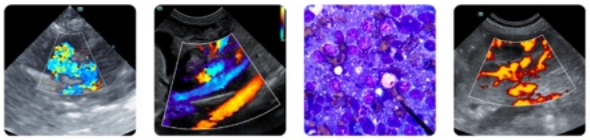


PATIENT

Mama Mercier

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Lisa Bancroft

HOSPITAL NAME

Mobile Veterinary Imaging

REFERRING VET

Dr. Shurtliff

INVOICE

69506

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: BLOATING AFTER EATING WITH DAILY VOMTING

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 3.2 cm, right measured 3.3 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

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.45 cm in width. The right adrenal gland measured 0.36 cm in width.

Spleen

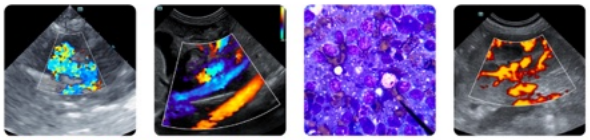
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.6 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Small, focal, hypoechogenic parenchymal nodule in the right lobe measuring 0.6 cm in size. No additional 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. The common bile duct was dilated and measured 0.4 cm in diameter.



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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. Segmental thickening of the small intestine measuring 0.35 cm with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio with normal peristaltic activity. The stomach measured 0.3 cm, duodenum measured 0.22 cm, colon measured 0.1 cm. Liquid fecal material is present in the colon.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.5 cm in width.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.7 x 2.0 cm in size and maintained a normal shape, but with an increased echogenic appearance.

A scant amount of ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.
- Hepatic nodule.
- Ascites.
- Dilated common bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be dietary hypersensitivity, parasitic enteritis and inflammatory bowel disease.

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

The hepatic nodule can be considered an incidental nodular hyperplasia.

The ascites can be ascribed as secondary to the mesenteric lymphadenomegaly.

The dilated common bile duct can be considered an incidental age related finding.

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

FNA cytology of the mesenteric lymph nodes should also be considered.

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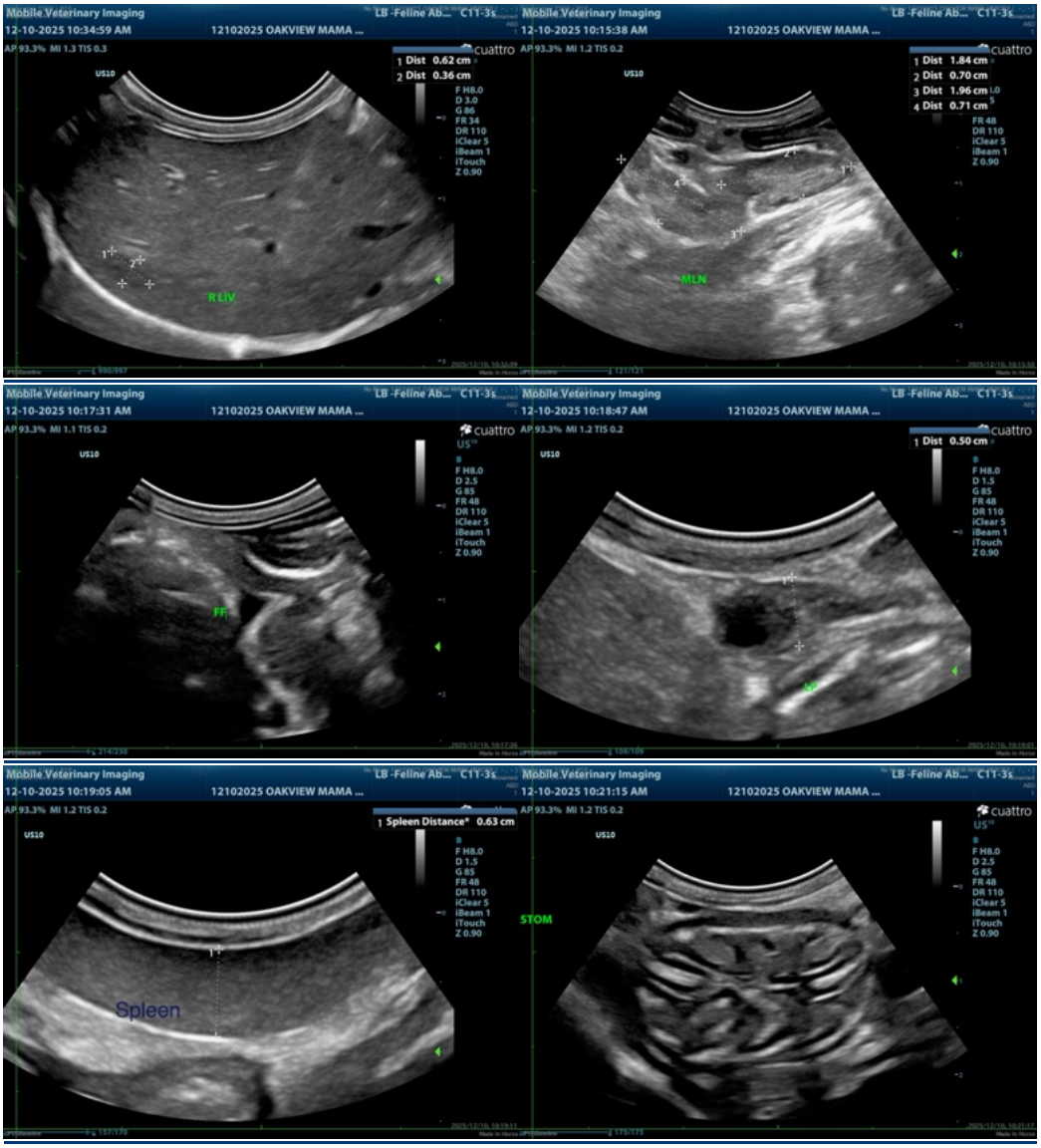
Specific therapy would be dependent on an etiological diagnosis.

