



PATIENT

Louie Occhipinti

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Jaclyn Chambery, DVM

INVOICE

73873

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Neoplasia vs. IBD concern. Louie has a history of weight loss and increased thirst one month ago with normal labs; ultrasound was recommended. Now presents with diarrhea, reduced appetite, and continued weight loss (nearly 1 lb in 2-3 weeks). Owner notes he is hungry but only eats treats/wet food and has reduced diarrhea but increased urination since the prior report. Polydipsia/polyuria noted several weeks ago is resolved. Activity level remains normal. He vomited ~3 times last week, which may be due to eating grass.

MEDICATIONS: 0.12 mL Torb IM for

Abnormal PE/Chem/CBC/UA Results: 3/19/26 Hematocrit 29.2 % (Ref 30.3-52.3%) MCV 31.1 fL (Ref 35.9-53.1 fL) MCH 10.7 pg (11.8-17.3 pg) RDW 35.5 % (15.0-27.0%) Eosinophil 0.16 K/uL (0.17 - 1.57 K/uL) 2/3/26 BUN 38 (16-36 mg/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 3.8 cm. Right kidney measures 4.2 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.41 cm in width. Right measures 0.57 cm in width.

Spleen

Normal size (1.0 cm in width) 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.

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

Full containing a small amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



PATIENT

Louie Occhipinti

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Jaclyn Chambery, DVM

INVOICE

73873

DATE

3/20/26

Gastrointestinal

Normal thickness of the small intestine (up to 0.32 cm), with no loss of layering, but with a marked increase in the muscularis to mucosa ratio, normal peristaltic activity and no distention of the lumen.

Normal appearance of the stomach, 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.

Pancreas

Visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.40 cm x 1.2 cm in size, maintaining normal shape and echogenic appearance. Hyperechogenic appearance of the mesentery surrounding the lymph nodes.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia secondary to enteropathy, with lymphadenitis and infiltrative neoplasia being less likely differential diagnoses.

The gallbladder sediment can be considered an incidental finding.

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 anovel protein/hypoallergenic diet, a course of Fenbendazole, cobalamin supplementation, and if there is still not a satisfactory improvement, then a course of Prednisolone would then be indicated.



