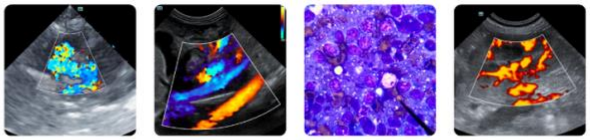


PATIENT

Shy Kitty Dexter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Axenoff

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

35985

DATE

12/21/25

PRESENTING CLINICAL SIGNS

History: Presented to rDVM on 12/18 for lethargy, decreased appetite, concern for dental disease (bad breath, hard time chewing). Chronic vomiter if eats too fast. Blood work unremarkable, scheduled dental. Presented to Wilvet South 12/20 for no improvement. Still lethargic, not eating, vomiting. Exam: dehydrated, mildly hypothermic temp 98.9, lethargic, hard stools in descending colon, ropey small bowel. Hypertension BP: 171/132(140).

Abnormal PE/Chem/CBC/UA Results: rDVM records (12/18/25): - CBC: Hct 44.3% (N), Eos 2.97k (H), rest WNL. - Chem: All WNL. Crea 1.0, SDMA 7, K 4.5 - fPL: Normal - TT4: 1.9 (N) - UA: USG >1.050, pH 6.0, quiet sediment. 12/20/25: - EPOC: Na 144 (L), K 3.6, LAC 9.02 (H), BUN 40 (H), Crea 1.55, Glu 154 (H), rest NSF. - proBNP <50 pmol/L (N) - Three-view whole body rads: Several hard stools right at distal rectum.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder, containing a scant amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall. 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. The left kidney measured 3.5 cm. The right kidney measured 3.3 cm. Normal colorflow pattern was evident on both kidneys.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.35 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 (1.0 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.

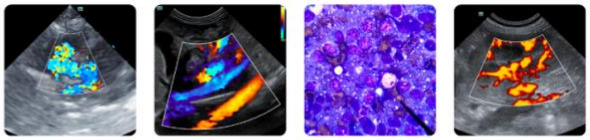
Liver

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 gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



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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 (up to 0.3 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, a hyperechogenic appearance of the mucosal layer, normal peristaltic activity, and no distention of the lumen. A large amount of fecal material was present within the colon.

Pancreas

The pancreas was normal in size with a diffuse increased echogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pleural or pericardial effusion was evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy
- Pancreatic fibrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, IBD and possibly emerging lymphoma.

Further Assessment would be fecal analysis, cobalamin and folate assay, and endoscopy of the upper GI tract with biopsies.

Initial management would be correction of the dehydration and relieving the constipation (oral laxatives and/or enema).

Further specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the enteropathy would be feeding small frequent meals of a hypoallergenic/novel protein diet, cobalamin supplementation, course of fenbendazole; and if there is still not an improvement then a course of prednisolone should be considered.

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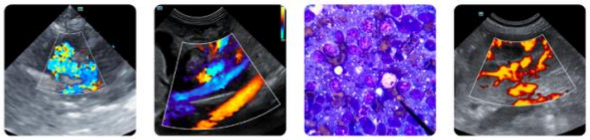

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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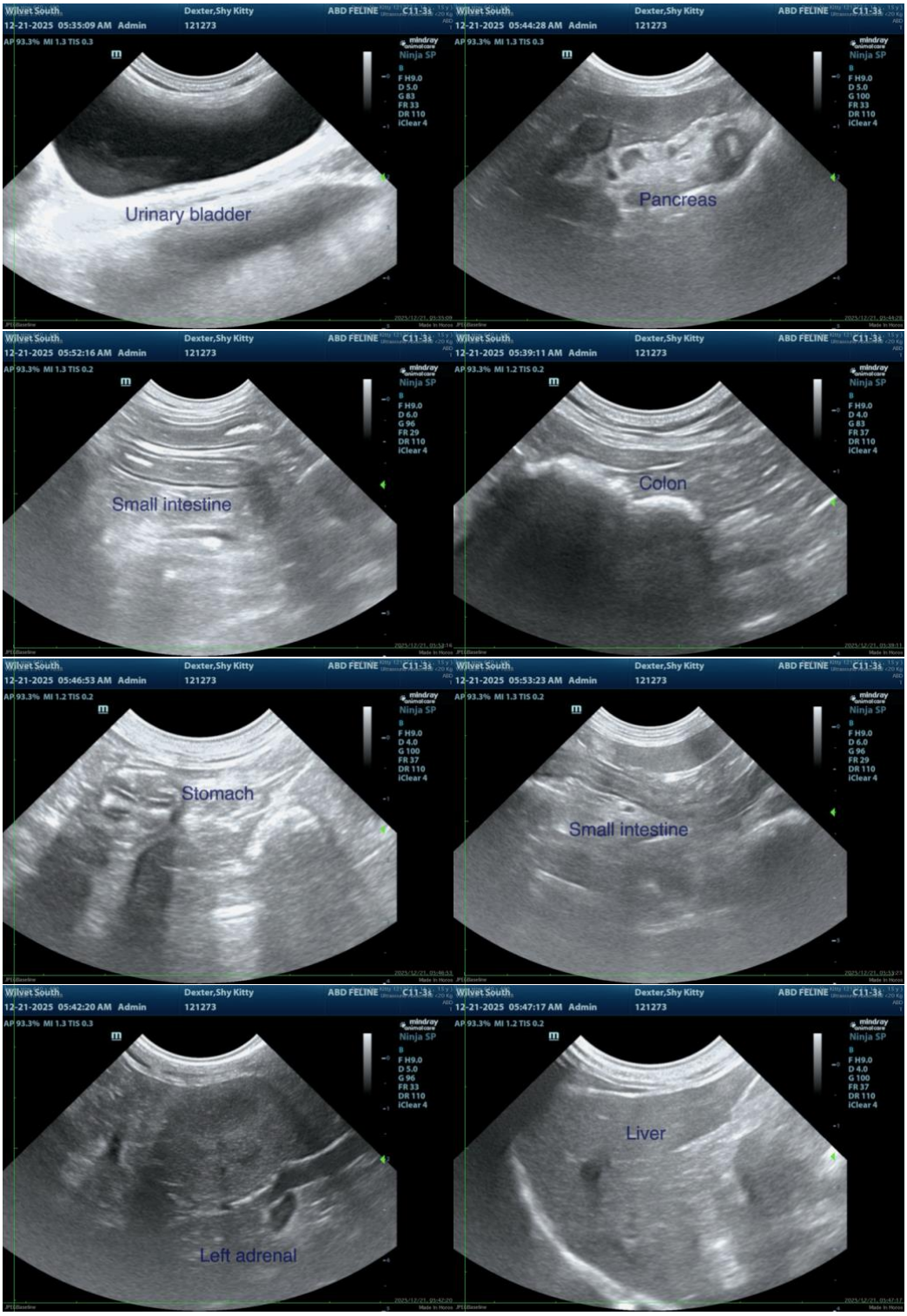

