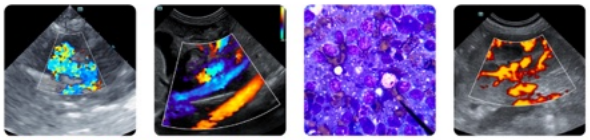


PATIENT

Blake Xie

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

13.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melinda Persson

HOSPITAL NAME

At Home VS

REFERRING VET

Dr. Persson

INVOICE

72226

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- Investigate cause of increased hairball vomiting, no weight loss
- Chronic kidney disease stage 2, CR 2.3
- Hypertension controlled on amlodipine
- T4 2.2

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 was noted.

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 3.8 cm, right measured 3.8 cm), increased echogenic appearance maintaining normal cortico-medullary differentiation and pelvis and an irregular 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 0.3 cm in width. The right adrenal gland measured 0.31 cm in width.

Spleen

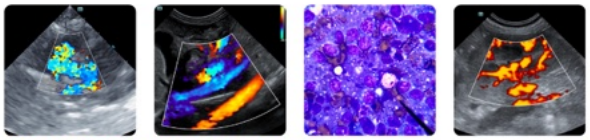
The spleen was enlarged but maintained a normal echogenic appearance, smooth homogenous parenchyma and a scalloped appearance of the capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measures 1.2 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.



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Gastrointestinal

Normal appearance of the stomach, 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 duodenum (0.25 cm) and small intestine (up to 0.32 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic 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

Normal mesenteric lymph nodes.

Hyperechogenic appearance of the mesentery surrounding the cranial intestinal loops.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Renal disease.
- Splenomegaly.
- Mesenteric inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The appearance of the kidneys would be consistent with chronic kidney disease and in line with the patient's history. The most likely etiology for the splenomegaly would be reactive hyperplasia, secondary to the enteropathy with splenitis and infiltrative neoplasia an unlikely differential diagnosis.

The mesenteric inflammation can be ascribed as secondary to the enteropathy.

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

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that can be considered would be feeding a novel protein/hypoallergenic diet (the renal disease and renal diet needs to be taken into consideration), 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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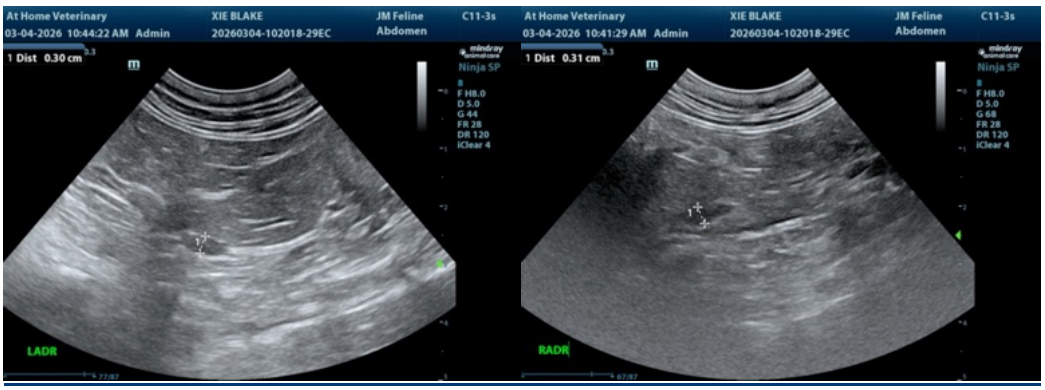