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



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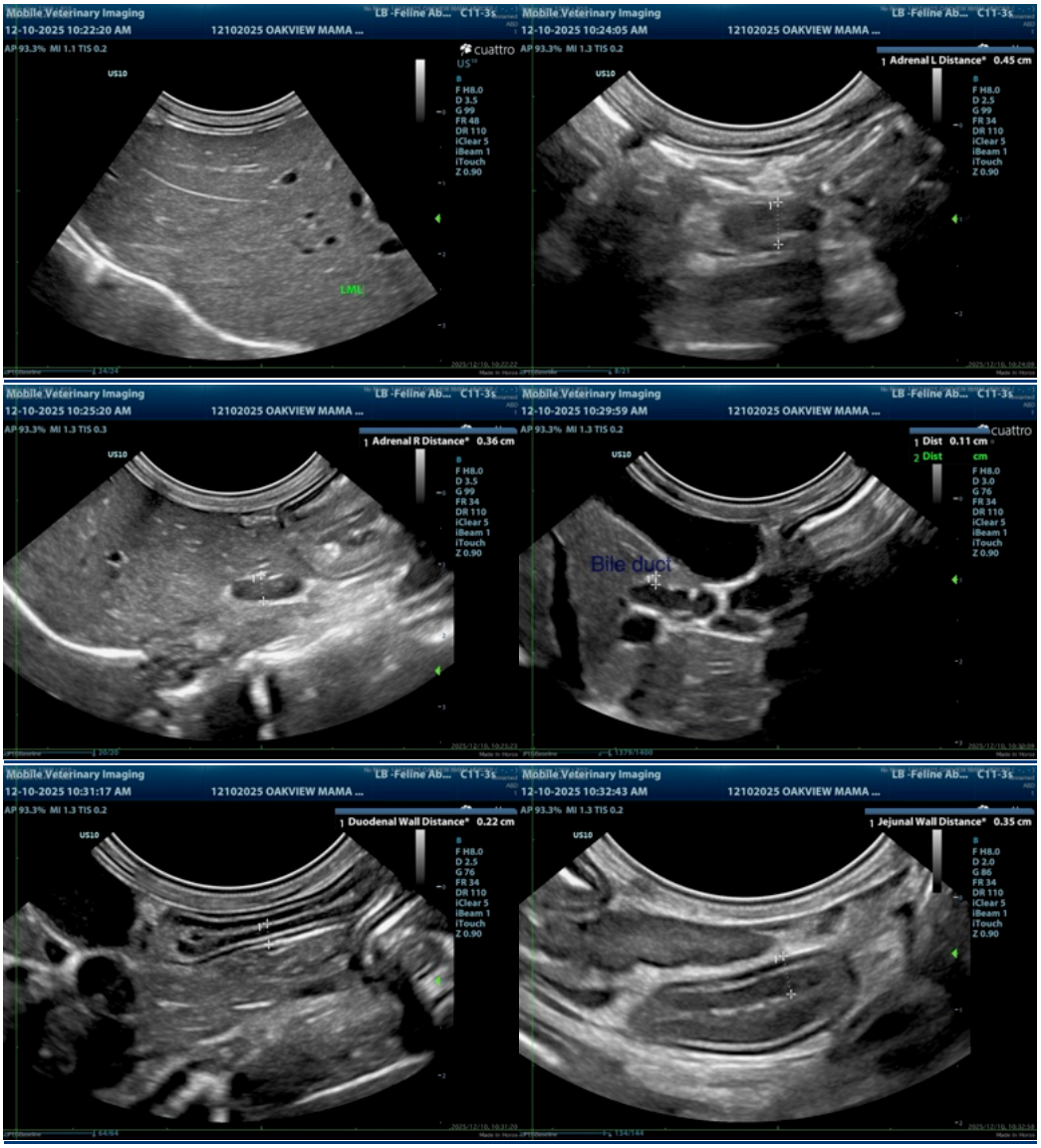

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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