



PATIENT

Mei Walko

SPECIES

Feline

BREED

Bengal

SEX

Intact Female

AGE

2 Years

WEIGHT

6.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Clinic Madison
 Mayodan

REFERRING VET

Dr. Mckinlay

INVOICE

72720

DATE

12/18/25

PRESENTING CLINICAL SIGNS

P presented for ultrasound due to chronic runny mucousy stool

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, 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. Right kidney measures 3.5 cm.

Reproductive System

Normal size and appearance of the uterine body, measuring 0.50 cm in width. Normal size and appearance of the ovaries. Left ovary measures 0.30 cm x 0.60 cm. Right ovary measures 0.40 cm x 0.70 cm. Uterine horns were not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.1 cm in length x 0.37 cm and 0.27 cm in width. Right measures 0.76 cm in length x 0.40 cm and 0.37 cm in width.

Spleen

Normal size (0.80 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, 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.



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Pancreas

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

SPECIES

Free Abdomen

Feline

Prominent mesenteric lymph nodes measuring up to 0.60 cm x 1.6 cm in width, maintaining a normal shape and echogenic appearance.

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No ascites evident.

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Normal size and ratio of the portal vein, caudal vena cava, and aorta.

Intact Female

ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenomegaly.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

2 Years

On this ultrasound there is no obvious etiology for the chronic diarrhea. The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia secondary to the chronic diarrhea, with lymphadenitis and infiltrative neoplasia being highly unlikely differential diagnoses.

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Although the GI tract appears ultrasonographically normal, with the patient's presenting clinical signs, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease should still be considered.

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Further assessment would include fecal analysis, cobalamin and folate assay, and endoscopy of the upper GI tract with biopsies. FNA cytology of the mesenteric lymph nodes could also be considered.

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Specific therapy would be dependent on an etiological diagnosis.

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Symptomatic management that could be considered would be feeding 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.

REFERRING VET

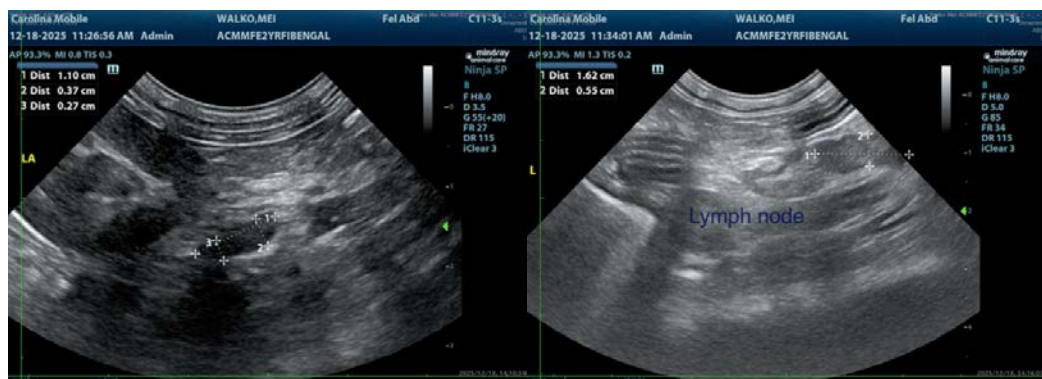
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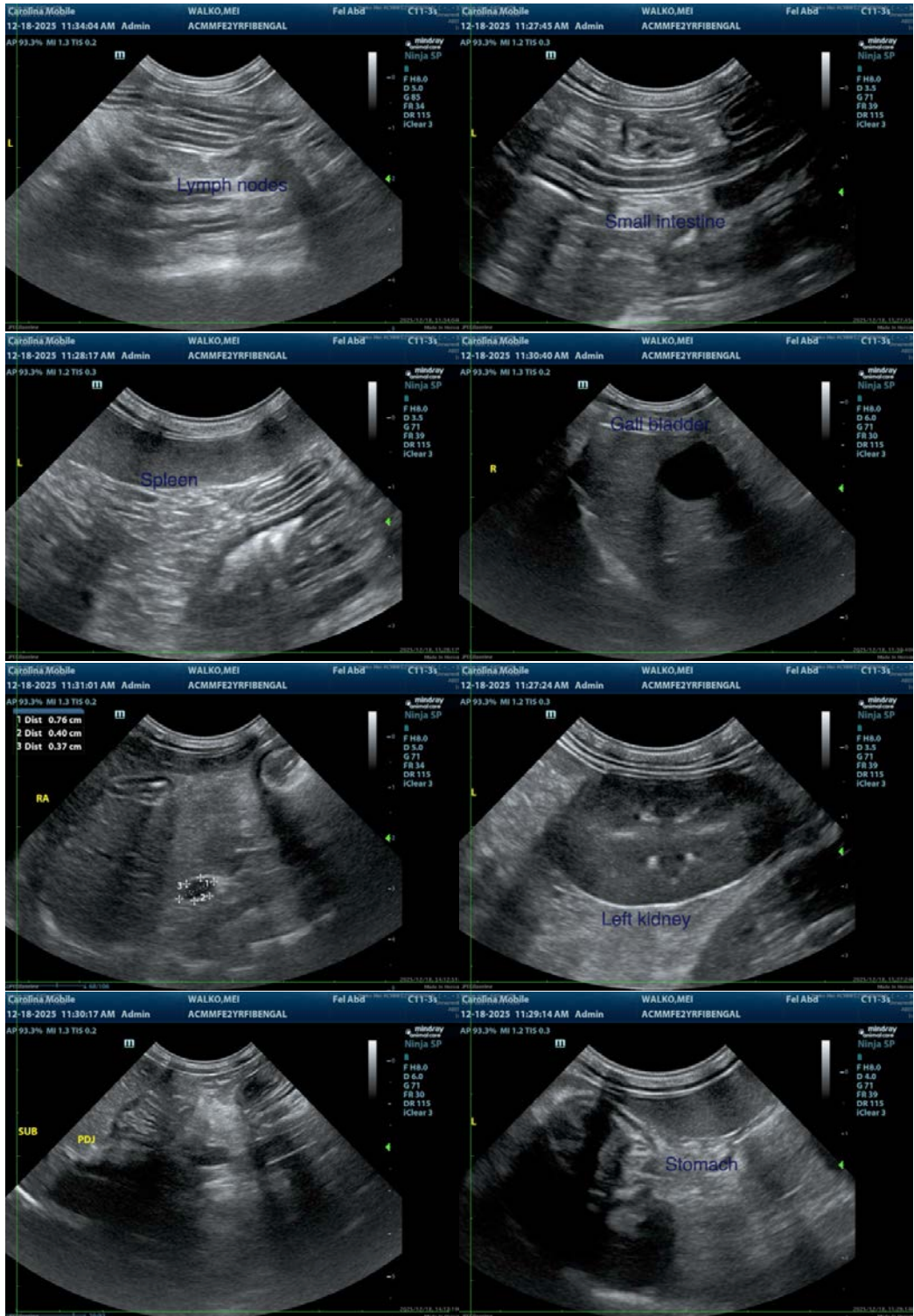
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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