



PATIENT

Nicolette Fagan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 ½ years

WEIGHT

9.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano Kaplan

INVOICE

72105

DATE

3/2/26

PRESENTING CLINICAL SIGNS

- PU/PD for several weeks, weight loss several weeks, poor haircoat
- Pancreatic Lipase 26.3 Glucose 594 Chloride 112 Anion Gap 26 Albumin 4.1 Cholesterol 309 Lipase 127 Eosinophil 168 USG 1.027 PH 5.5 +3 Glucose

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 4.4 cm, right measured 4.3 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. Mild, bilateral pyelectasia is noted. No infarcts, mineralization or renoliths 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 0.77 cm in length x 0.36 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 0.7 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 full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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. Normal thickness of the small intestine with no loss of layering, but with a segmental increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

Normal size (left pancreas measured 0.7 cm in width) with a hypoechogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis.
- Bilateral pyelectasia.
- Enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the most likely etiology for the pyelectasia would be the PU/PD with the hyperglycemia and glycosuria, low-grade pyelonephritis should still be considered.

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

Initial management would be feeding small frequent meals of a low-fat intestinal type diet and insulin therapy. Once the diabetes has stabilized, further assessment of the enteropathy would be fecal analysis, cobalamin and folate assay and possibly endoscopy of the upper GI tract with biopsies with further specific therapy dependent on an etiological diagnosis.

Long term management of chronic pancreatitis would be feeding small, frequent meals of a low fat intestinal type diet and the use of analgesics and antiemetics as needed.

Careful monitoring of the blood glucose is recommended as once the pancreatitis has improved the diabetic state may resolve.



