



PATIENT

Chester Lazarus

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

7.03 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Robert Lann, DVM

INVOICE

73746

DATE

3/24/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: P was referred for an abdominal ultrasound today with us due to an ongoing weight loss with a normal to increased appetite over the last 7 months. Weight has decreased from 11.6 lbs to 7.03 lbs.

Chester is mostly an indoor cat, but does take short, supervised adventures outside in the backyard.

CLINICAL SIGNS: Weight loss: Owner reports he was previously a 14 lb cat. The weight loss seemed to accelerate rapidly after a recent tooth extraction.

-Appetite: Chester has a voracious appetite and is always eating

- Diarrhea: Intermittent. Has become more frequent recently, with some blood observed in the stool.

This prompted the most recent vet visit.

- Energy level: Decreased. He is still walking around and jumping on things, but is not playing as he used to. He seems very alert.

- Personality changes: More sedate.

- Breathing: Occasional weird, raspy noise, like a wheeze.

MEDICATIONS: None currently

Diet: Blue Buffalo and Tiki Cat wet food. Prefers wet food since a recent tooth extraction.

3/10/2026 CBC: RBC 6.31 M/uL (Ref 6.54-12.20) Low MCV 54.5 fL (Ref 35.9-53.1) High RDW 30.9%

(Ref 15.0-27.0) High Eos 0.03 K/uL (Ref 0.17-1.57) Low Blood Chem: Alkp <10 U/L (Ref 14-111) Low

Urinalysis: USG 1.058 Pro 30 mg/dL RBC 2/HPF WBC <1/HPF Non-squamous epithelial cells M1/HPF

Total T4: 1.7 ug/dL.

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 4.5 cm, right measured 4.5 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.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.43 cm in width. The right adrenal gland measured 0.47 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.



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No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.8 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.

Gallbladder

The gallbladder is small 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, small intestine, 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 small intestine measured up to 0.26 cm. Thickening of the colon (up to 0.28 cm) with no loss of layering and maintaining a 1:3 muscular to mucosa ratio. Fecal material is present within the lumen.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Prominent mesenteric lymph nodes measuring up to 0.4 x 0.8 cm in size maintaining normal shape and echogenic appearance.

A small amount of ascites is present.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Colonic thickening.
- Mesenteric lymphadenomegaly.
- Ascites.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the small intestine appears ultrasonographically normal, with the progressive weight loss an underlying enteropathy should still be considered.

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

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

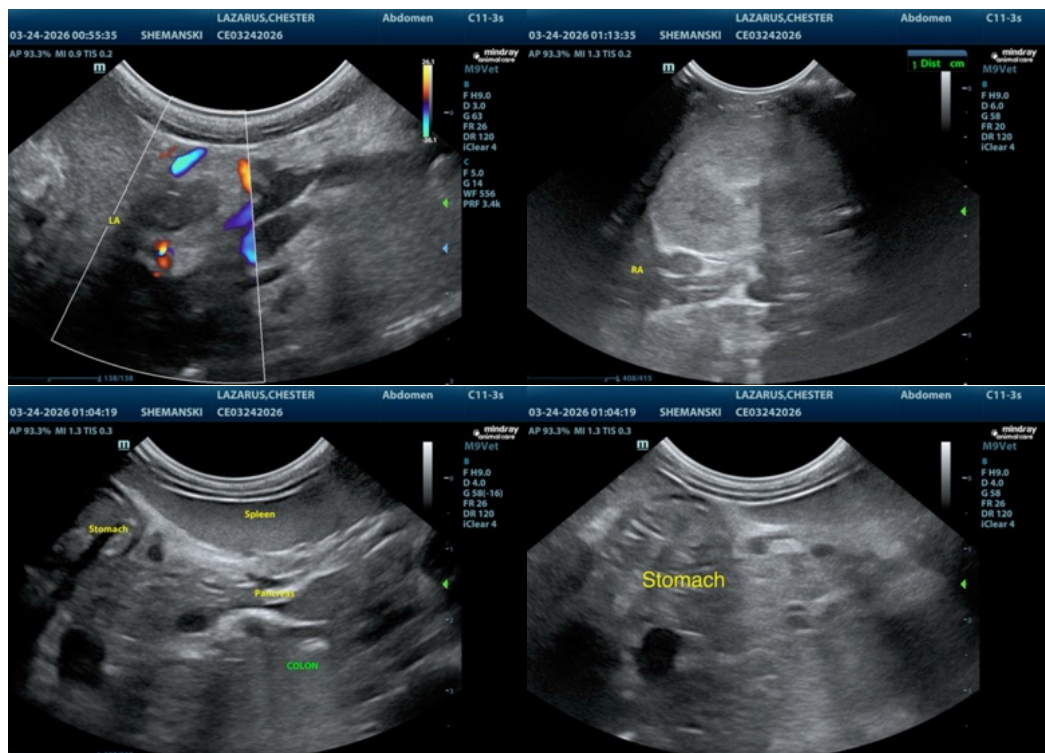
The ascites can be attributed as secondary to either the lymphadenomegaly or enteropathy.

