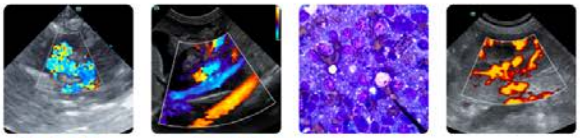

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info@carolinavetmobile.com 800.808.5948

PATIENT

Frosty Markovics

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

7.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the High Country

REFERRING VET

Dr. Sturgill

INVOICE

73123

DATE

2/20/26

PRESENTING CLINICAL SIGNS

P may be older than 3 years unknown. Progressive weight loss with intermittent vomiting and decreased interest in dry food. Abdominal palpation today noted “ropey” intestines. Pertinent History: Weight trend: previously ~10.0 lb (01/07/2025), 7.70 lb (12/26/2025), 7.58 lb (12/29/2025), 7.18 lb (02/19/2026). GI signs: vomiting associated with canned food; history of vomiting/diarrhea episodes during diet changes (late Dec). Currently reluctant to eat dry; will eat human food. No current diarrhea reported today. Diet currently: Royal Canin Selected Protein PR dry; Fortiflora every other day. Owner suspects chicken sensitivity historically. (O is giving cheese, salmon oil, etc.) Prior hypercalcemia on senior screen (12/27/2025 total Ca 12.0); subsequent workup: hypercalcemia panel and malignancy panel reportedly normal; iCa normal today at 1.3 (ref 1.21–1.51), hypercalcemia considered resolved/spurious.

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 kidneys measure 3.9 cm each. Normal color flow pattern.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.67 cm in length x 0.26 cm and 0.28 cm in width. Right measures 1.01 cm in length x 0.42 cm and 0.42 cm in width.

Spleen

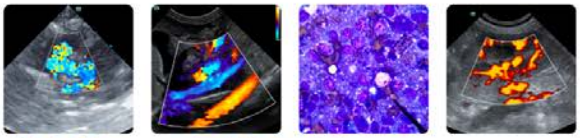
Normal size (0.60 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

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

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



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Gastrointestinal

Normal thickness of the small intestine (up to 0.26 cm) with no loss of layering but with an increase in the muscularis to mucosa ratio. Normal peristaltic activity, no distention of the lumen. Normal appearance of the stomach, 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. Fecal material is present within the colon.

Pancreas

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

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.

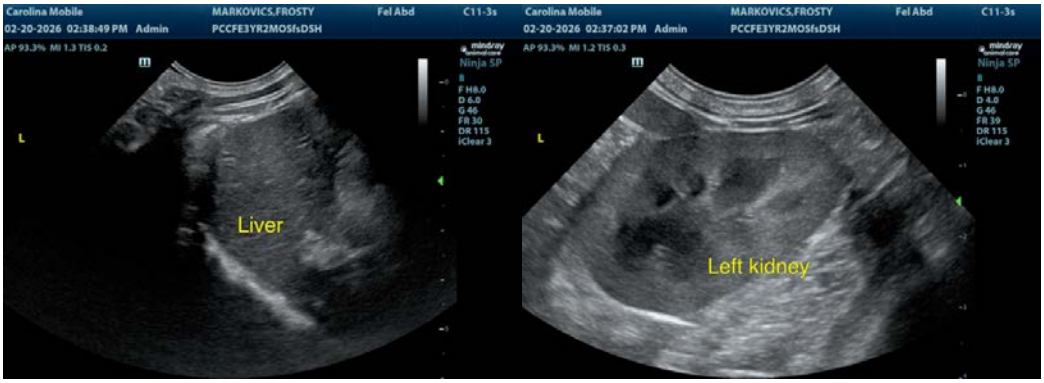
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease, with emerging lymphoma being an unlikely differential diagnosis.

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

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding small, frequent meals of a novel protein/hypoallergenic diet, a course of Fenbendazole, cobalamin supplementation, and if there is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.