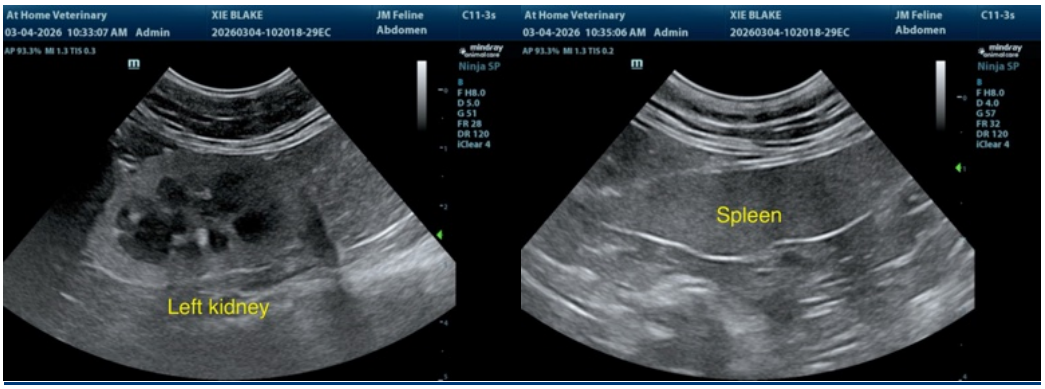

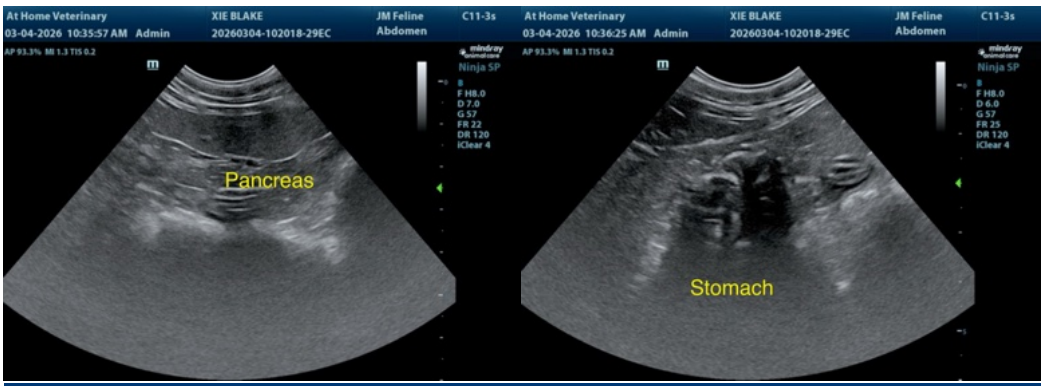

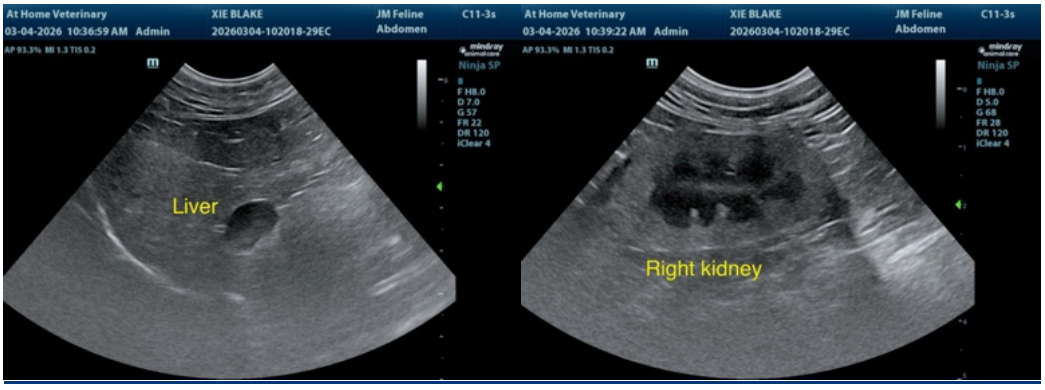

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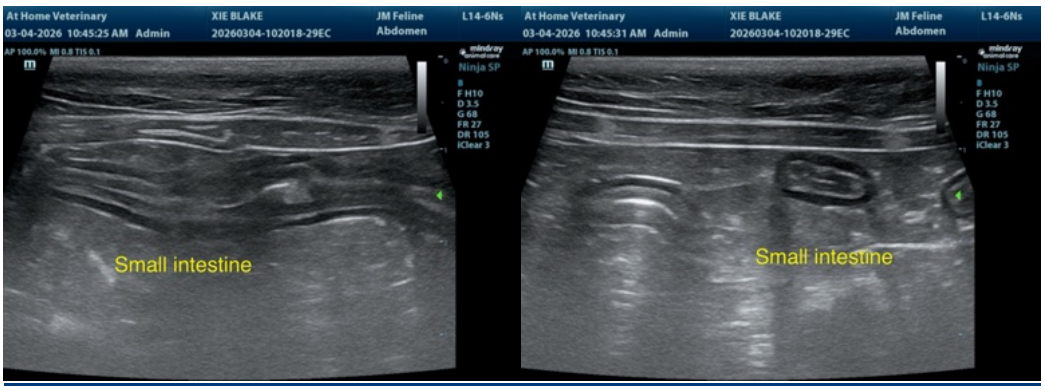

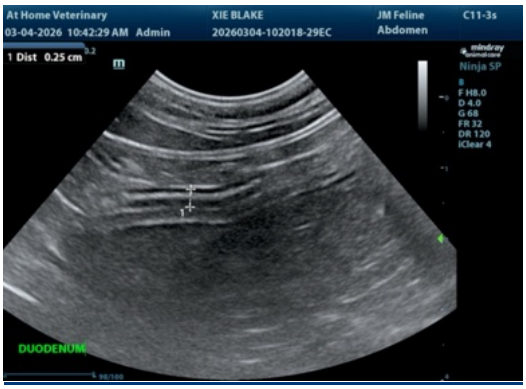

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com