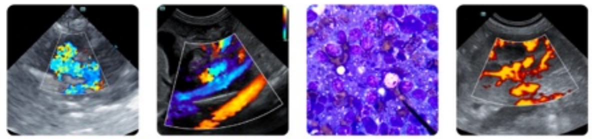
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Mr Pickles Gentile

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

11.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Olsen

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olsen

INVOICE

68493

DATE

11/7/25

PRESENTING CLINICAL SIGNS

History: Presented end of August for weight loss and slight decrease in appetite. At that time was diagnosed with hyperthyroidism. Methimazole was not started until first week of October. Since starting that O noted a further decrease in appetite, increase in vomiting, and continued weight loss. High concern for idiosyncratic methimazole hepatopathy, but want to rule out other liver disease as well. Also want to rule out IBD, chronic pancreatitis, neoplasia, as I am not convinced that hyperthyroidism was the main cause of initial weight loss. Patient sedated for ultrasound exam
Abnormal PE/Chem/CBC/UA Results: BW 8/30: T4 4.3, freeT4 83.8, Chem/CBC/UA normal BW 11/4: AST 423, ALT 1204, ALP 158, TBili 3.4, Amy 1248, Lymph 1100, T4 2.5, fT4 pending, USG 1.043, 2+ protein, UPC 0.3, 3+ bilirubin, 1+ blood, 21-50 RBC, 4-10 bilirubin crystals

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 3.6 cm, right measured 3.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

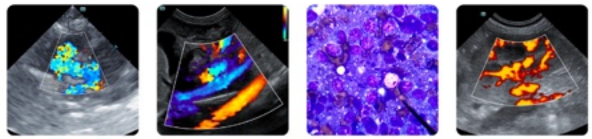
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.3 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



PATIENT

Mr Pickles Gentile

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

11.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Olsen

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olsen

INVOICE

68493

DATE

11/7/25

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, 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 with no loss of layering, but with a segmental increase in the muscularis to mucosa ratio, normal peristaltic activity, and no distension of the lumen.

Pancreas

The pancreas is normal in size with a hypoechoic appearance and an irregular capsule. There was a mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis versus pancreatic fibrosis.
- Enteropathy.

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.

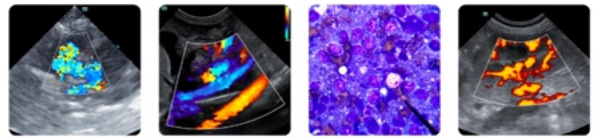
Although the liver appears ultrasonographically normal, with the severely elevated liver enzyme activity, differential diagnosis to consider would be metabolic secondary to hypothyroidism and possible drug reaction.

Infiltrative neoplasia and hepatitis would be unlikely differential diagnosis.

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

FNA cytology of the liver could also be considered.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Mr Pickles Gentile

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

11.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Olsen

HOSPITAL NAME

Limestone VH

REFERRING VET

Dr. Olsen

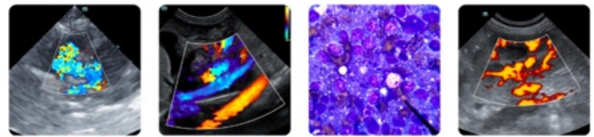
INVOICE

68493

DATE

11/7/25

Symptomatic management would be feeding novel protein/hypoallergenic diet, course of Fenbendazole and, cobalamin supplementation, Ursodiol and if there is still not a satisfactory improvement then a course of Prednisolone would be indicated.



PATIENT

Mr Pickles Gentile

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

11.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Olsen

HOSPITAL NAME

Limestone VH

REFERRING VET

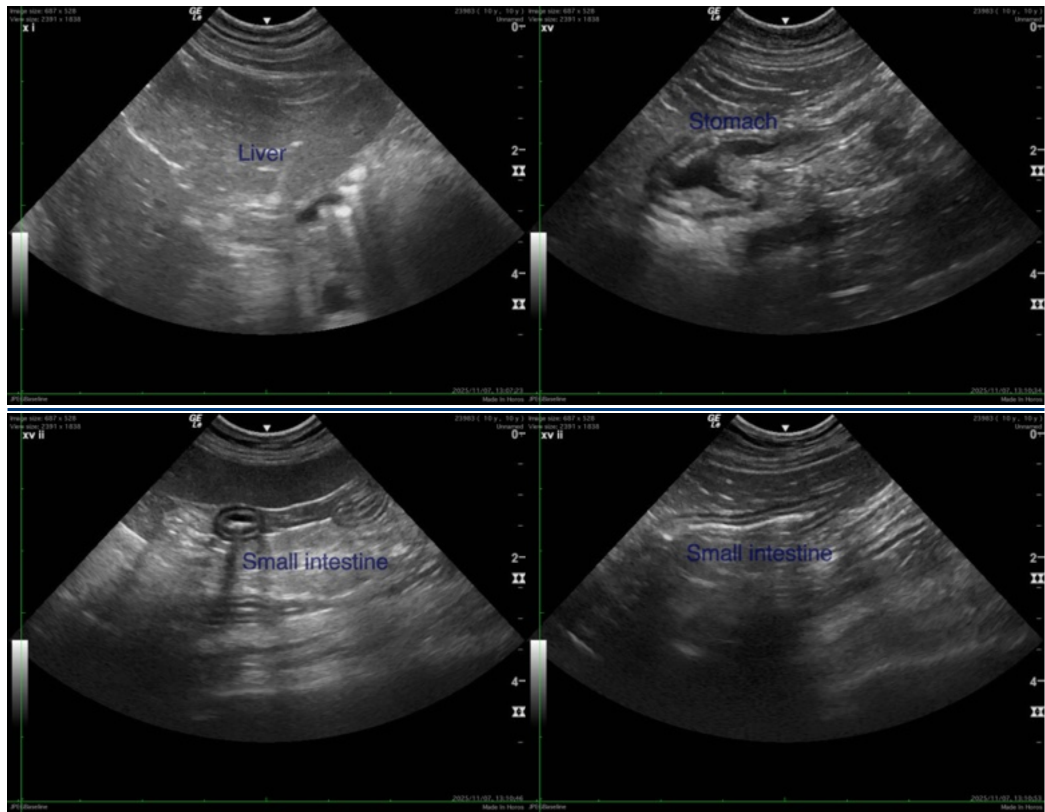
Dr. Olsen

INVOICE

68493

DATE

11/7/25



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