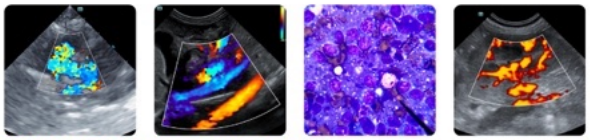


PATIENT

Verduzzo Carson

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

Neutered male

AGE

8 years

WEIGHT

5.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Tessa Fiamengo, DVM, MS, DACT

HOSPITAL NAME

Slade VH

REFERRING VET

Dr. Tessa Fiamengo, DVM, MS, DACT

INVOICE

73743

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Presented for persistent diarrhea & weight loss starting in December 2025. In December 2025, the patient was diagnosed with a significant AD infection and a UTI. The ear was successfully treated with Animax. The UTI was diagnosed via urine culture, which grew a pure culture of Pseudomonas. It was treated with marbofloxacin. A recheck UA was reportedly clear following treatment. The owner did not observe clinical signs of a UTI at any time. The owner reported that patient's lymph nodes were significantly swollen but resolved after the ear infection cleared. Patient's appetite is normal. He is free-fed Crave Chicken Dry food & Natural Balance duck & green pea wet food. The owner suspects a chicken allergy but has continued to feed chicken-based foods as the patient has a strong preference for them. The patient has had persistent loose stool since December/January. The consistency varies from liquid to soft-formed, but he has not had a normal, firm bowel movement in that time. The owner feels the diarrhea has been persistently worse since the course of marbofloxacin. The frequency may be increased to BID. The owner reports no vomiting. The patient was previously treated with metronidazole (Flagyl) by rDVM, with no improvement. Patient refused to eat probiotic supplement. The patient is an indoor-only cat. He resides in a multi-cat household and participates in cat shows. Patient has experienced significant weight loss dropping from approximately 15 lbs to a low of 10 lbs.
- Blood work from January 2026 revealed a low normal hematocrit (33.4%), low normal hemoglobin (10.4 g/dL), high normal white blood cell count (16.3 K/µL), significant monocytosis (0.766 K/µL), mildly low BUN (14 mg/dL), significant hyperproteinemia (10.2 g/dL) with hyperglobulinemia (7.9 g/dL) and mildly low albumin (2.3 g/dL), resulting in a low albumin to globulin ratio of 0.3. Liver enzymes (ALT, AST, ALP, GGT) were low or at the low end of the normal range. A urinalysis from January 2026 showed 3+ proteinuria. A fecal test from January 2026 was negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

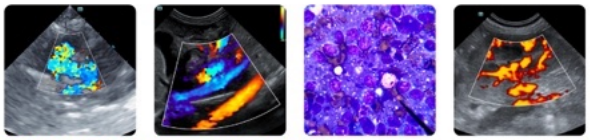
Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.1 cm, right measured 4.2 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

The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance and size.



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Spleen

The spleen was enlarged and measured 1.3 cm in width, but maintained a normal 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

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 0.37 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristalatic activity and no distension of the lumen.

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

Prominent mesenteric lymph nodes measuring up to 0.4 x 0.8 cm in size with a rounded shape and hypoechogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Enteropathy.
- Mesenteric lymphadenomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