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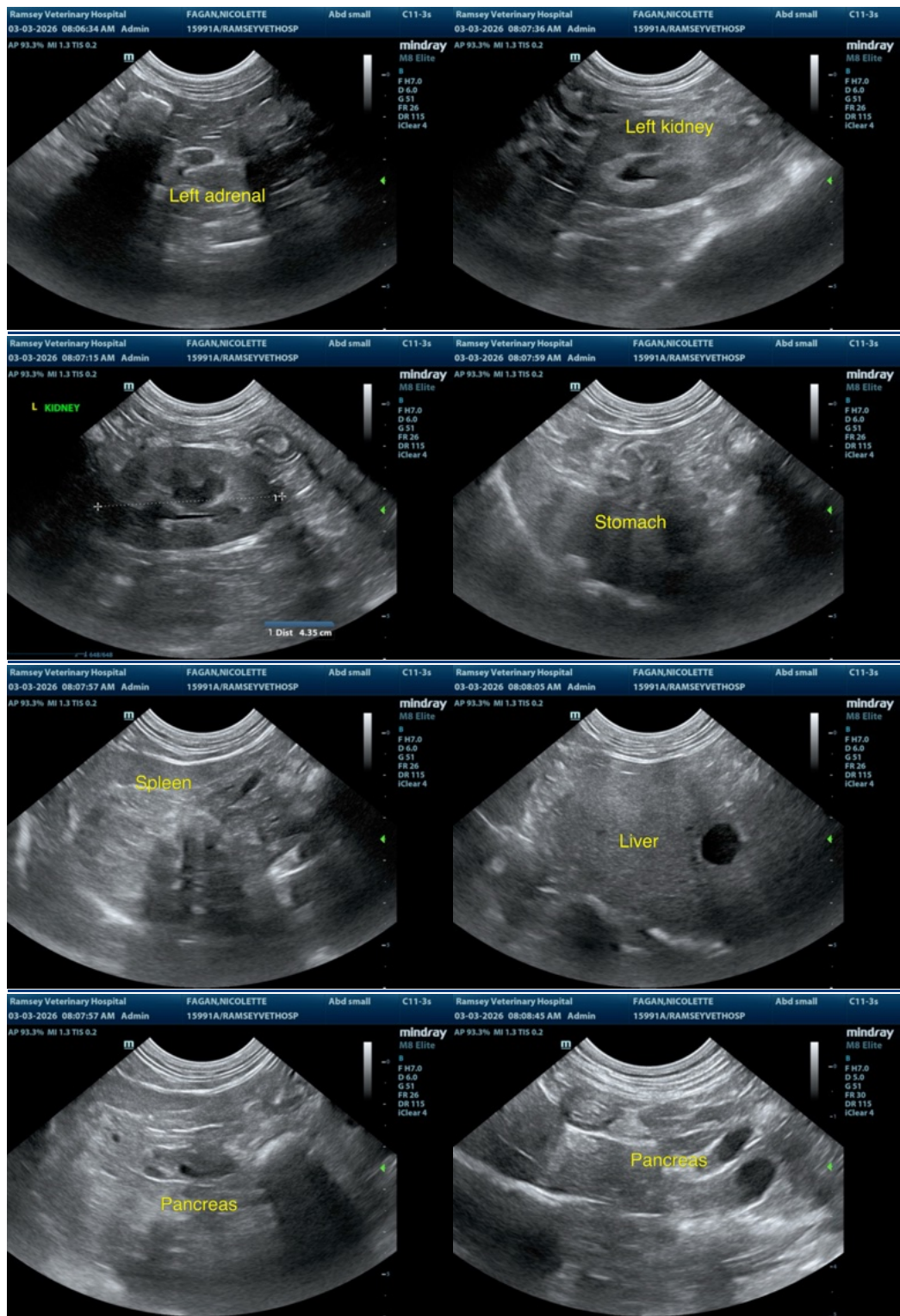
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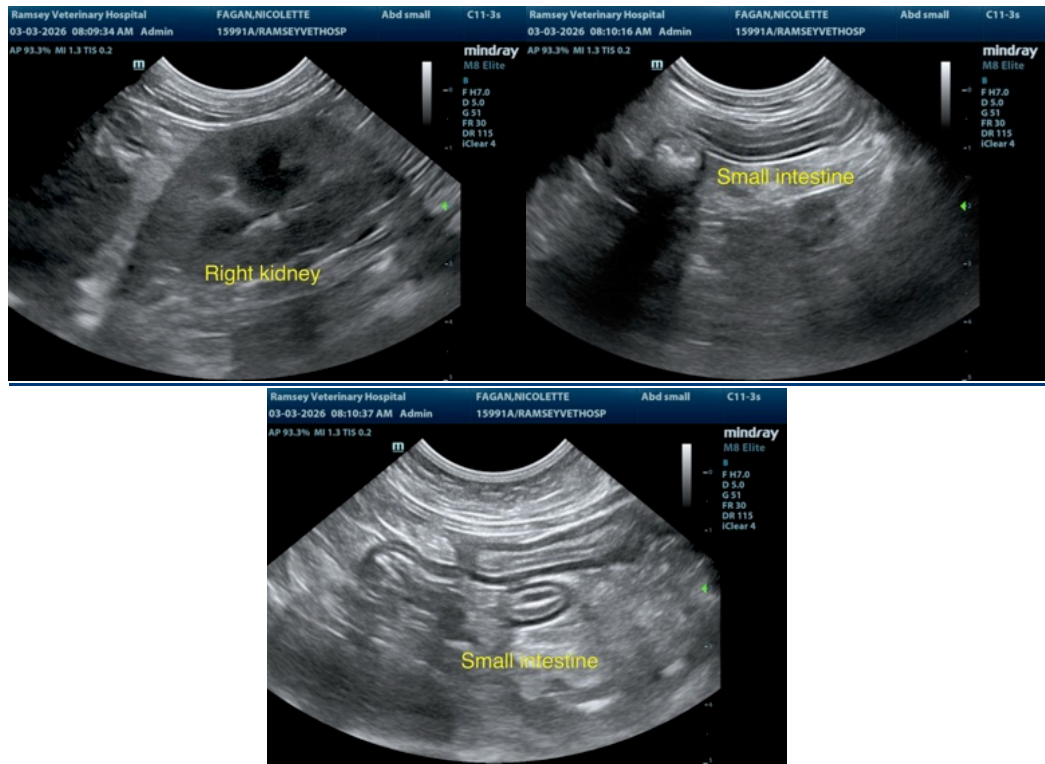
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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