



PATIENT

Mickey Orosz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

4.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Ernst

INVOICE

71231

DATE

2/4/26

PRESENTING CLINICAL SIGNS

- Mickey was diagnosed with PID in October 2024, and made a full recovery with treatment
- Came in end of January for vomiting daily, for 2-3 weeks decreased appetite. O mentioned vomiting is fairly typical for him but this has been more than his normal.
- CBC: -low normal HCT Chemistry: -mildly increased amylase: -mild hyperproteinemia: -elevated creatinine 2.2 mg/dL - stable IRIS stage 2 CKD T4: wnl USG: 1.016 - mildly concentrated sample

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 renal size (left 3.2 cm, right 3.5 cm), normal echogenic appearance, some loss of cortico-medullary differentiation, bilateral pyelectasia and a regular curvilinear 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 0.48 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 1.0 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. Thickening of the small intestine (up to 0.36 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 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

Enlarged mesenteric lymph nodes measuring up to 0.6 x 1.7 cm in size maintaining normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.
- Renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

The appearance of the kidneys is consistent with chronic kidney disease as per the patient's history.

Although the pyelectasia is most likely associated with the chronic renal changes, underlying low-grade pyelonephritis should still be considered.

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



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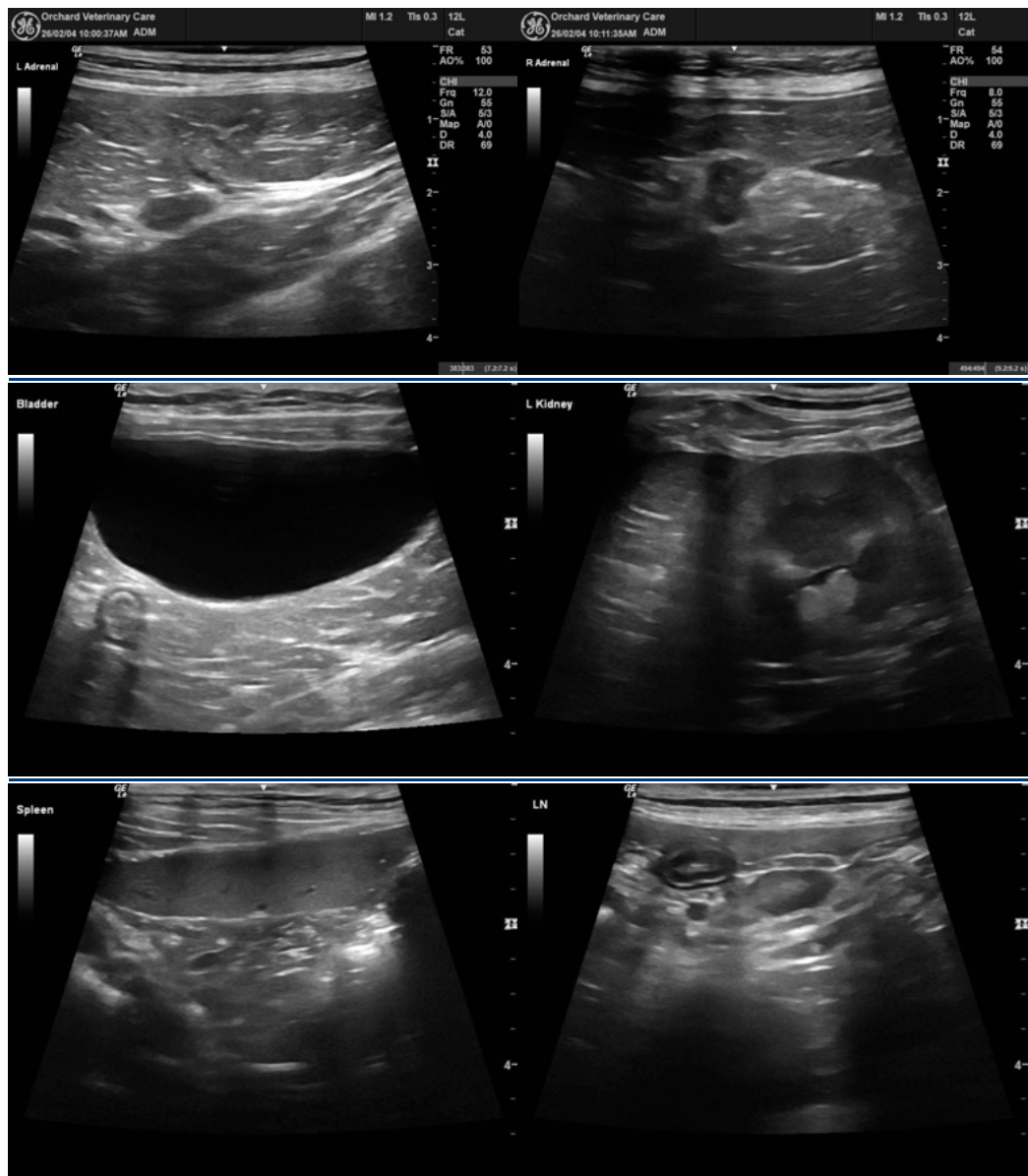
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FNA cytology of the mesenteric lymph nodes can also be considered.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the enteropathy would be feeding small, frequent meals of a novel protein/hypoallergenic diet (needs to be balanced with the renal disease), 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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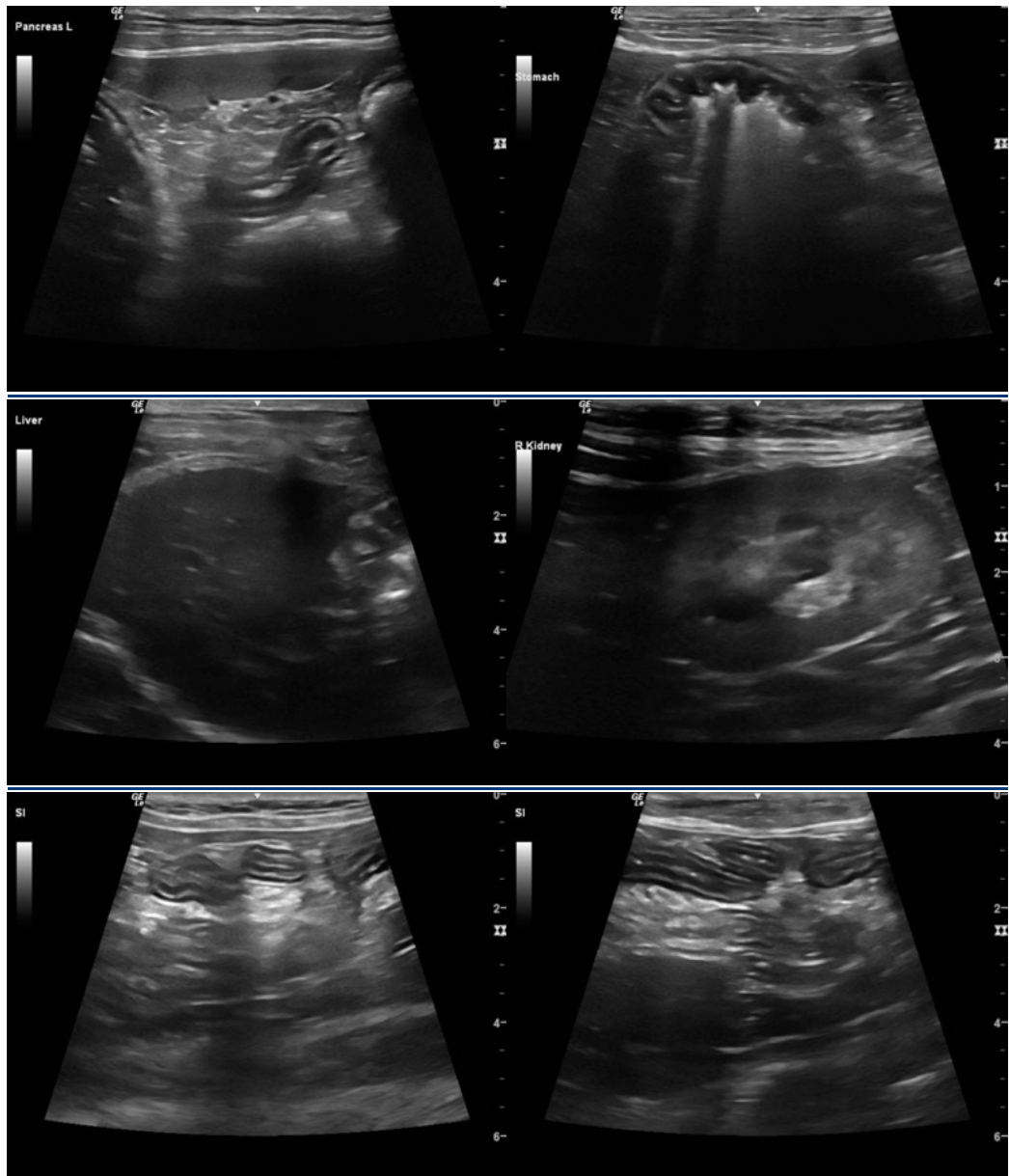
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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