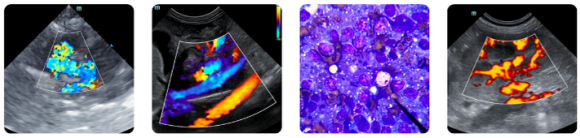


PATIENT

Hitch Cvon

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10y

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Coutry Lakes AC

REFERRING VET

Dr. Griffith

INVOICE

13272

DATE

3/10/26

PRESENTING CLINICAL SIGNS

History:

- Hx of hypoalbuminemia, hypoproteinemia.
- Chronic Gastritis + Vomiting.
- Intestines feel thickened on abdominal palpation
- R/O PLE vs PLN

Abnormal PE/Chem/CBC/UA Results: Hypoalbuminemia UA Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing small 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 with increased echogenic appearance but maintaining normal corticomedullary differentiation, pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern evident in both kidneys. The left kidney measured 4.2 cm. The right kidney measured 4.6 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.32 cm width. The right adrenal gland measured 0.45 cm width.

Spleen

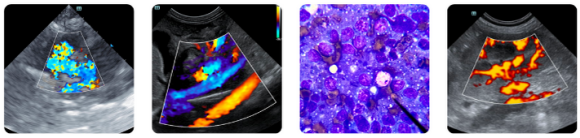
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.6 cm width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

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 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. The thickening of the small intestine (up to 0.5 cm) with no loss of layering but with severe thickening of the mucosal layer, normal muscularis layer, peristaltic activity and no distention of the lumen. Hyperechogenic appearance of the mesentery surrounding the small intestine with a moderate amount of ingesta present within the stomach compatible with a recent meal.

Pancreas

The visible sections of the pancreas exhibited 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.

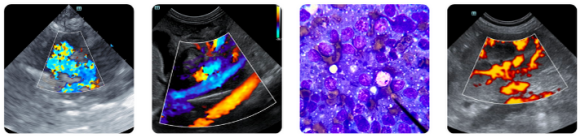
ULTRASONOGRAPHIC FINDINGS

- Enteropathy
- Age-related renal changes vs early chronic kidney disease
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease, with lymphoma an important differential diagnosis especially with the hyperalbuminemia that is present. Etiologies for the urinary bladder sediment would be incidental debris, crystalluria and possibly bacterial cystitis.

Further assessment would be urine and fecal analyses, possible urine culture, Cobalamin and Folate assay, as well as FNA cytology of the small intestine (if possible) with endoscopy of the upper GI tract with biopsies. Symptomatic management that could be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, Cobalamin supplementation, course of Fenbendazole and possible a course of Penicillin.



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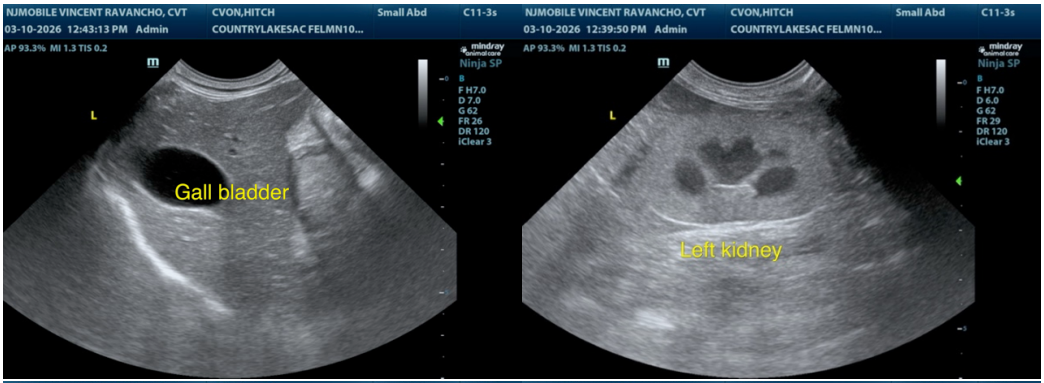
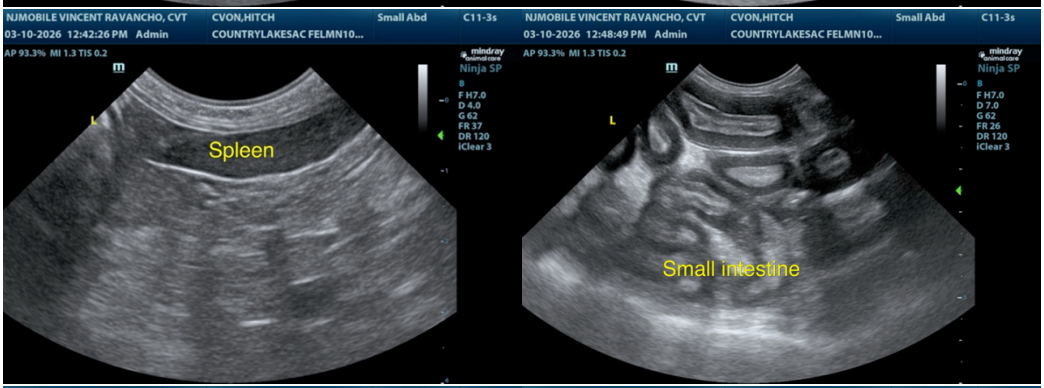
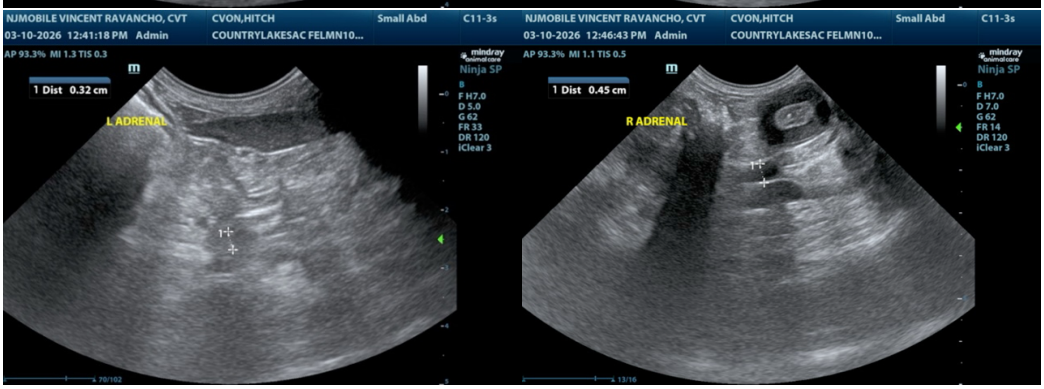
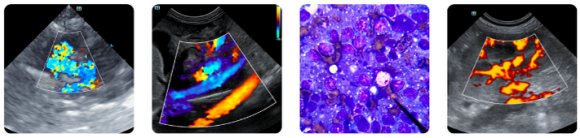






