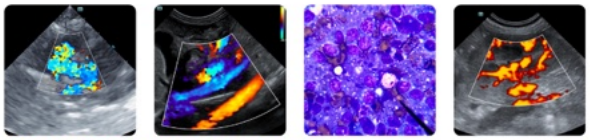


PATIENT

Duncan Leech

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

14 years

WEIGHT

7.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Susan Neno

INVOICE

71837

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Not eating, weight loss. Presented to rDVM on 2/19/2026. History of hyperthyroidism for 6 months, well-regulated. Normal chemistry, fPL, and T4 on medication. Abdominal palpation was gassy, but no masses were palpated. The weight loss is concerning. He seems to be hungry but then eats only a little bit of chicken and tuna. rDVM added Mirtazapine on 2/23.
- CURRENT MEDICATIONS - Baytril 22.7 mg: 1/2 tablet PO SID, Metronidazole 50 mg: PO BID, Mirtazapine 15 mg: 1/4 tablet PO q3d, Cerenia 16 mg: 1/4 tablet PO SID, Methimazole 5 mg: PO BID
- Significant vomiting started approximately 2.5 weeks ago, initially intermittent but became daily. Vomiting is controlled with Cerenia. Stools have been loose for approximately one week. Appetite is poor; has been eating only tuna and rotisserie chicken for the last few days. Indoor only. Chronic life history of vomiting at least once or twice a month.
- MEDICATIONS: Baytril 22.7 mg: 1/2 tablet PO SID, Metronidazole 50 mg: PO BID, Mirtazapine 15 mg: 1/4 tablet PO q3d, Cerenia 16 mg: 1/4 tablet PO SID - the cerenia has been helping per o. Methimazole 5 mg: PO BID

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, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

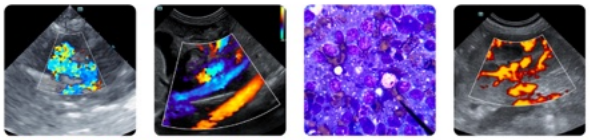
Normal renal size (left measured 4.1 cm, right measured 4.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern was noted.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.38 cm in width. The right adrenal gland measured 0.6 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 0.5 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 (up to 0.3 cm) with no loss of layering, but with segmental increase in the muscularis to mucosa ratio, decreased peristaltic activity and containing a moderate amount of fluid and gas, but with no distension of the lumen evident.

Pancreas

The pancreas was enlarged (left pancreas measured 1.0 cm in width) with a hypoechogenic appearance and an irregular capsule. The visible pancreatic duct measured 0.2 cm in diameter. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 1.0 x 1.8 cm in size with an increased ehogenic appearance and a slightly rounded shape.

A scant amount of ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Pancreatitis.
- Mesenteric lymphadenomegaly.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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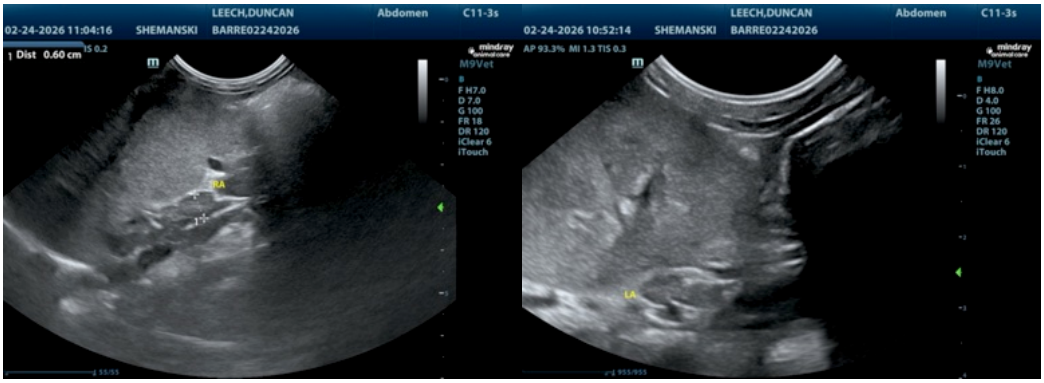
Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia secondary to the enteropathy, lymphadenitis and possibly infiltrative neoplasia.

