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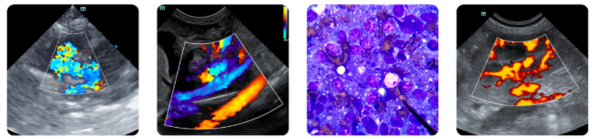


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Kelly Passafiume

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

13 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. Buck

INVOICE

73427

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: P presents due to chronic colitis. RDVM wants to r/o IBD vs intestinal lymphoma vs other neoplasia vs food allergy
- CLINICAL SIGNS: Patient has a year-long history of intermittent, very loose/watery stool, recently worsening to dark, muddy, and almost orangey. Occasional vomiting of undigested food. No weight loss; appetite is good. Numerous food trials (currently reluctant on rabbit limited ingredient diet; previously duck, lamb; not on hydrolyzed protein). History of facial tearing (resolved) and dust allergy (via testing years ago, managed with air purifiers).
- Occasionally coughs up hairballs, which she treats with an OTC catnip remedy.
- MEDICATIONS: - Given 0.1 mL butorphanol IM for sedation. - She was on prednisone in the past for her skin issues; the owner does not recall if it helped her stools.
- Previous diagnostics: - Fecal performed 2/20/2026 was negative. - Last blood work was performed in April 2025. Total T4 was 2.4 ug/dL. Recommended rechecking T4 with a free T4 by equilibrium dialysis.

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.

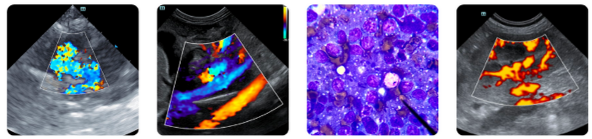
Normal renal size (left measured 4.0 cm, right measured 3.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.44 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.



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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 small containing normal anechoic bile. Hyperechogenic appearance of the wall, but maintained a normal thickness. 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 0.26 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. A few small air bubbles were visible in the gastric wall. Fecal material was present in the colon.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The pancreas measured 0.5 cm in width.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

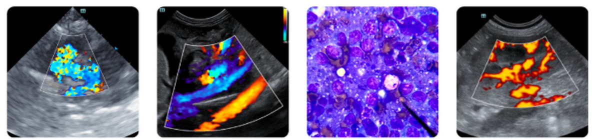
Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Gastric ulceration.
- Previous cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



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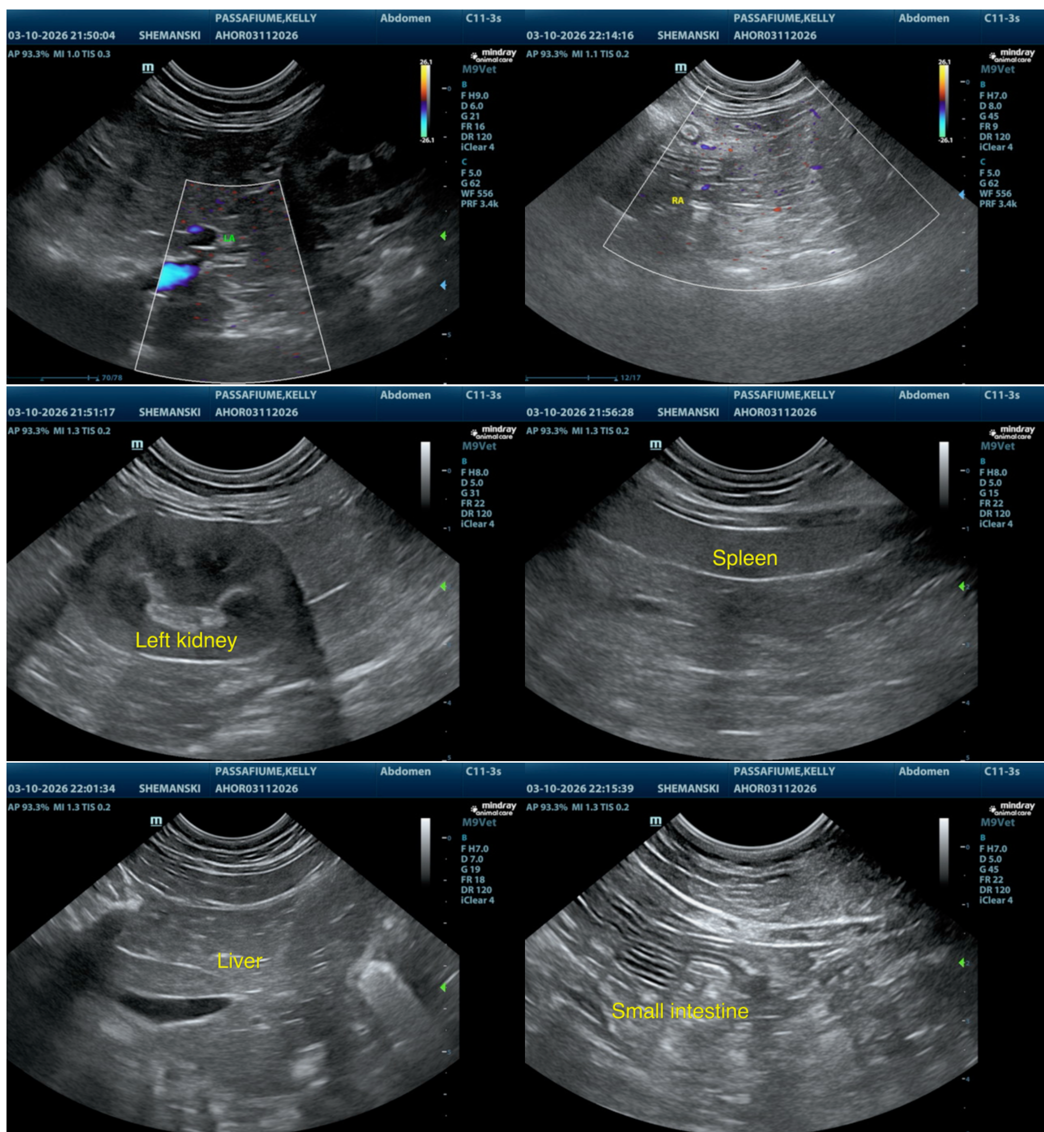
Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation, gastric protectants (Sucralfate, Omeprazole) and if there is not a satisfactory improvement then a course of Prednisolone would then be indicated.



