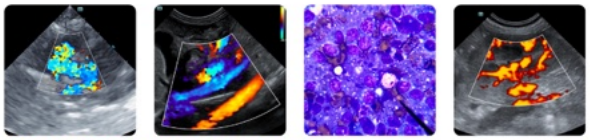


PATIENT

Charlie Malboeuf

SPECIES

Feline

BREED

Persian

SEX

Spayed female

AGE

16 years

WEIGHT

4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Veterinay Service

REFERRING VET

Dr. Salama

INVOICE

73876

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Charlie is vomiting despite Cerenia use. He was recently diagnosed as hyperthyroid in late February. He was started on methimazole chews initially but didn't like them, then switched to pills about two weeks ago. He was seen again on March 23rd because of progressive inappetence, return of vomiting, and continued weight loss.
- CLINICAL SIGNS: The owner reports Charlie has progressive inappetence, weight loss, and severe vomiting. She fasted Sunday through Tuesday afternoon, briefly ate Tuesday night, but refused food Wednesday. She ate last night after anti-nausea medication, though the owner fears he may be vomiting the dose. Since starting methimazole, Charlie is increasingly lethargic and has begun itching his face. The owner suspects the oral medication is causing the GI upset, as vomiting episodes correlate with administration. Despite a history of a sensitive stomach and one recent episode of diarrhea, these symptoms are more severe than previous instances.
- MEDICATIONS: - Methimazole 2.5 mg PO SID, - Cerenia 4 mg PO SID, Gabapentin 50 mg prior to exams
- Dr. Shemanski sent home transdermal mirtazepine to stimulate appetite
- rDVM Lab Work (3/23/2026) - BUN: 68 mg/dL - ALT: 166 U/L - AST: 68 U/L - ALP: 60 U/L - Total T4: 11 ug/dL

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.

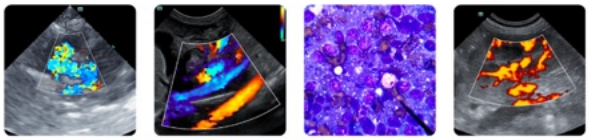
Normal renal size (left measured 3.1 cm, right measured 3.2 cm), increased echogenic appearance, loss of cortico-medullary differentiation, mild bilateral pyelectasia and an irregular capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys. A few, small cortical cysts are present in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.39 cm in length x 0.52 cm and 0.43 cm in width. The right adrenal gland measured 0.49 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 0.5 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.

Pancreas

Normal size (left pancreas 0.5 cm in width) with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of ascites present.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Renal disease.
- Ascites.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis and most likely acute on chronic pancreatitis.

The appearance of the kidneys is consistent with chronic kidney disease.

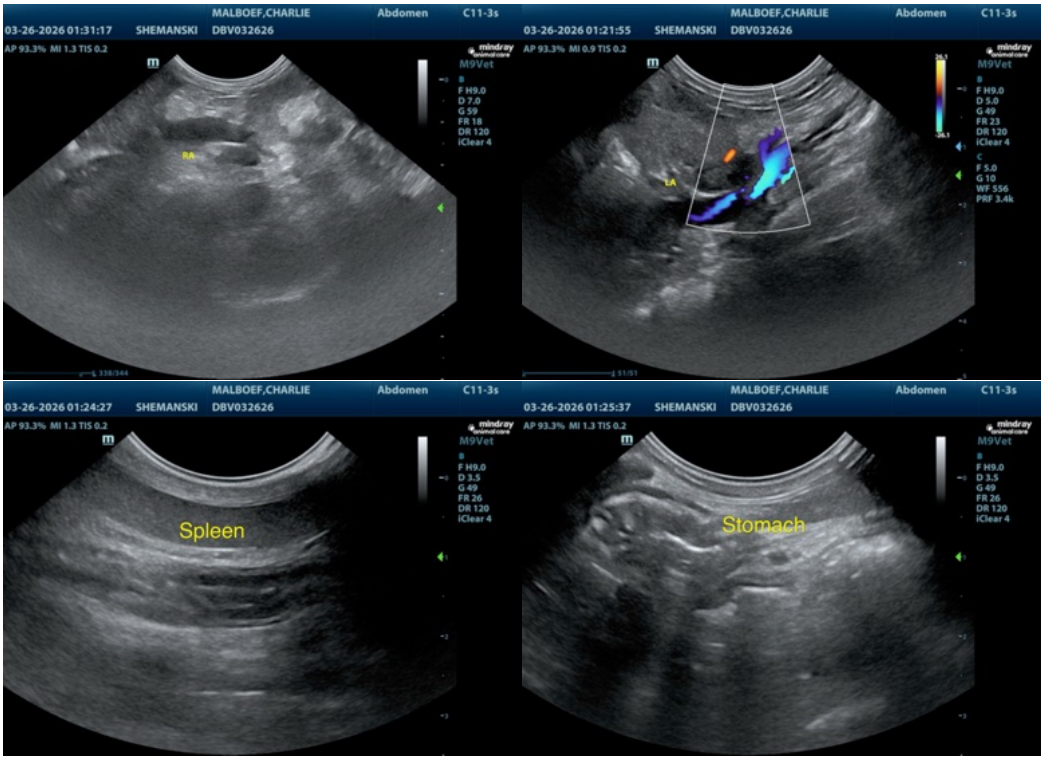
The ascites can be ascribed as secondary to the pancreatitis.

