



PATIENT

Lulu Pourcio

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

13.8 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Amy Jagger

HOSPITAL NAME

VCA Parkway Animal
Hospital

REFERRING VET

Dr. Amy Jagger

INVOICE

10689

DATE

11/4/2025

PRESENTING CLINICAL SIGNS

Intermittent chronic vomiting. Mild amount of weight loss. Hyperthyroid but well controlled on methimazole.

Abnormal PE/Chem/CBC/UA Results: Labs WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing scant amount of floating hyperechogenic sediment. Normal anechoic urine with no 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 3.6 cm, and the right kidney measures 4.6 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal measures 0.44 cm in width. Right adrenal measures 0.82 cm in width.

Spleen

Mildly enlarged (1.2 cm in width) maintaining a normal echogenic appearance, a 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, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

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. Small intestine measuring up to 0.27 cm. Fecal material present within the colon.

Pancreas



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Visible sections are normal in size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

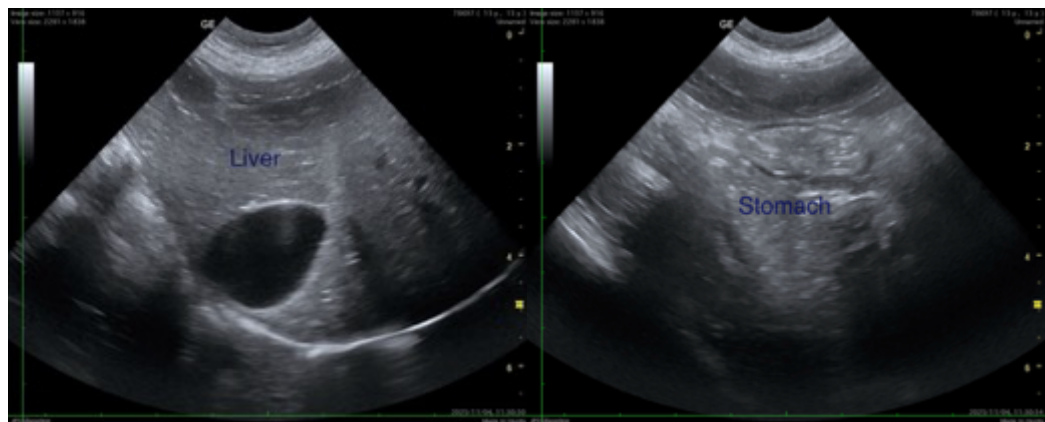
The most likely etiology for the splenomegaly would be reactive hyperplasia with splenitis, and infiltrative neoplasia unlikely differential diagnoses.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease should still be considered. Helicobacter gastritis would be a differential diagnosis.

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

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding small frequent meals of a hypoallergenic/novel protein diet, cobalamin supplementation, course of fenbendazole, and if there's still not a satisfactory improvement, a triple therapy for helicobacter gastritis and if there's still not a satisfactory improvement, then a course of prednisolone would then be indicated.





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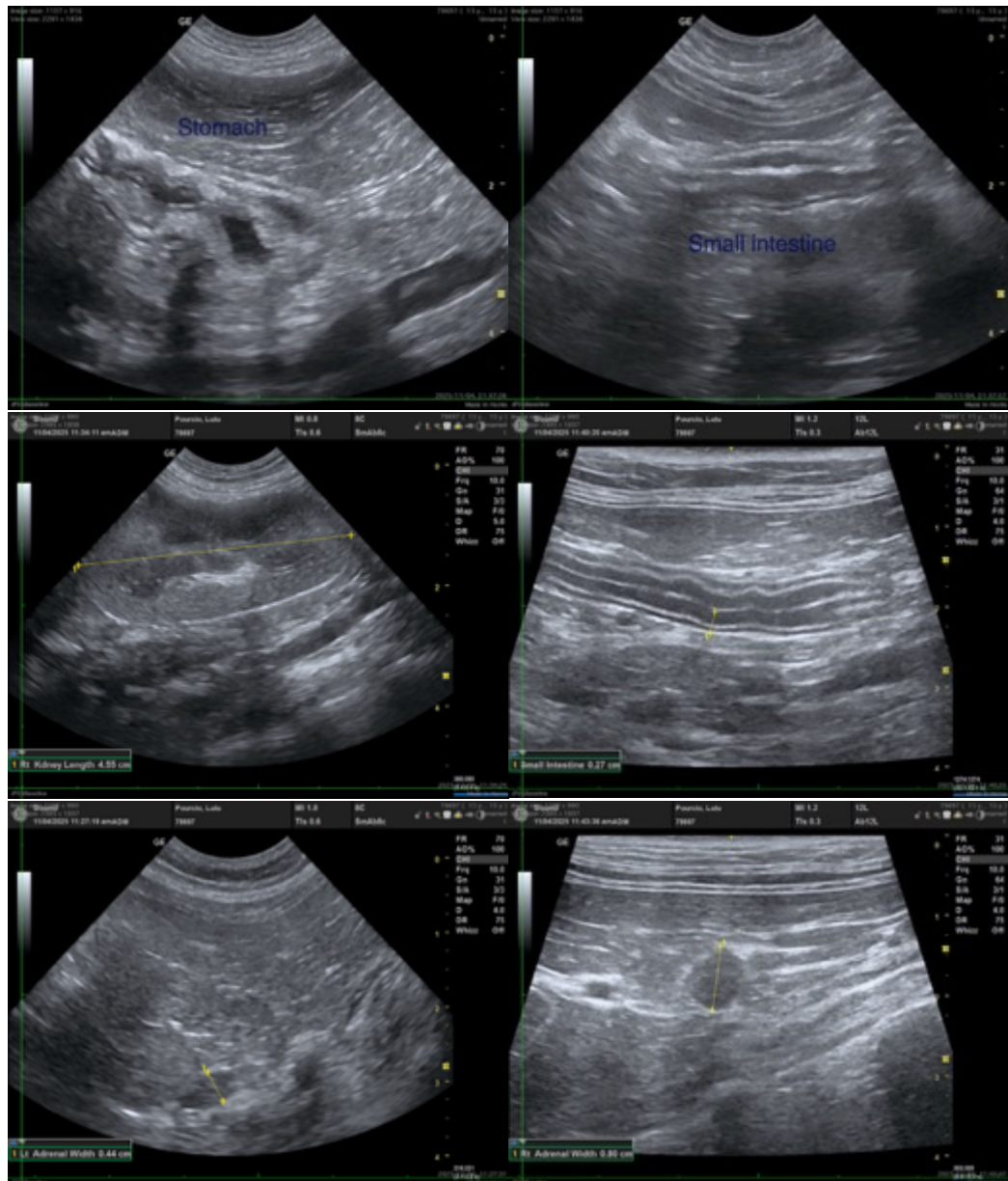
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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