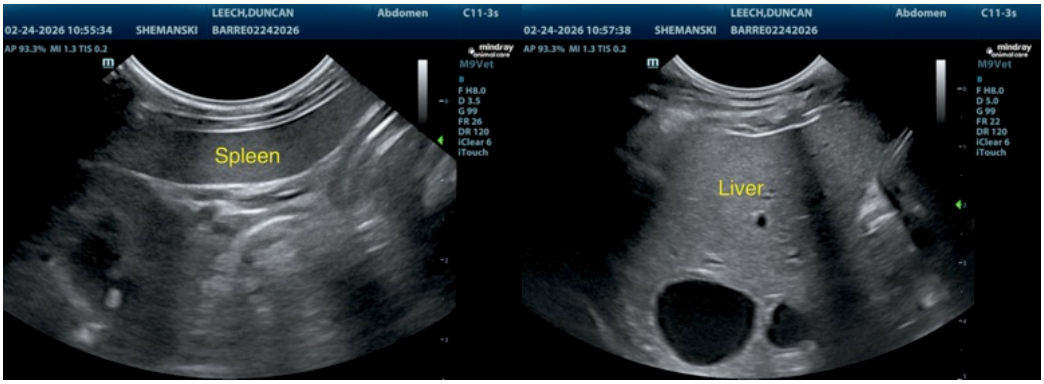
The ascites can be ascribed as secondary to both the pancreatitis and enteropathy.

Further assessment would be cobalamin and folate assay, FNA cytology of the mesenteric lymph nodes and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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





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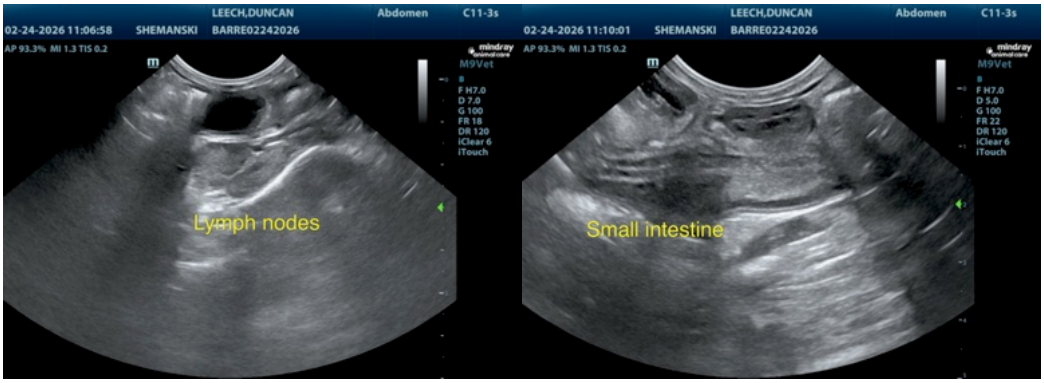

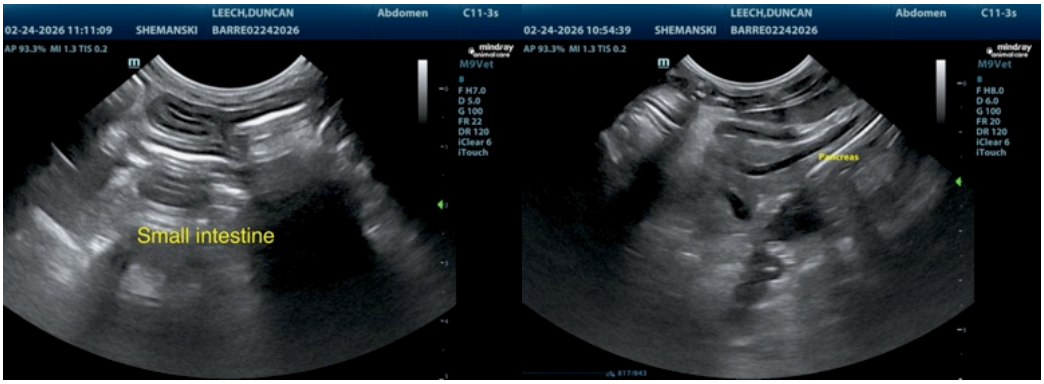

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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