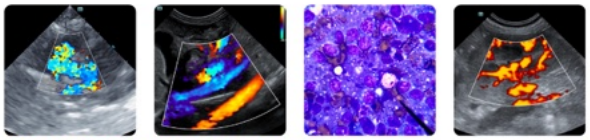


PATIENT

Oreo Moller

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

12 years

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Tarr, CVT

HOSPITAL NAME

Ark AH

REFERRING VET

Dr. Penraat

INVOICE

71953

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- Seen 2/24 for vomiting bile for 2 days. Bloodwork ran, 100mls LRS given SQ, Cerenia 8mg SID dispensed which was never given.
- Presented today (2/25) for additional imaging due to continued vomiting for more than 48 hours. Last BM was yesterday AM (normal). Occasionally will have soft stools. Vomiting/dry heaving all day yesterday. No appetite this AM. Vomited large hairball yesterday or the day before.
- CBC: Eosinophils 0.068 Chem: SDMA 13 BUN 41 Creatinine 2.3 Total Protein 9.5 Globulin 6.0 T4 2.8 Pancreatic Lipase run on 2/25: 4.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 3.8 cm, right measured 4.3 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

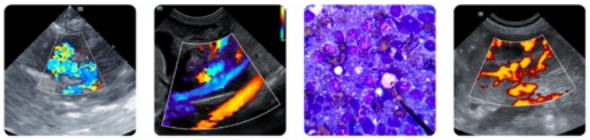
The left adrenal gland is normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.36 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

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.



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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 with no loss of layering, but with mild, segmental increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

Normal size (left pancreas measured 0.4 cm in width) with an increased echogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Pancreatitis.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis.

Although the enteropathy may be secondary to the pancreatitis, parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease should still be considered.

Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies (as needed), antiemetics, opioid analgesics and feeding small frequent meals of a low fat intestinal type diet.

If there is not a satisfactory improvement, then further assessment of the enteropathy would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies with further specific therapy dependent on an etiological diagnosis.

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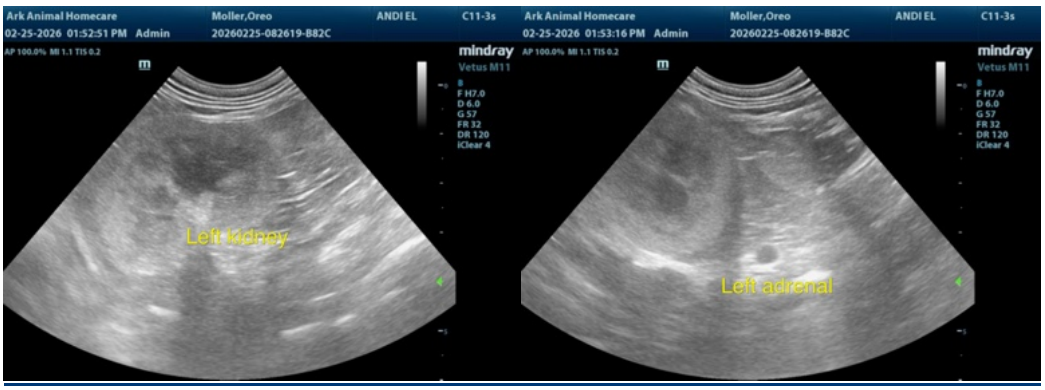

