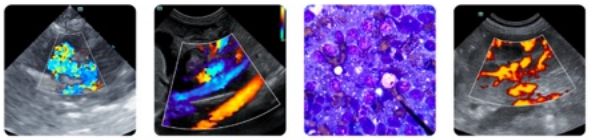


PATIENT

Bear Griffin

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

18 years

WEIGHT

9.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

73609

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- Patient was seen for hematochezia on 3/14/26
- Polydipsia and polyuria reported by oner
- Weight loss from 13.8lbs to 9.4 lbs
- BUN was elevated in November but normal on recheck bloodwork today
- Patient is now having bloody diarrhea
- BUN was 40 mg/dL 11/24/25 but was normal today

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.

The kidneys are bilaterally small in size (left measured 2.9 cm, right measured 2.6 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Mild bilateral pinpoint mineralization is evident.

Adrenal Glands

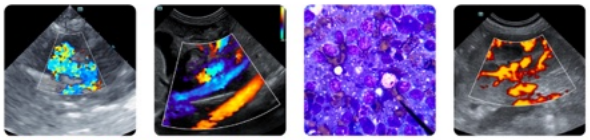
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.37 cm in width. The right adrenal gland was not visualized.

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 0.9 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. Segmental thickening of the small intestine (up to 0.35 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. Fecal material was present in the colon.

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 0.8 x 1.4 cm in size with a hypoechogenic appearance and slightly rounded shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy
- Mesenteric lymphadenomegaly
- Age related renal changes versus early chronic kidney 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 possibly infiltrative neoplasia.

Further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies. If not already done urinalysis would also be indicated.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that could be considered would be feeding a novel protein/hypoallergenic diet, 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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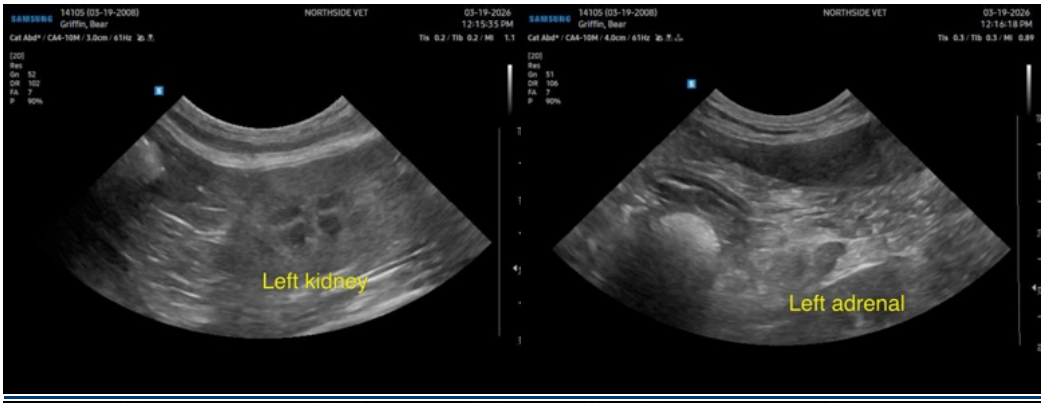

