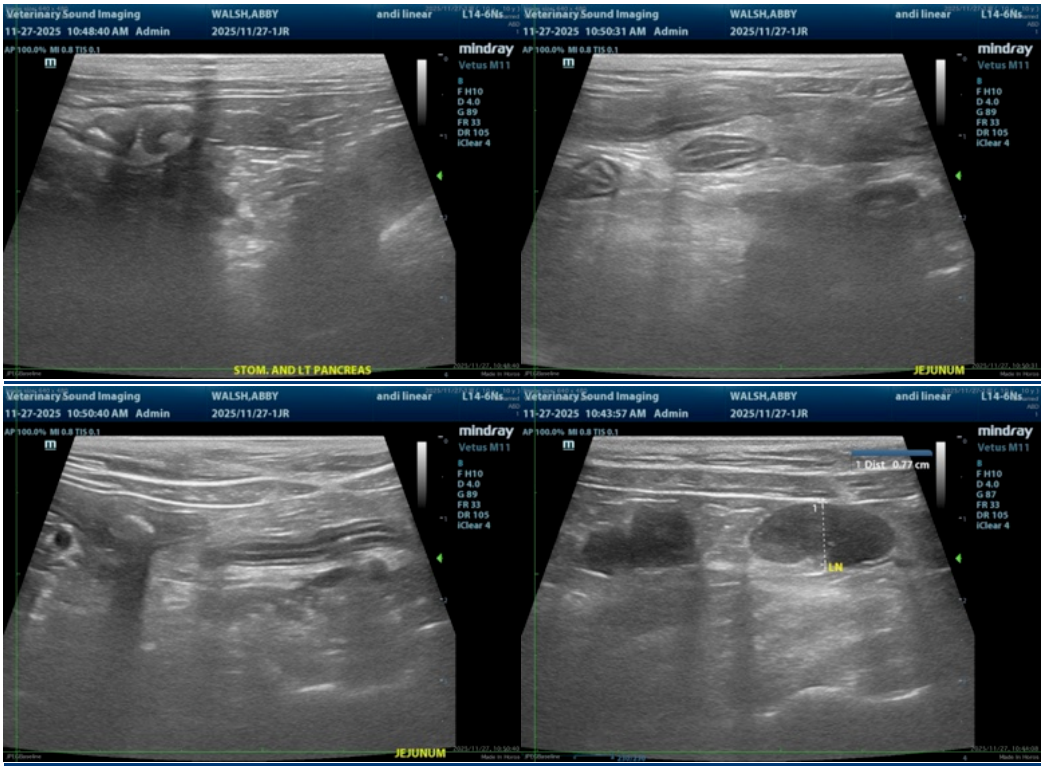

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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