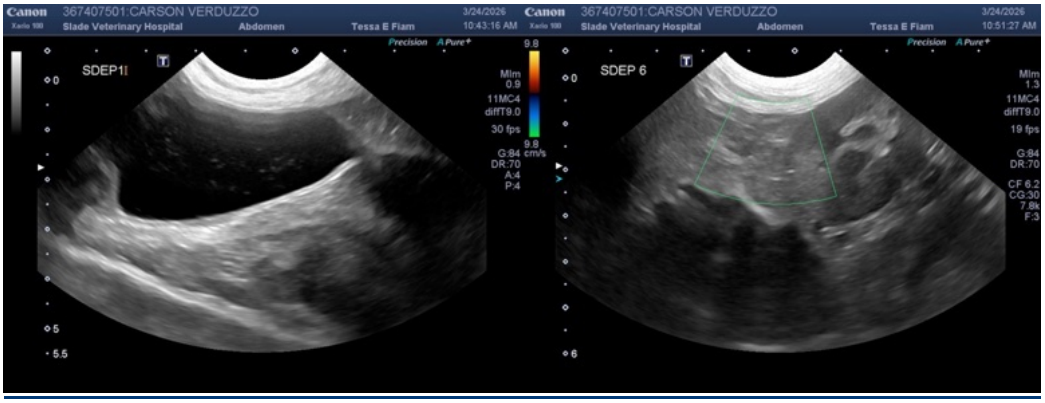
Etiologies for the enteropathy would be dietary hypersensitivity, inflammatory bowel disease and possibly emerging lymphoma.

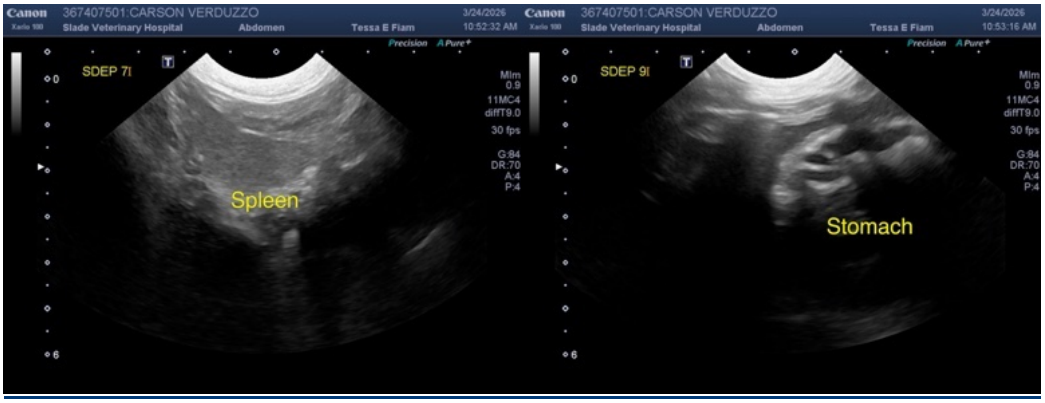
Etiologies for the splenomegaly and the mesenteric lymphadenomegaly would be reactive hyperplasia secondary to the enteropathy with inflammation and infiltrative neoplasia a less likely differential diagnosis.

Further assessment would be cobalamin and folate assay, endoscopy of the upper GI tract with biopsies and possibly FNA cytology of the spleen.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be feeding a novel protein/hypoallergenic diet, cobalamin supplementation and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.





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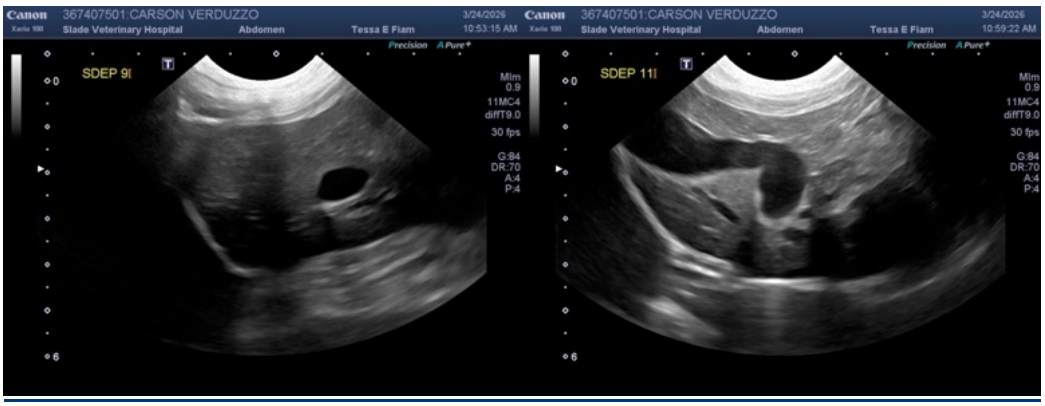