PATIENT

Louie Occhipinti

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

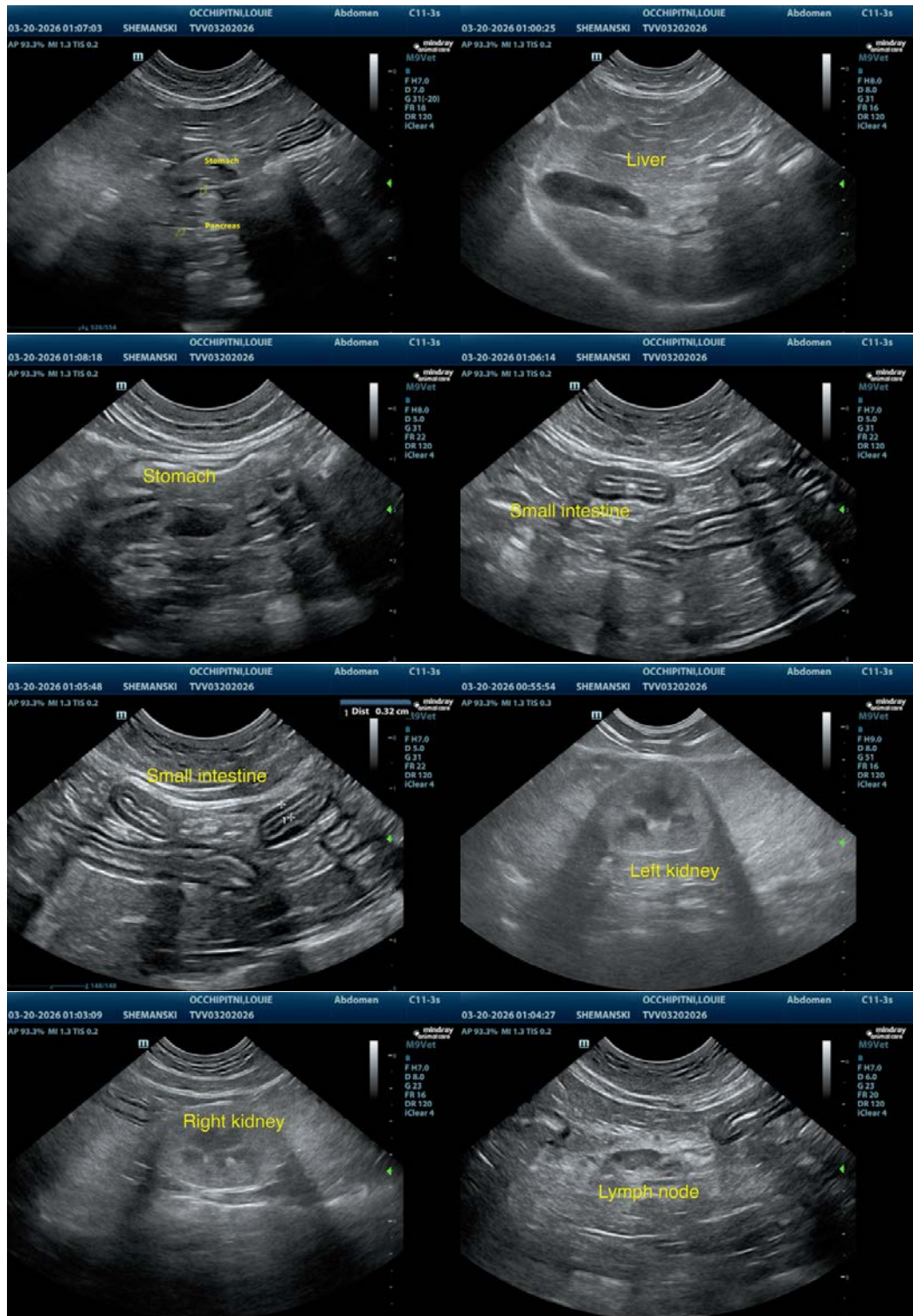
Jaelyn Chambery, DVM

INVOICE

73873

DATE

3/20/26





PATIENT

Louie Occhipinti

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

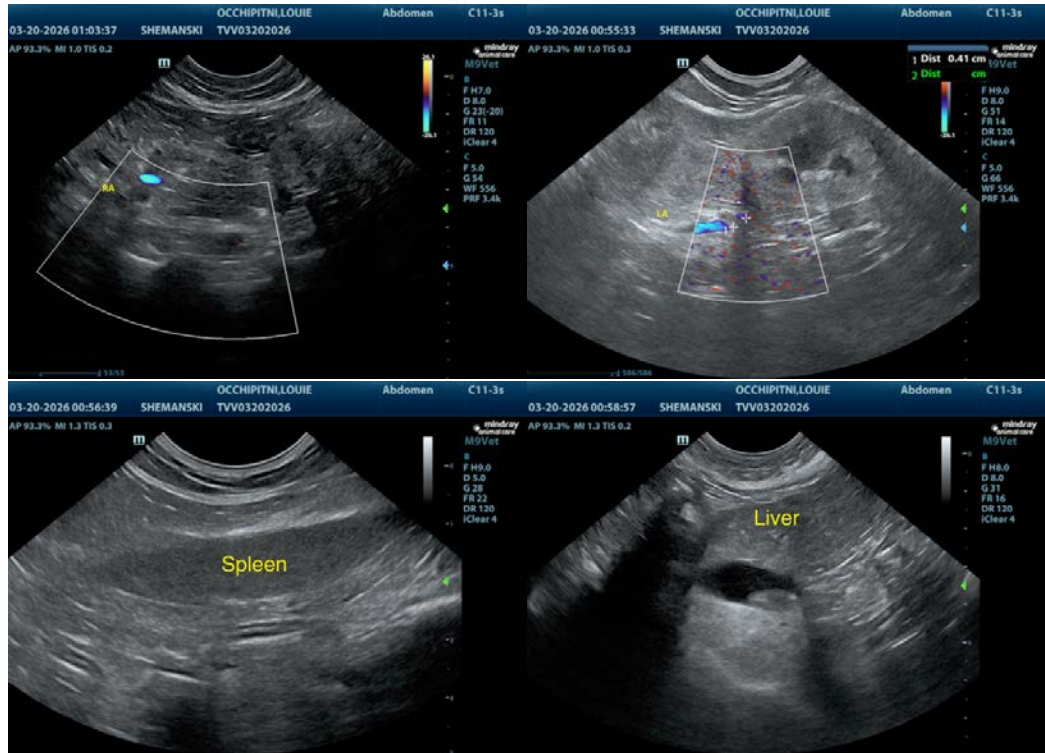
Jaclyn Chambery, DVM

INVOICE

73873

DATE

3/20/26



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