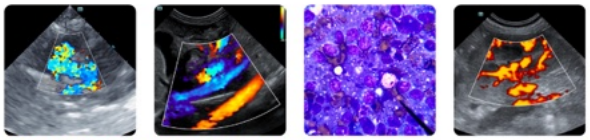


PATIENT

Schmidt Jewett

SPECIES

Feline

BREED

Domestic Longhair Maine Coon Mix

SEX

Neutered male

AGE

13 years

WEIGHT

12.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Desen Ertunc DVM

HOSPITAL NAME

Humboldt Veterinary Medical Group

REFERRING VET

Dr. Renner

INVOICE

71722

DATE

2/19/26

PRESENTING CLINICAL SIGNS

- History (250 words max): 13 year old MN cat seen on 2/12/26 for 3 day history of ADR and decreased appetite. Pancreatitis suspected (rule out neoplasia.)
- Client reports marked improvement at time of U/S with good appetite and energy levels. No vomiting in 5 days.
- Abnormal PE: QAR, mild dehydration. Grade II-III/VI systolic murmur. *Abnormal CBC/Chem/UA/rads (& date obtained): Test results from 2/12/26 - CBC: RBC 5.94 (6.54-12.20), Hct 24.0 (30.3-52.3), Hgb 8.4 (9.8-16.2), WBC 26630 (2870-17020), Neu 18990 (2300-10290), Lym 7250 (920-6880), Eos 70 (170-1570) CHEM: Glc 224 (71-159), SDMA 23 (0-14), Crea 3.8 (0.8-2.4), BUN 50 (16-36), Ca 12.8 (7.8-11.3), Lip 2083 (100-1400) Pancreatic lipase: 17.0 (0-4.4) T4: 0.9 (0.8-4.7) Urinalysis (cystocentesis): sg 1.012, pH 6.0, Glc 1000, RBCs 17/hpf, WBCs <1/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.

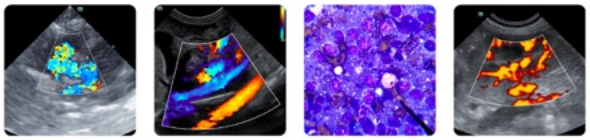
Normal left renal size (4.5 cm), small right renal size (3.2 cm), both with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.89 cm in length x 0.39 cm and 0.41 cm in width. The right adrenal gland was not visualized.

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 1.0 cm in width.



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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, 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 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 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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would be consistent with chronic kidney disease and in line with the patient's blood work.

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a possible differential diagnosis as hypercalcemia is present.

Further assessment of the renal disease would be UPC and blood pressure.