New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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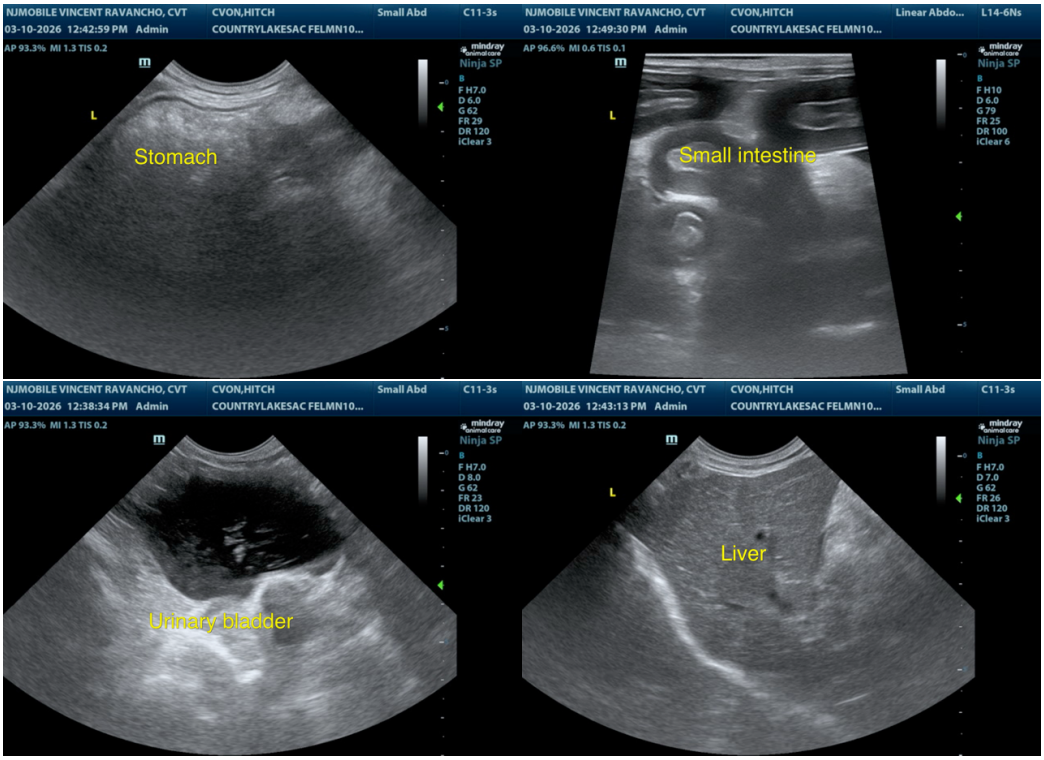

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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