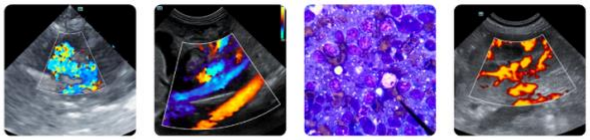

PATIENT

Elvis Price

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Soleil Gange

HOSPITAL NAME

Hart Family Veterinary Clinic

REFERRING VET

Dr. Soleil Gange

INVOICE

14763

DATE

03/30/26

PRESENTING CLINICAL SIGNS

Patient has had hx of on and off vomiting and diarrhea since 2017. In past has been treated with cerenia, famotidine and sucralfate and owner has requested refills to repeat as needed. Recently saw owner and noted that medications don't help. (Cerenia does but others don't). Has been having more frequent episodes and usually last 1-2 weeks of vomiting most recent episode started Friday the 20th worse vomiting they have seen. Saw for PE the 27th had lost 1 kg since prior exam. Afebrile. QAR. No obvious dehydration. Currently on hill's i/d for several years. Indoor only. Has been on cerenia since Friday and vomiting has improved and is eating currently

Abnormal PE/Chem/CBC/UA Results: Friday 27th CBC ,chem, SDMA/T4 and pancreatic lipase wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 4.2 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

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 0.70 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

Full gallbladder 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

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lumen. Segmental thickening of the small intestine (up to 0.38 cm) with an increase in the muscularis to mucosa ratio. Normal peristaltic activity and no distention of the lumen. The stomach measured 0.5 cm. The colon measured 0.15 cm. Fecal material present within the colon.

Pancreas

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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

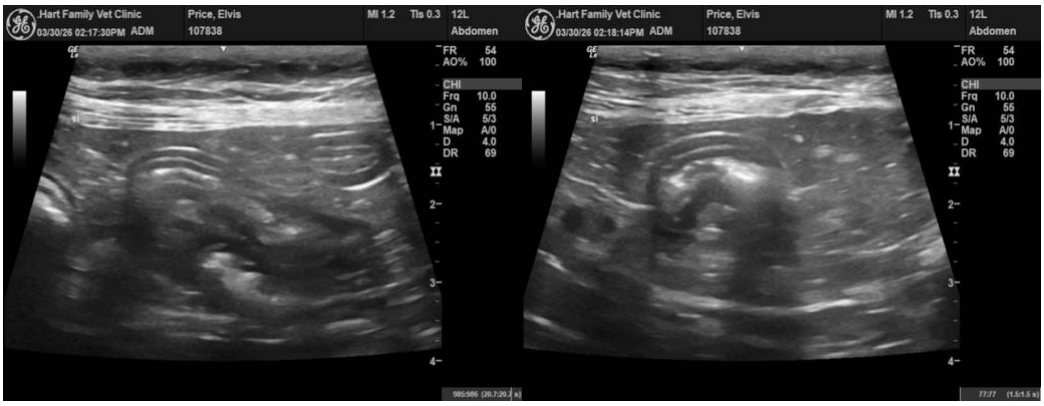
- Enteropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

Specific therapy would depend on an etiological diagnosis. Symptomatic management would be feeding small frequent meals of a hypoallergenic/novel protein diet, cobalamin supplementation, a course of fenbendazole, and if there's still not a satisfactory improvement, then a course of prednisolone would then be indicated.



