



PATIENT

Lucas Benewick

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

17 years

WEIGHT

5.4 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

71835

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Weight loss despite ravenous appetite. Rule out neoplasia versus inflammatory bowel disease versus pancreatitis.
- Brief Patient History: Lucas has known IBD and low B12 (not currently supplementing). No vomiting or diarrhea. He has early chronic kidney disease and his weight is continuing to drop. RDVM would like to rule out lymphoma versus other neoplasia.
- MEDICATIONS: Prednisolone - o d/cd - resumed 5mg SID 2/18/26
- Hematocrit: 29.2% - Neutrophils: 11.19 K/uL (high normal) - BUN: 41 mg/dL - Creatinine: 1.1 mg/dL - IDEXX SDMA: 8 ug/dL - Total T4: 1.2 ug/dL (normal) - Blood Glucose: 122 mg/dL (normal) - Urine Glucose: 50 mg/dL - Urine Protein: Trace - Urine Specific Gravity: 1.014

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 3.6 cm, right measured 3.6 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal 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. Left adrenal gland measured 0.42 cm in width. The right adrenal gland measured 0.42 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 0.8 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.



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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 0.28 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 0.6 cm in width) with an increased echogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of ascites present.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Chronic pancreatitis versus pancreatic fibrosis.
- Renal disease.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine would be consistent with the diagnosis of inflammatory bowel disease as per the patient's history.

Emerging lymphoma would be a less likely differential diagnosis.

Parasitic enteritis and dietary hypersensitivity should still be considered as differential diagnosis.

The appearance of the kidneys is consistent with chronic kidney disease an in line with the patient's history.



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The ascites can be ascribed as secondary to the enteropathy.

Lucas Benewick

Further assessment of the enteropathy that can be considered would be fecal analysis, FPL/PSL assay and endoscopy of the upper GI tract with biopsies.

SPECIES

Further assessment of the renal disease (if not already done) would be UPC and blood pressure.

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Management of the inflammatory bowel disease would be feeding a novel protein/hypoallergenic diet, cobalamin supplementation and Prednisolone.

