



## PATIENT

Marvella Sapp

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

8 years

## WEIGHT

5.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Service

## REFERRING VET

Dr. Busby

## INVOICE

71535

## DATE

2/12/26

## PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: ongoing chronic diarrhea, worsening appetite over the last month, and severe worsening of diarrhea over the last week.
- PATIENT HISTORY: Hyperthyroidism, possible chronic kidney disease stage 1. Marvella is a 10-year-old cat who has been on thyroid medication for 1-2 years. The owner reports a history of weight loss, persistent vomiting (1-2+ times daily, white/foamy or undigested food), and chronic, severe diarrhea described as "straight liquid," which has led to accidents.
- Diarrhea: Has worsened recently, often occurring immediately after eating.
- Appetite: Variable and decreased when her stomach is sore. She is currently fed whatever she will eat.
- Medication: The diarrhea seemed to start after her Methimazole (a compounded liquid) was initiated. Her dose was recently increased to 1 mL BID.
- Other Notes: She has been on Metronidazole previously and received subcutaneous fluids last week for dehydration. The anti-nausea medication (Cerenia) seems to help with her vomiting
- RDVM referral for ongoing chronic diarrhea, worsening appetite over the last month, and severe worsening of diarrhea over the last week.
- MEDICATIONS: Fenbendazole - 3day course started 1/23, Cerenia 4mg, Provable, Methimazole 5mg BID
- Urine Protein 100 mg/dL Blood Hemoglobin 250 Ery/uL Red Blood Cells >50 /HPF

## 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 3.4 cm, right measured 3.4 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. The kidneys have a normal color flow pattern.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.42 cm in width. The right adrenal gland measured 0.39 cm in width.



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## *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 0.7 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.

## *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. Thickening of the colonic wall measured up to 0.35 cm with an increased echogenic appearance, but showed no loss of layering. A large amount of liquid fecal material present within the colon.

## *Pancreas*

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## *Free Abdomen*

Prominent mesenteric lymph nodes measuring 0.2 x 0.5 cm in size with a rounded shape and hypoechoic appearance.

No ascites evident.

## *Thorax*

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



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## ULTRASONOGRAPHIC FINDINGS

- Colonic thickening.
- Mild mesenteric lymphadenomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the colonic thickening would be granulomatous colitis, inflammatory bowel disease, dietary hypersensitivity and possibly emerging neoplasia.

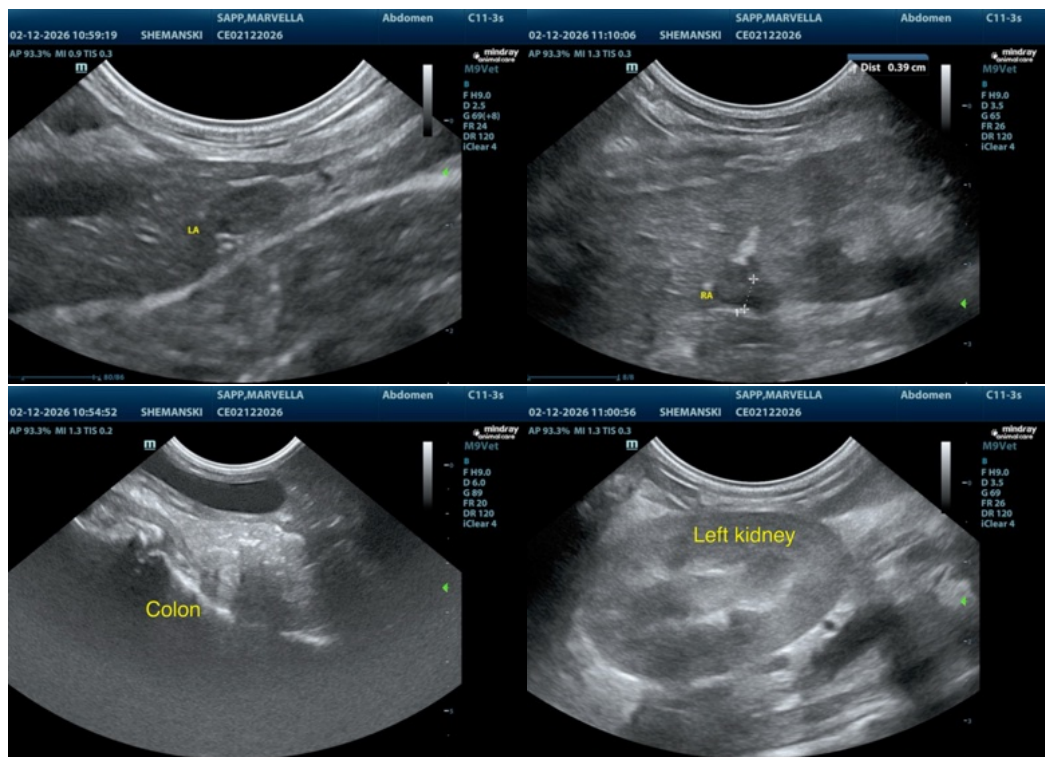
The most likely etiology for the mild mesenteric lymphadenomegaly would be reactive hyperplasia.

