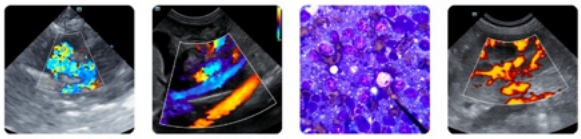
Imaging performed by

imagine SOUND LLC

dbimaginesound@gmail.com
917-647-4318



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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

PATIENT

Ra Echeverry

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

11.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Forest Hills Animal Clinic

REFERRING VET

Dr. Goenaga

INVOICE

69328

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Decreased appetite, not eating, loosing weight. Previous exam was 8/4/2025 and treated with famotidine, Pred.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra (0.2 cm), 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 4.2 cm, right measured 4.3 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. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.92 cm in length x 0.28 cm and 0.31 cm in width. The right adrenal gland measured 0.79 cm in length x 0.29 cm and 0.2 cm in width.

Spleen

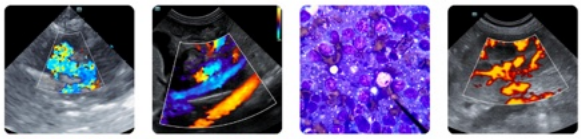
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.9 cm in width.

Liver

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

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.



PATIENT

Ra Echeverry

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

11.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Forest Hills Animal Clinic

REFERRING VET

Dr. Goenaga

INVOICE

69328

DATE

12/4/25

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. Thickening of the small intestine (up to 0.66 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

The pancreas was enlarged (left pancreas measured 0.7 cm in width) with a hypoechogenic appearance and irregular capsule. Mild increase in the echogenic appearance of the fat and mesentery surrounding the pancreas. The visible pancreatic duct measured 0.1 cm in diameter.

Free Abdomen

Enlarged mesenteric lymph nodes especially around the ileocecal junction measuring 0.5 x 1.5 cm in size maintaining a normal shape but with a hypoechogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Pancreatitis.
- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

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

Specific therapy would be dependent on an etiological diagnosis.

Initial symptomatic management would be feeding small, frequent meals of a low-fat intestinal type diet, cobalamin supplementation and a course of Fenbendazole.

PATIENT

Ra Echeverry

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

11.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Forest Hills Animal Clinic