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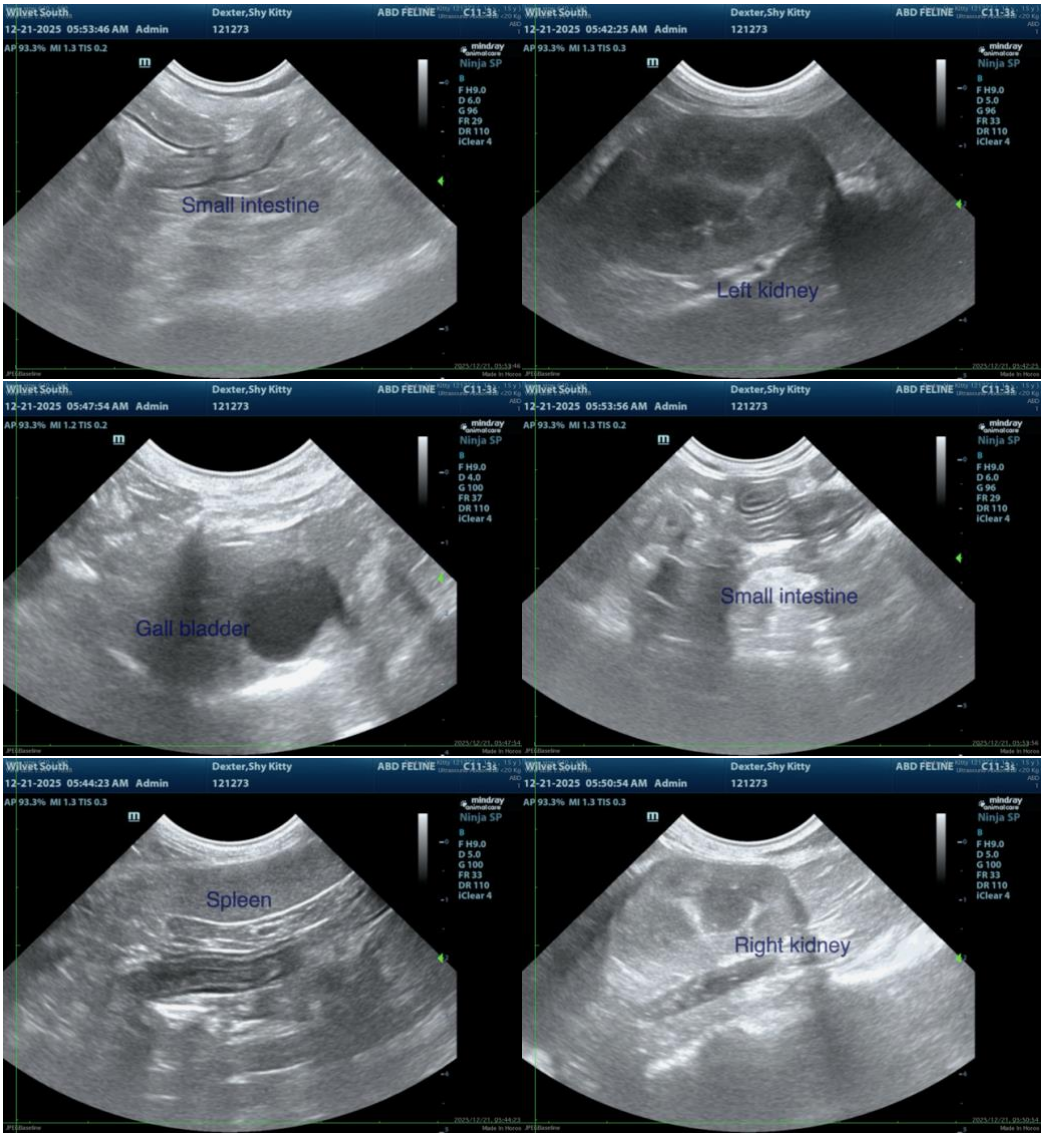

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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