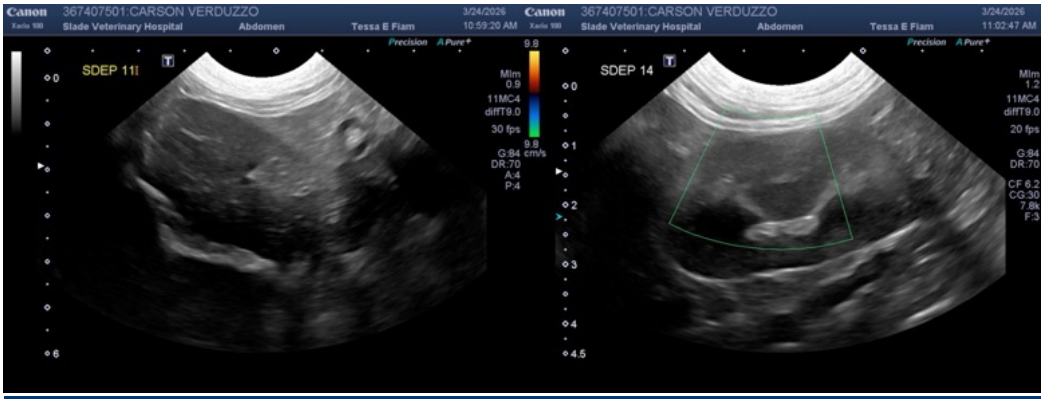

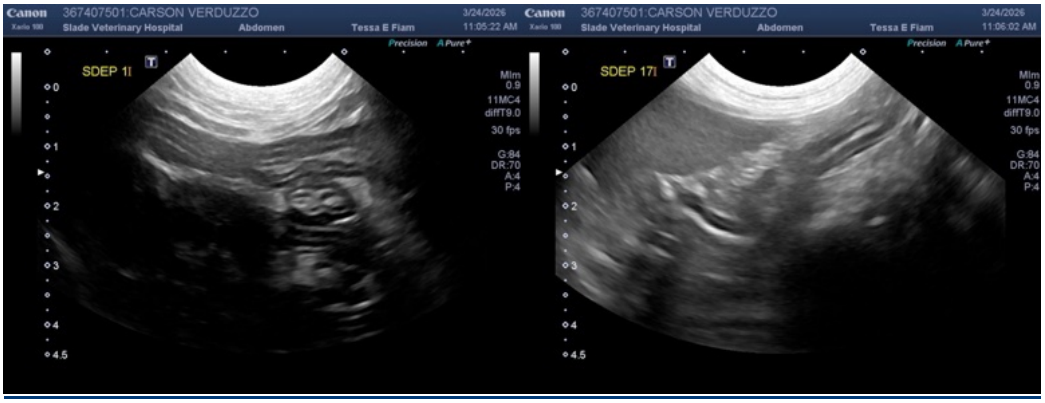

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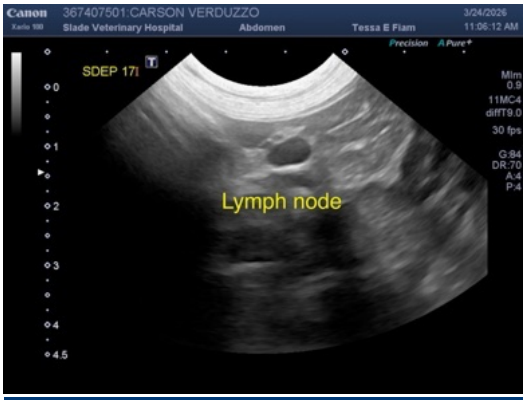

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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