REFERRING VET

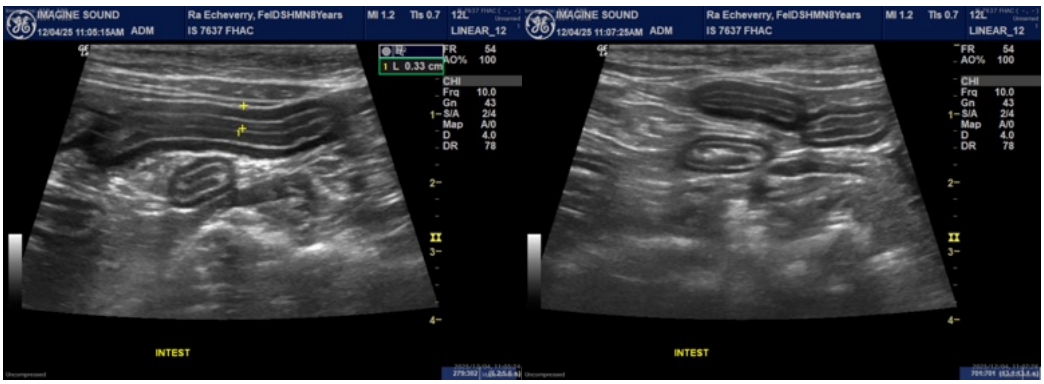
Dr. Goenaga

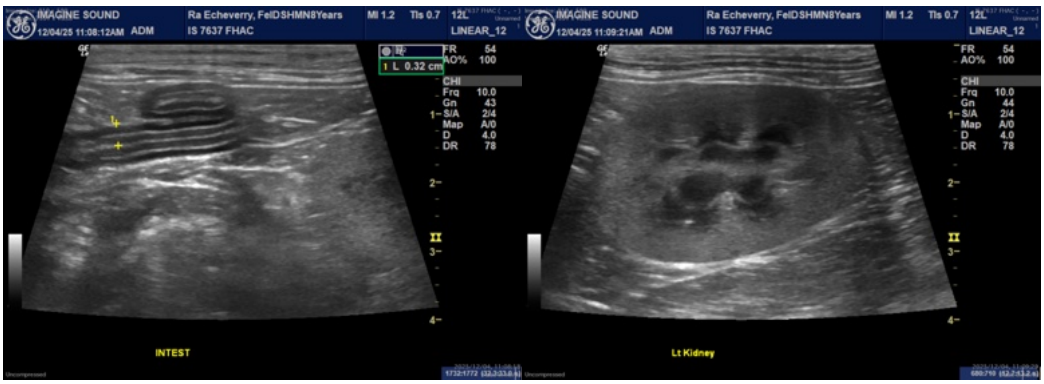
INVOICE

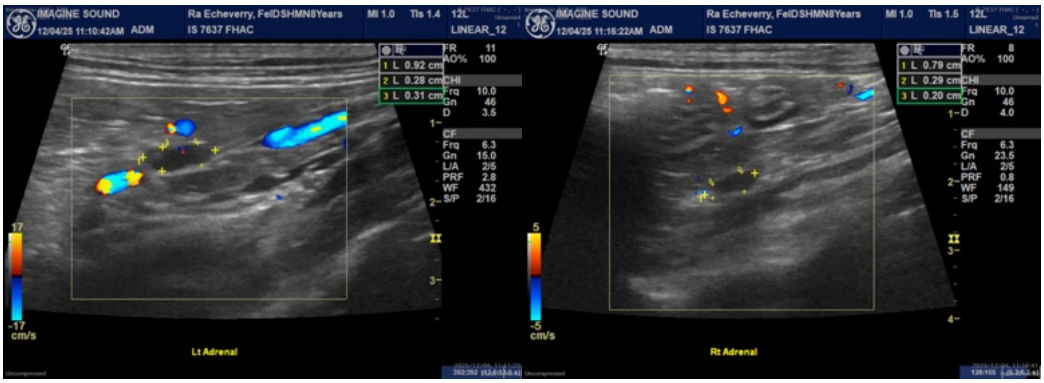
69328

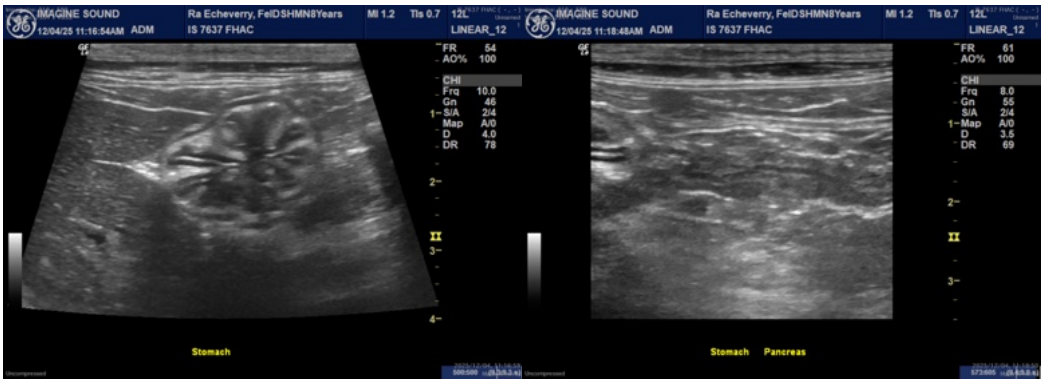
DATE

12/4/25









PATIENT

Ra Echeverry

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

11.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Forest Hills Animal Clinic

REFERRING VET

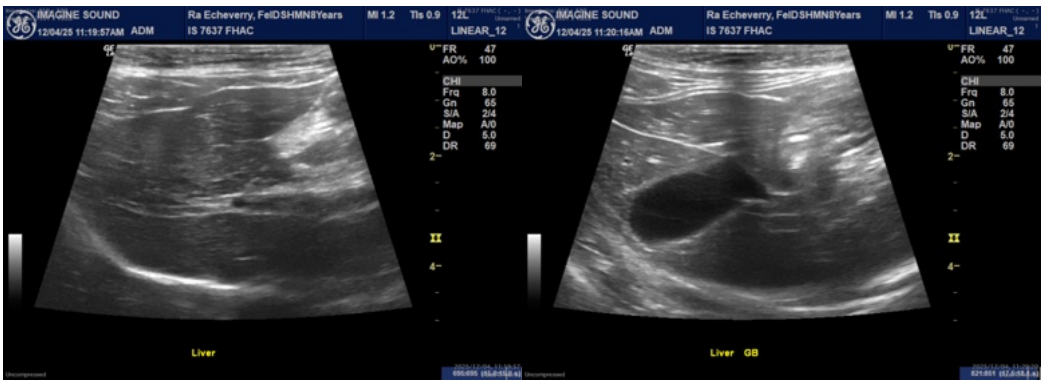
Dr. Goenaga

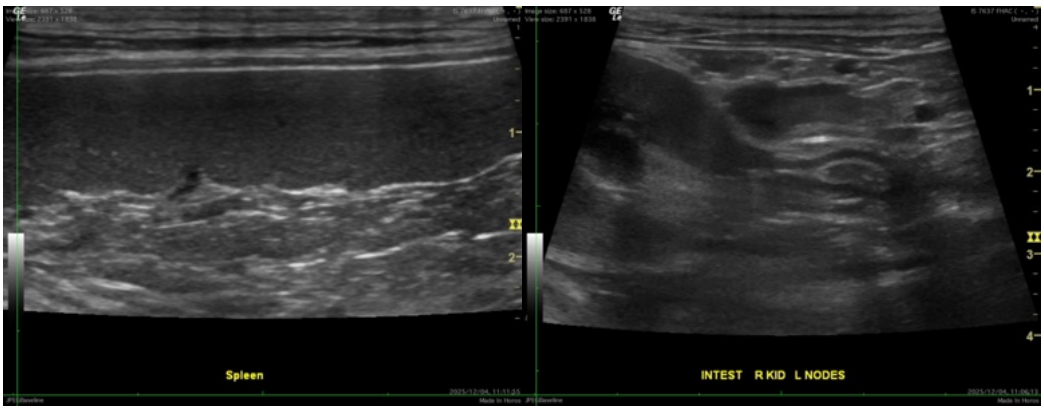
INVOICE

69328

DATE

12/4/25





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