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

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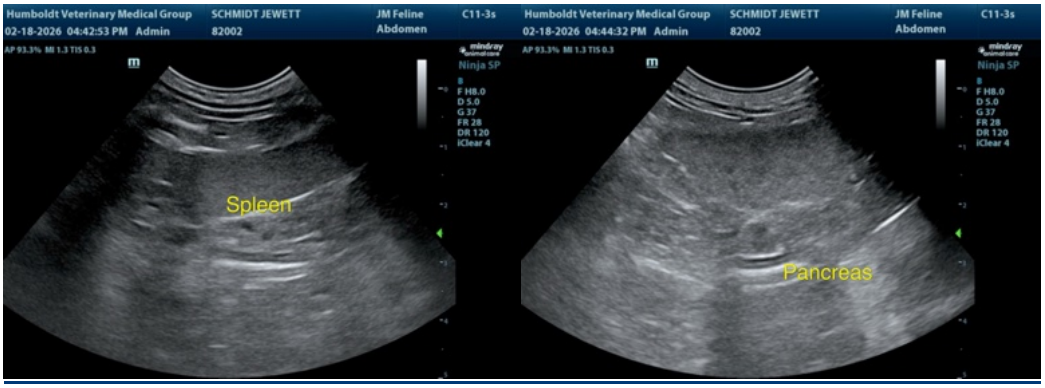
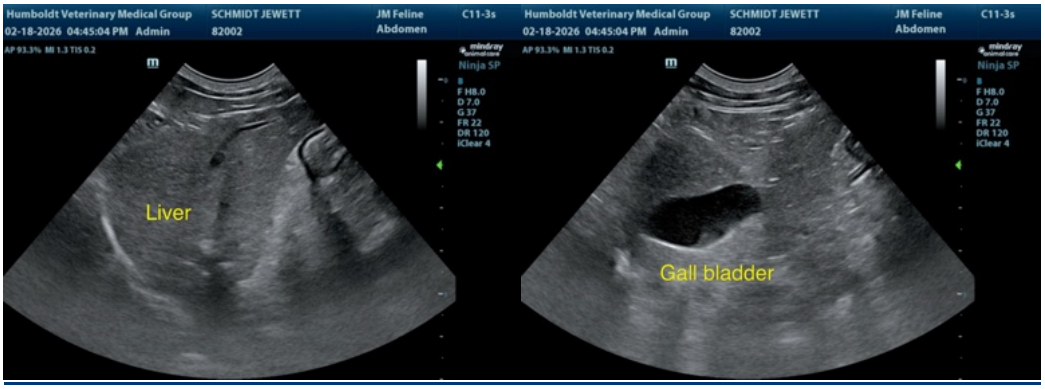
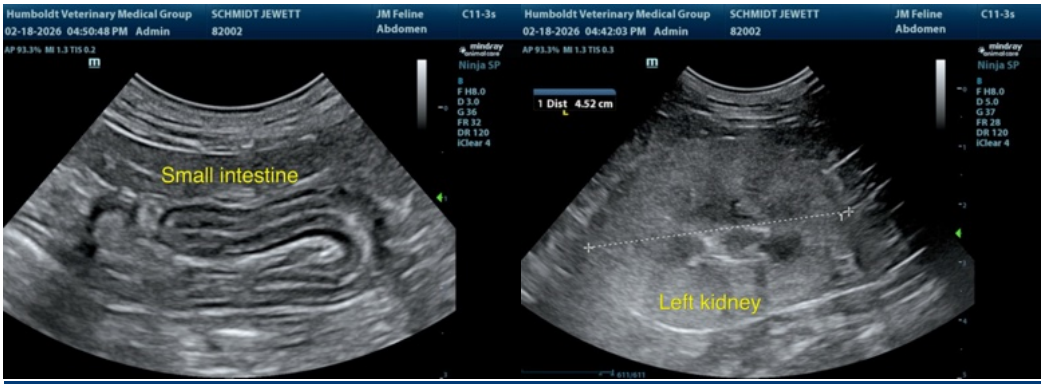
Further assessment of the hypercalcemia would be hypercalcemic malignancy panel.

Further specific therapy would be dependent on an etiological diagnosis.







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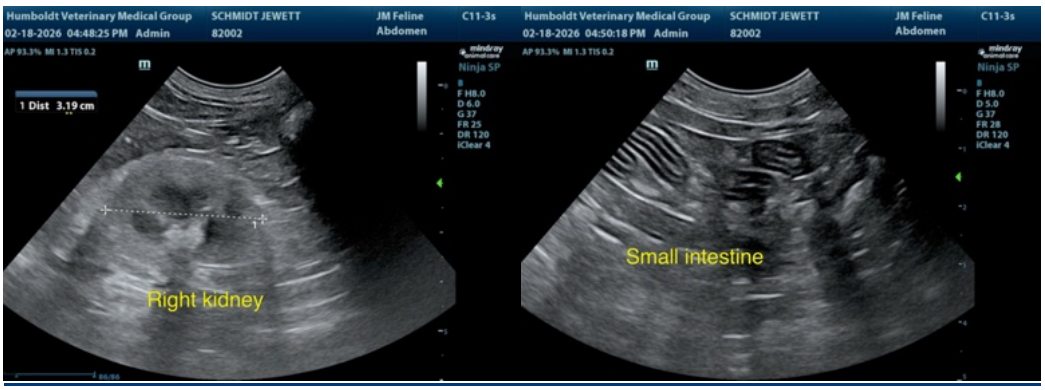

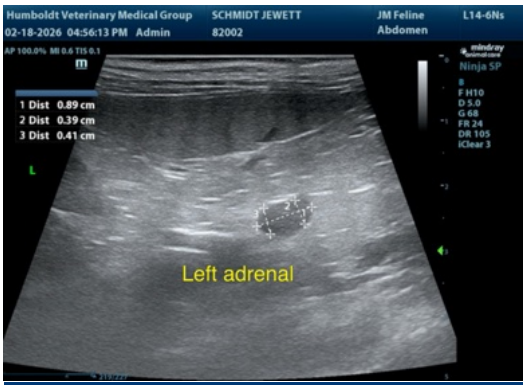

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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