Although the upper GI tract and pancreas appear ultrasonographically normal, an underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease as well as low-grade pancreatitis should still be considered.

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

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, cobalamin supplementation and possibly a course of Prednisolone.





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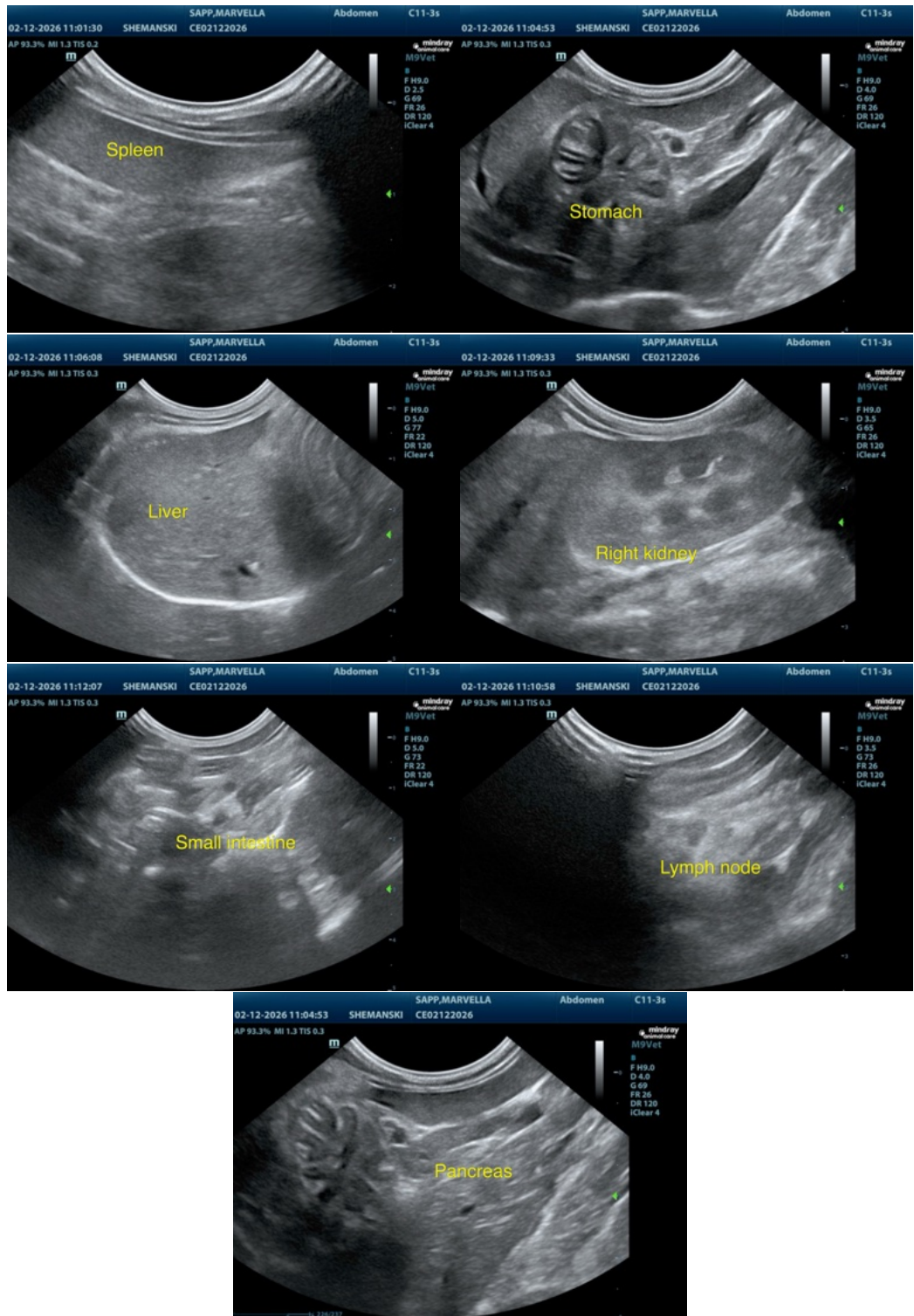
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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](mailto:info@sonopath.com)