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

If possible analysis of the ascitic fluid and FNA cytology of the mesenteric lymph nodes can also be considered.

Specific therapy would be dependent on an etiological diagnosis.

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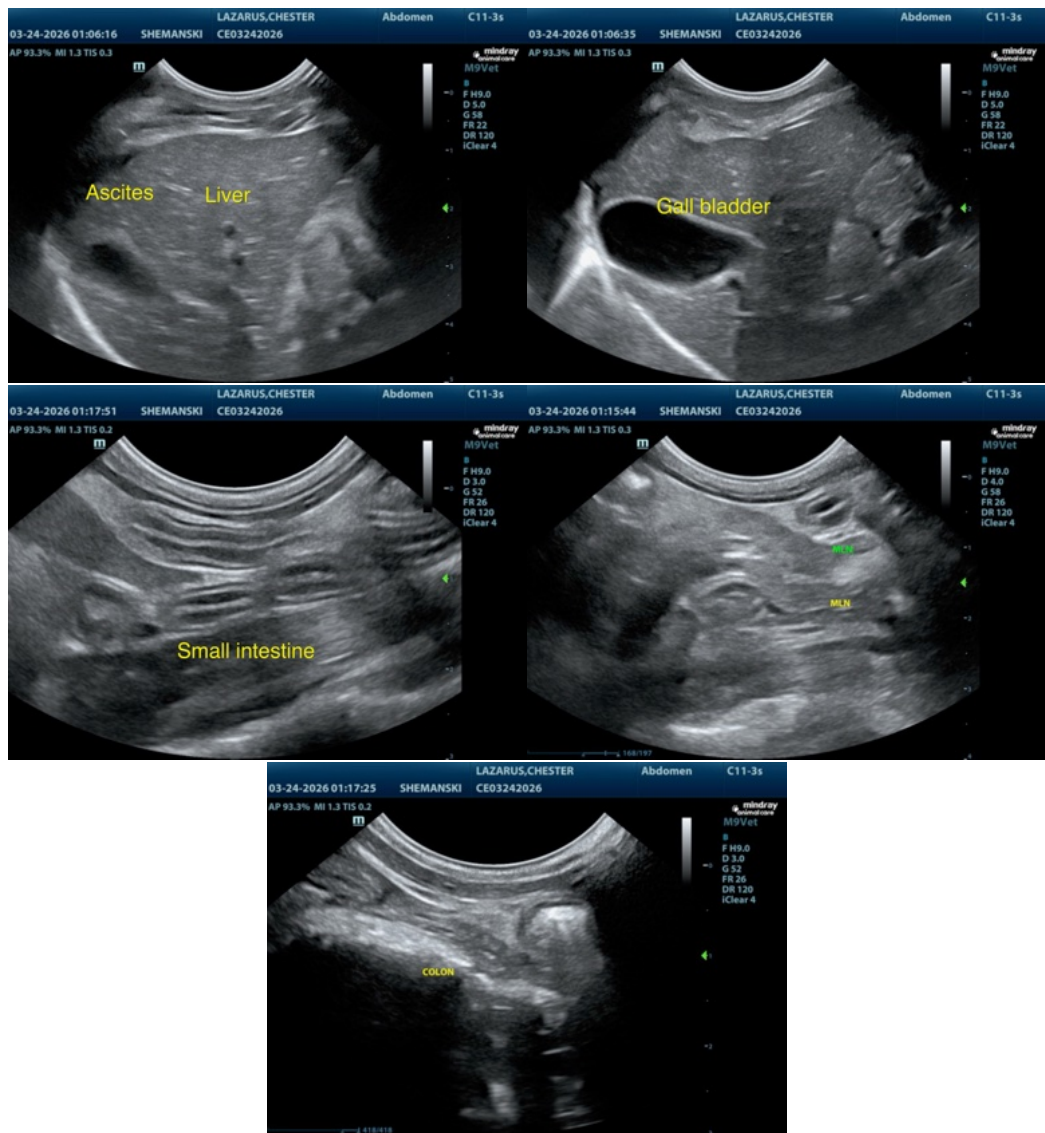
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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