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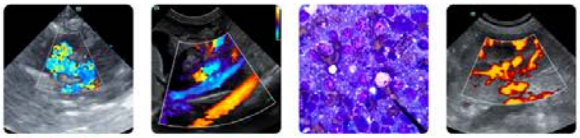

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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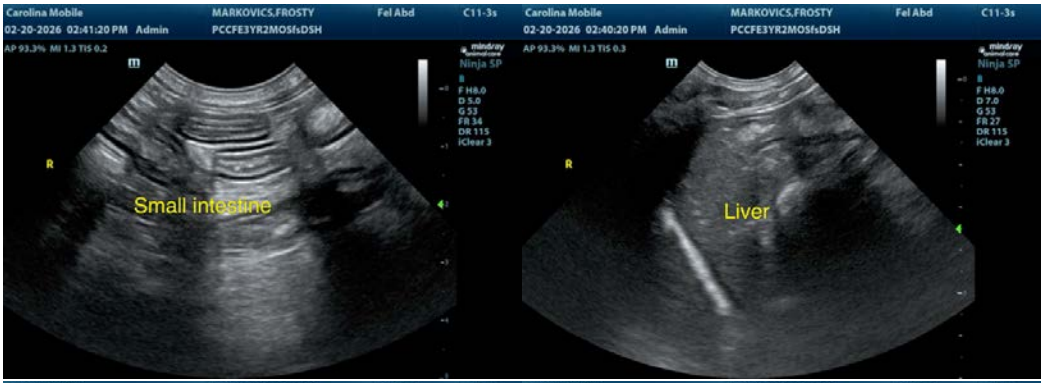

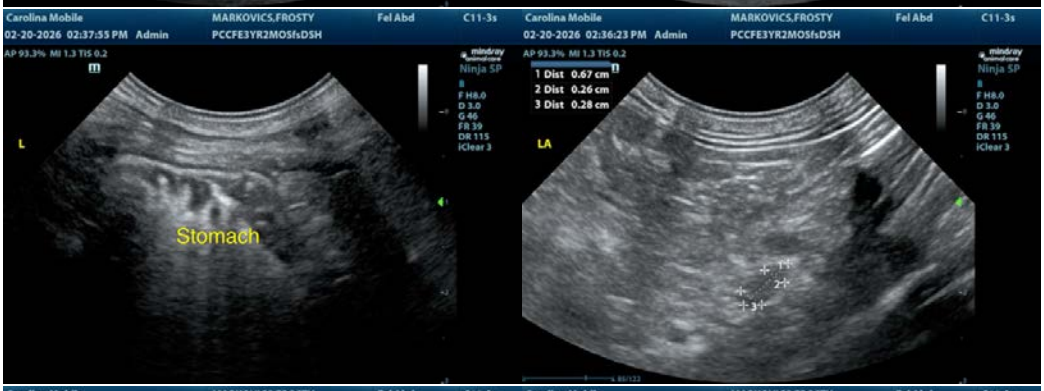

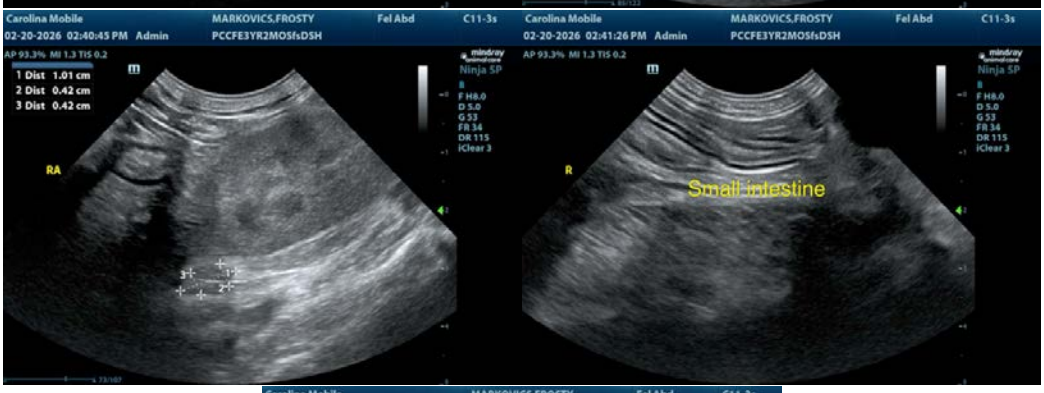

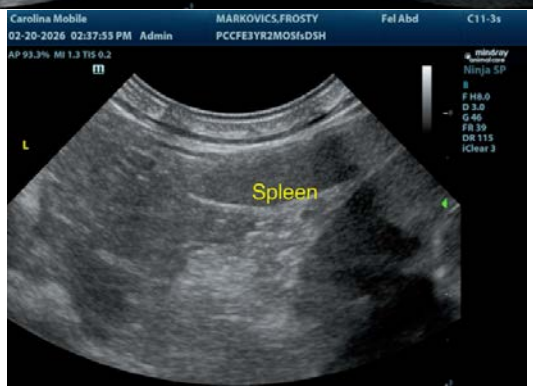

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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