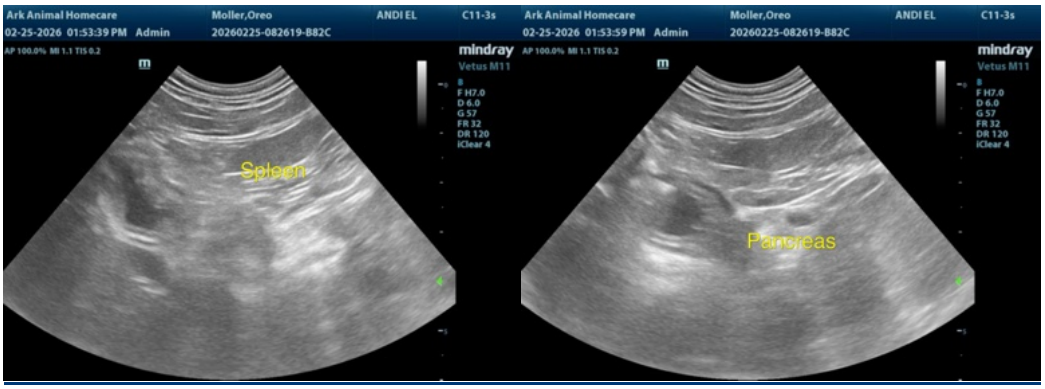

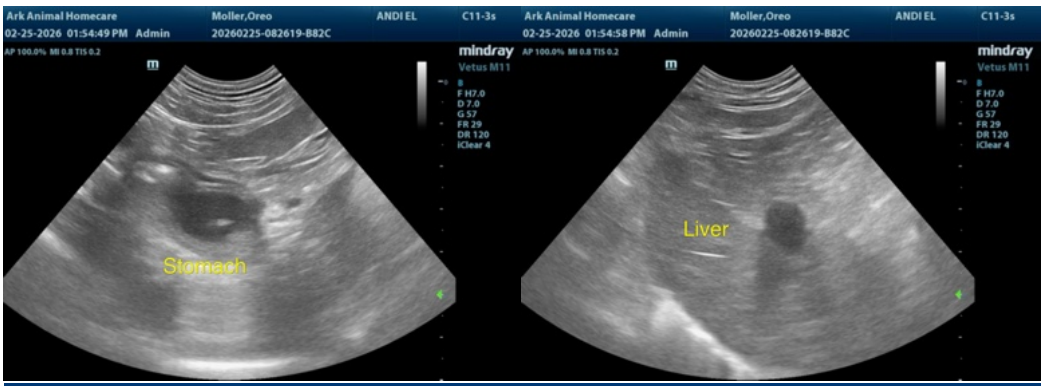

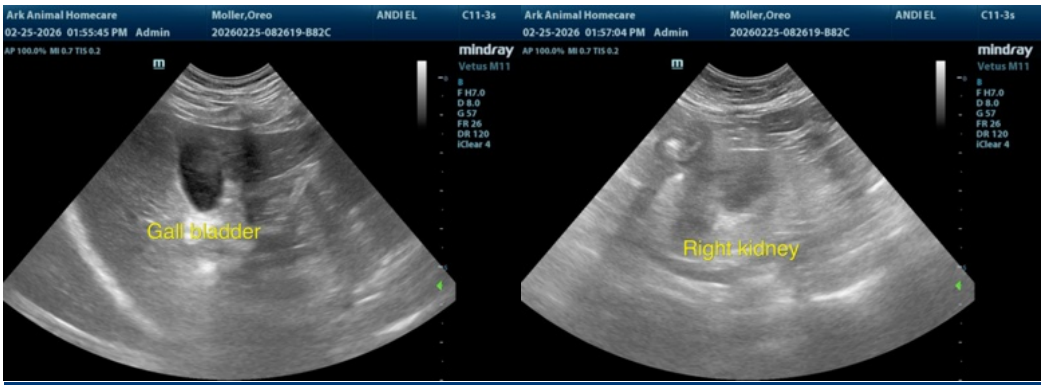

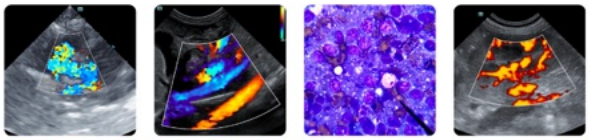

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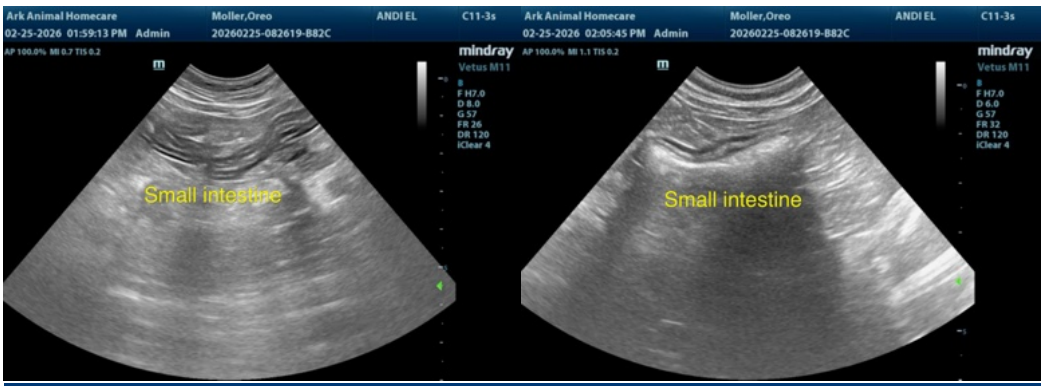

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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