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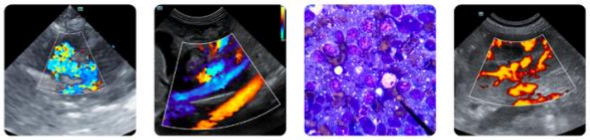

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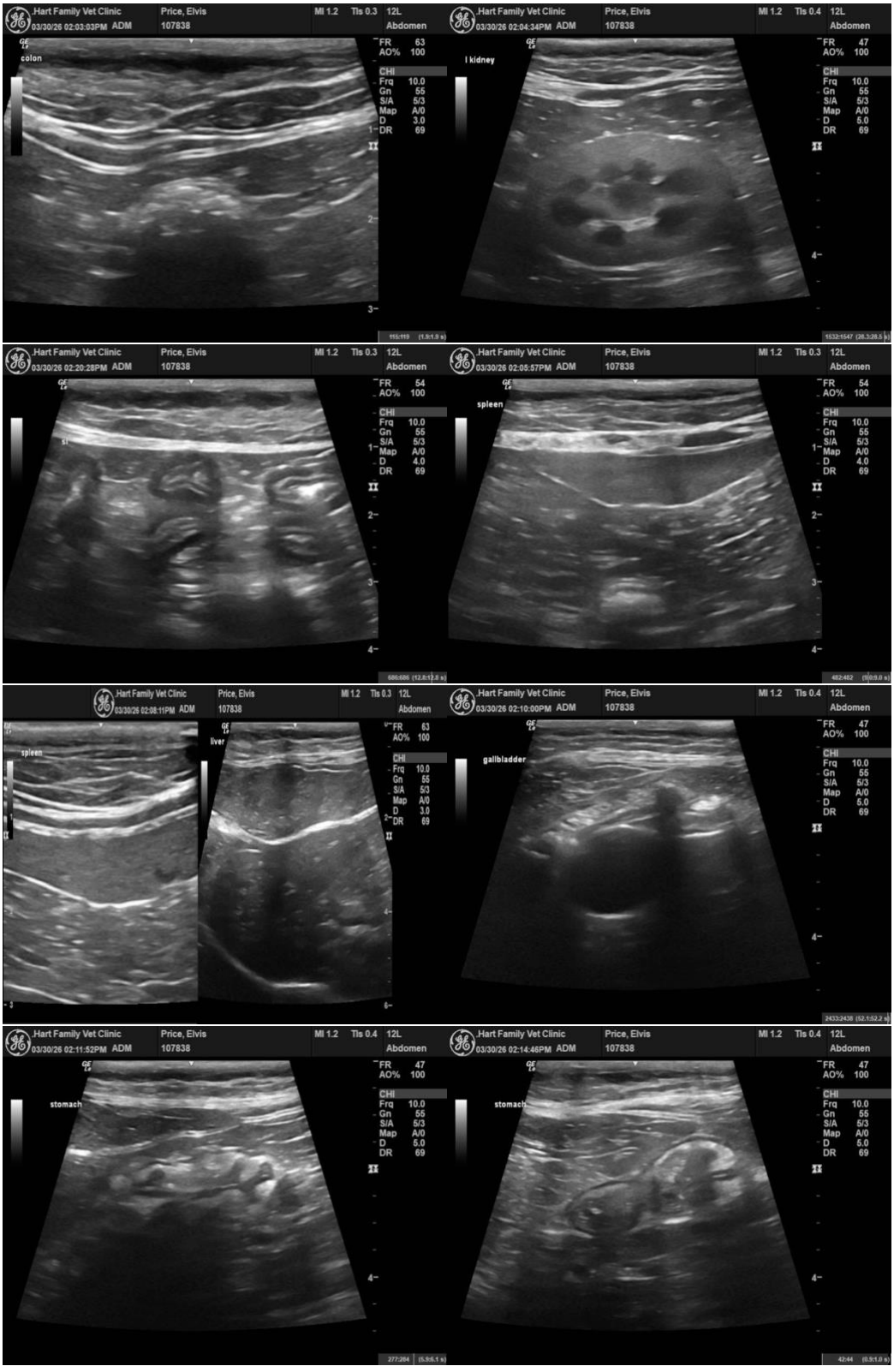

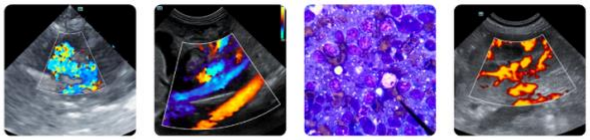

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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