Further assessment of the renal disease (if not already done) would be urinalysis, possibly urine culture, UPC and blood pressure.

FPL/PSL assay would also be recommended.

Management of the pancreatitis and the renal disease would be feeding small frequent meals of a renal diet, enteric phosphate binders as needed, antiemetics and either an ace inhibitor receptor blocker.

As the patient appears to be reacting to the current medication for hypothyroidism, changing to a different formation or a different medication would be recommended.



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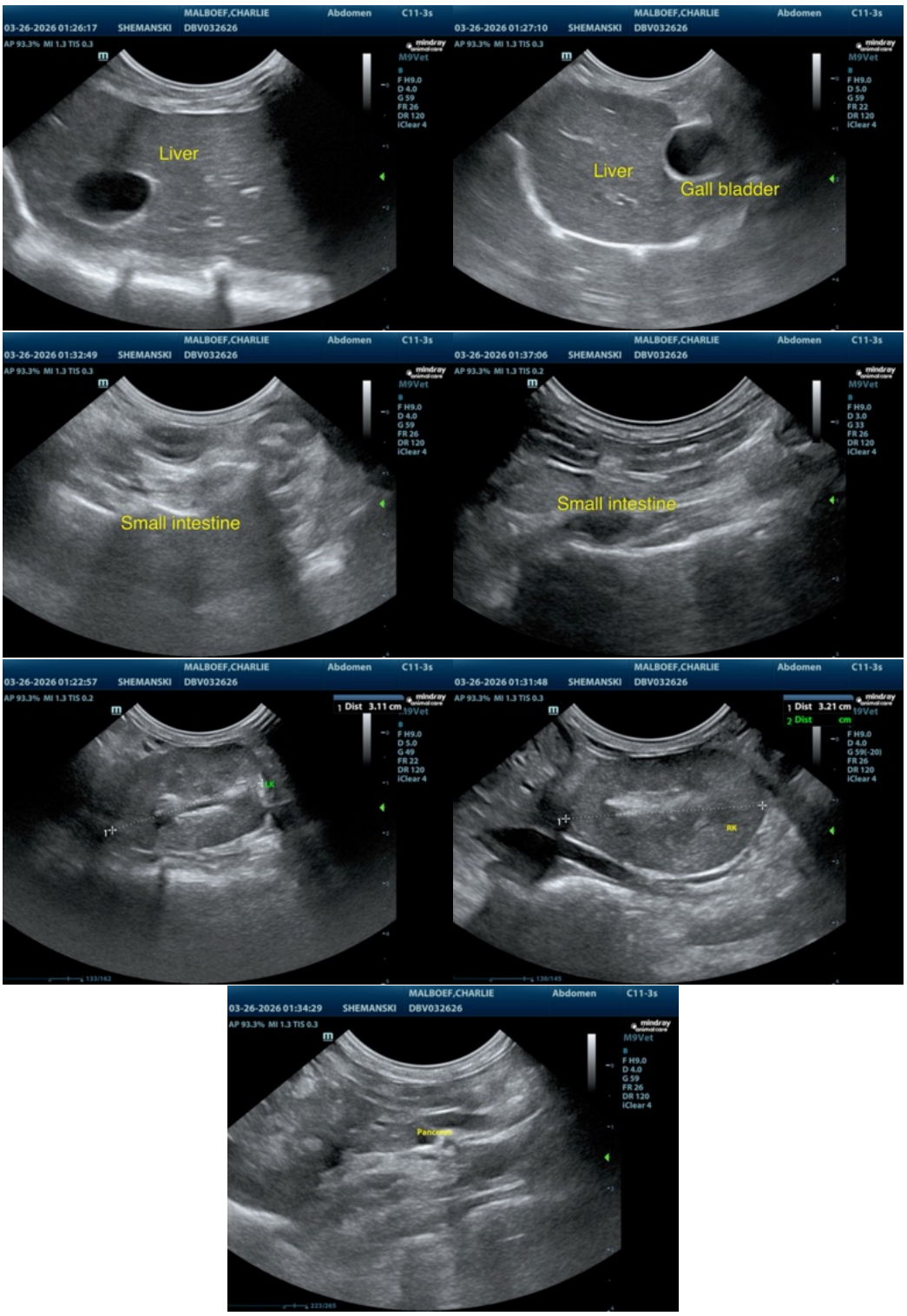
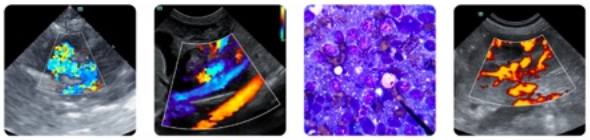


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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