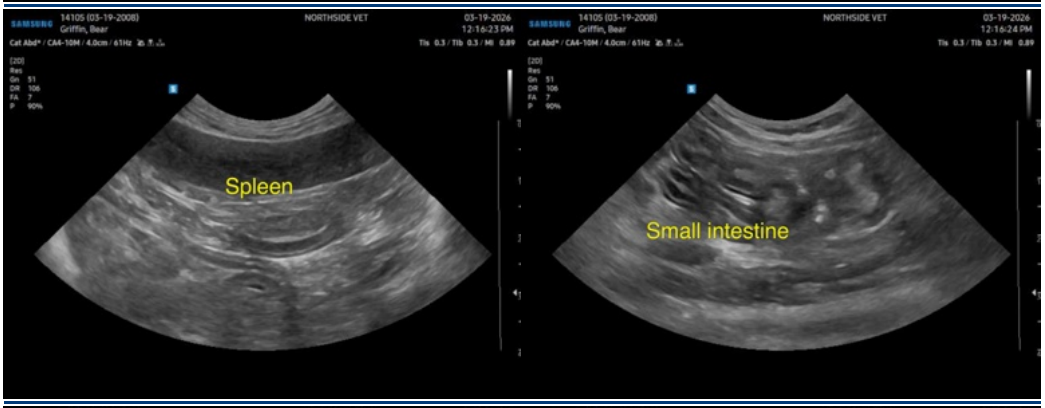

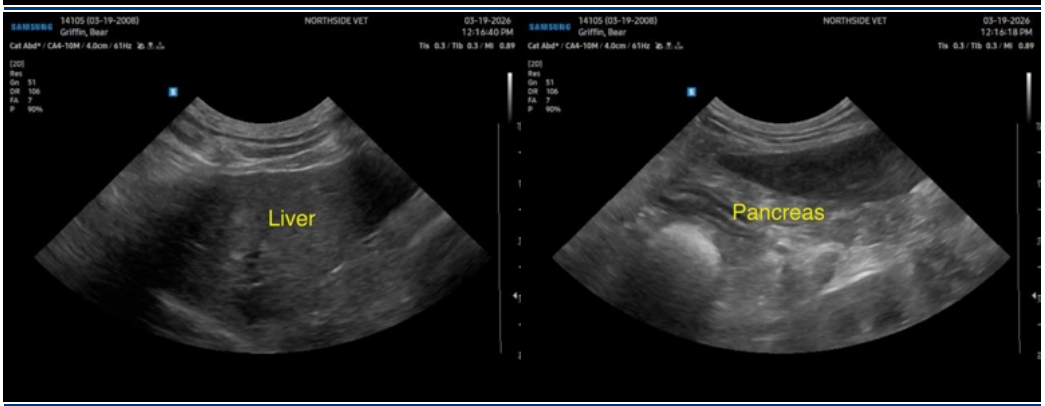

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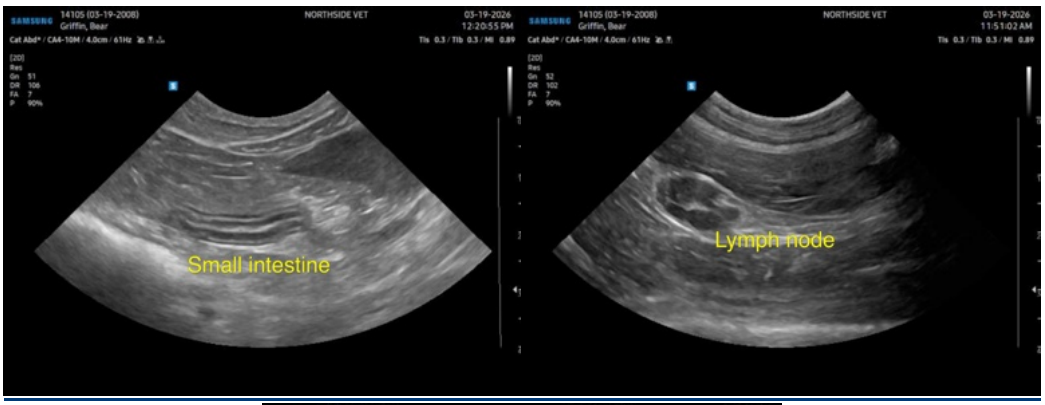

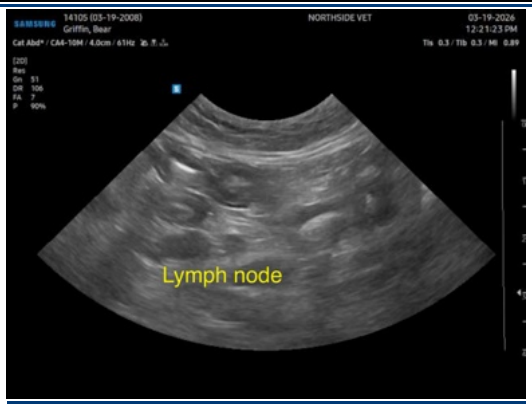

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com