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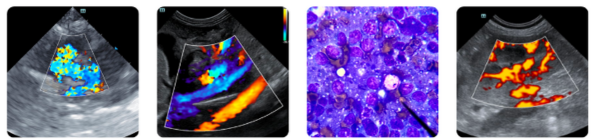

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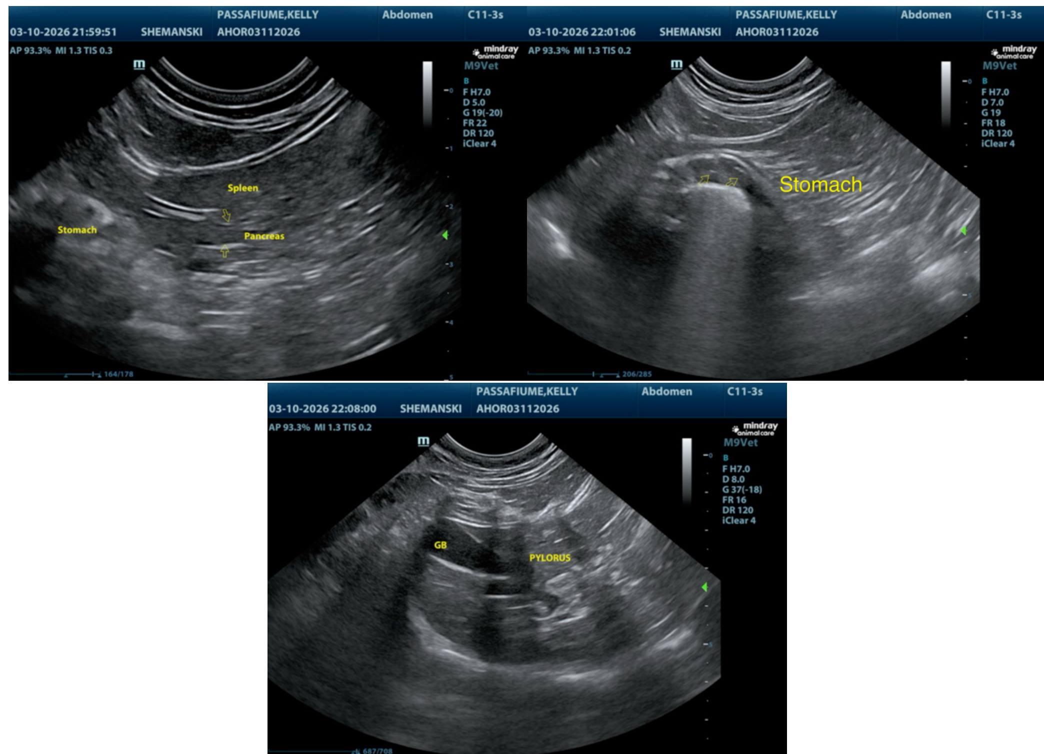

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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