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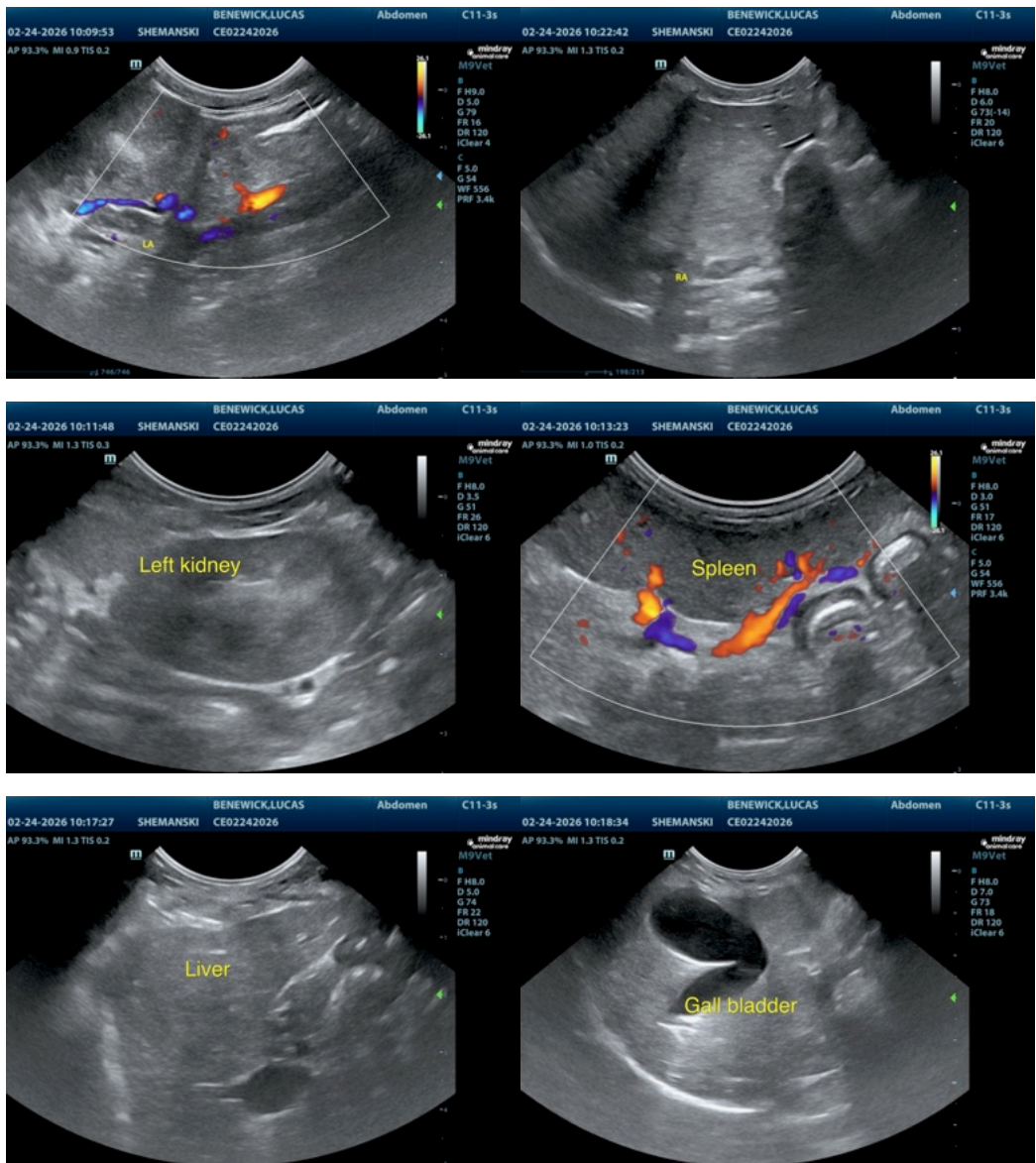
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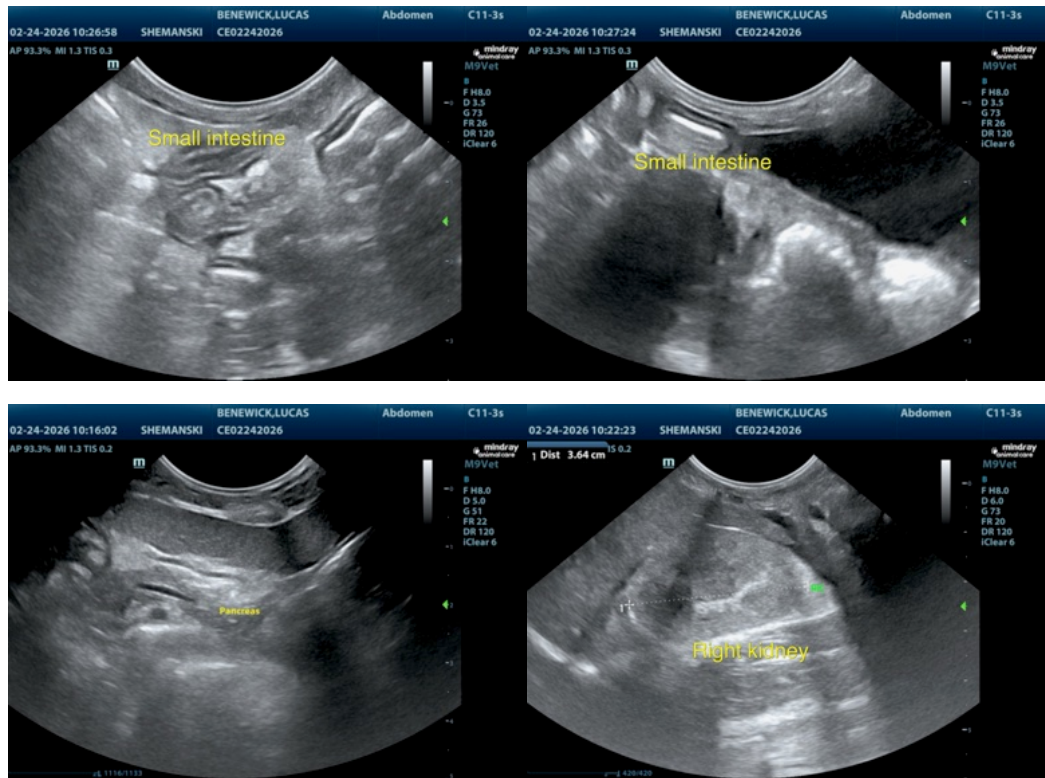
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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