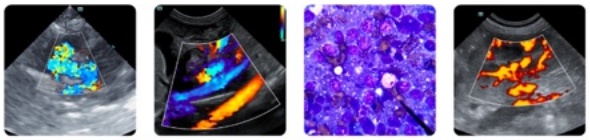


PATIENT

Roxy Wagner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

9.1 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. Kovach

INVOICE

72270

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: - P has been experiencing mucoid diarrhea vs vaginal discharge. O are not sure where the discharge is coming from. Concern for neoplasia.
- History: - P presented to rDVM on Mar 3, 2026 for diarrhea. Fecal and Giardia were negative. P experienced a large volume of clear discharge on March 3, 2026. CBC and the chemistry panel performed by rDVM were within normal limits.
- Subjective: - Patient is a 13-year-old, spayed female Domestic Longhair cat.
- Patient presented for an abdominal ultrasound. She is very anxious but allows handling with the owner present. She is very odorous with discharge on her perineum.
- History per owner: - Rectal inflammation began three nights ago. - Two days ago, anal glands were expressed (reportedly full). - 1.5 days ago, at 1:30 AM, the owner found a large amount of foul-smelling, clear discharge. - The patient is not on medication but was prescribed a probiotic. - Roxy is an anxious cat, hiding in the basement. - Appetite has been nonexistent for two days. - She is the household's most frequent vomiter (1-2 times/month, usually undigested food from eating too quickly). - She has lost 2 lbs in the last year (from 11 lbs to 9 lbs).
- MEDICATIONS: - Administered 0.1 mL butorphanol IM for sedation and analgesia. - DS administered 0.5 mL Convenia SQ for the perineal dermatitis and clipped the fur around the perineum

  3/4/26 ALP 10 14 - 111 U/L (LOW) otherwise CBC chem WNL

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.

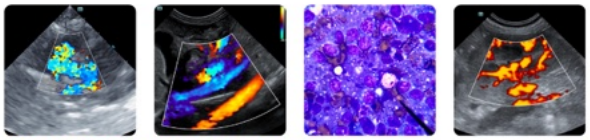
Normal renal size (left measured 3.5 cm, right measured 4.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.41 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 0.8 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 a double gallbladder and 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, and ileo-cecal junction 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 (measuring up to 0.3 cm) with no loss of layering and an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. Thickening of the colon (0.3 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

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

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.6 x 2.8 cm in size with an increased echogenic appearance, but maintained a normal shape.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Enteropathy.

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- Mesenteric lymphadenomegaly.
- Double gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

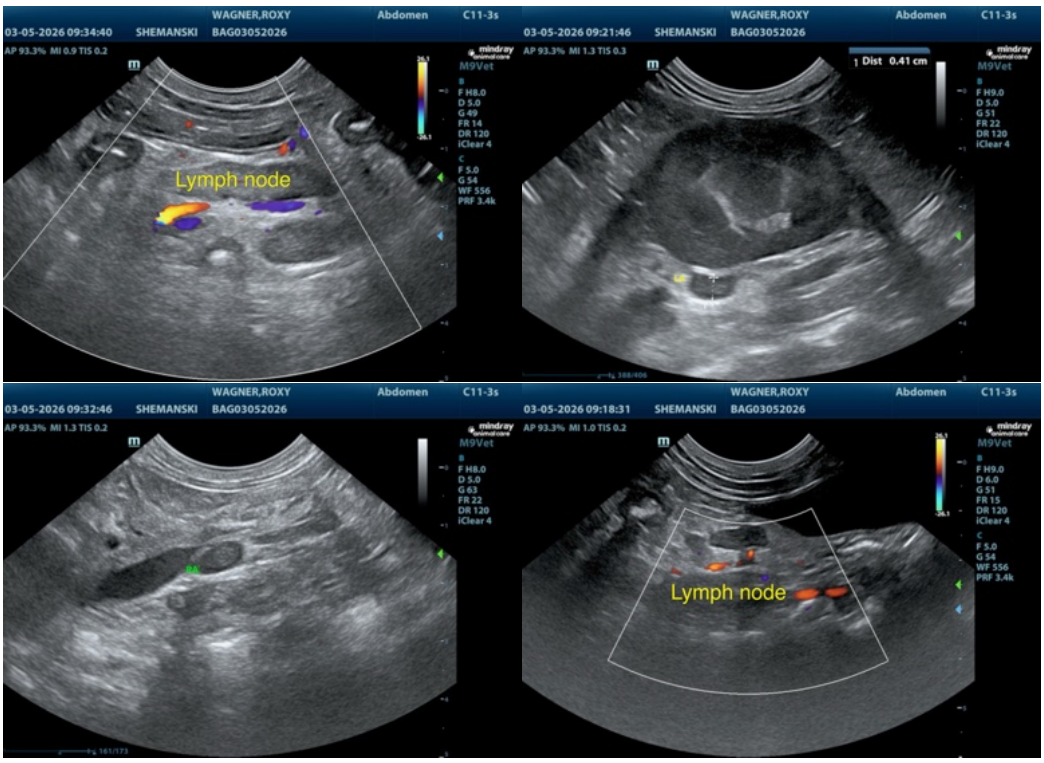
The appearance of the pancreas would be consistent with chronic active pancreatitis. Etiologies for the enteropathy would be dietary hypersensitivity, inflammatory bowel disease and possibly emerging lymphoma.

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia, secondary to the enteropathy with lymphadenitis and infiltrative neoplasia a less likely differential diagnosis.

Double gallbladder can be considered an incidental congenital anomaly.

Further assessment would be cobalamin, folate and FPL/PSL 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 small frequent meals of 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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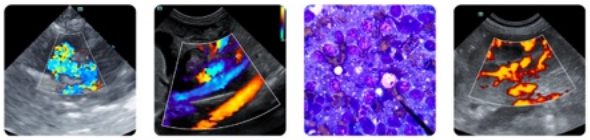

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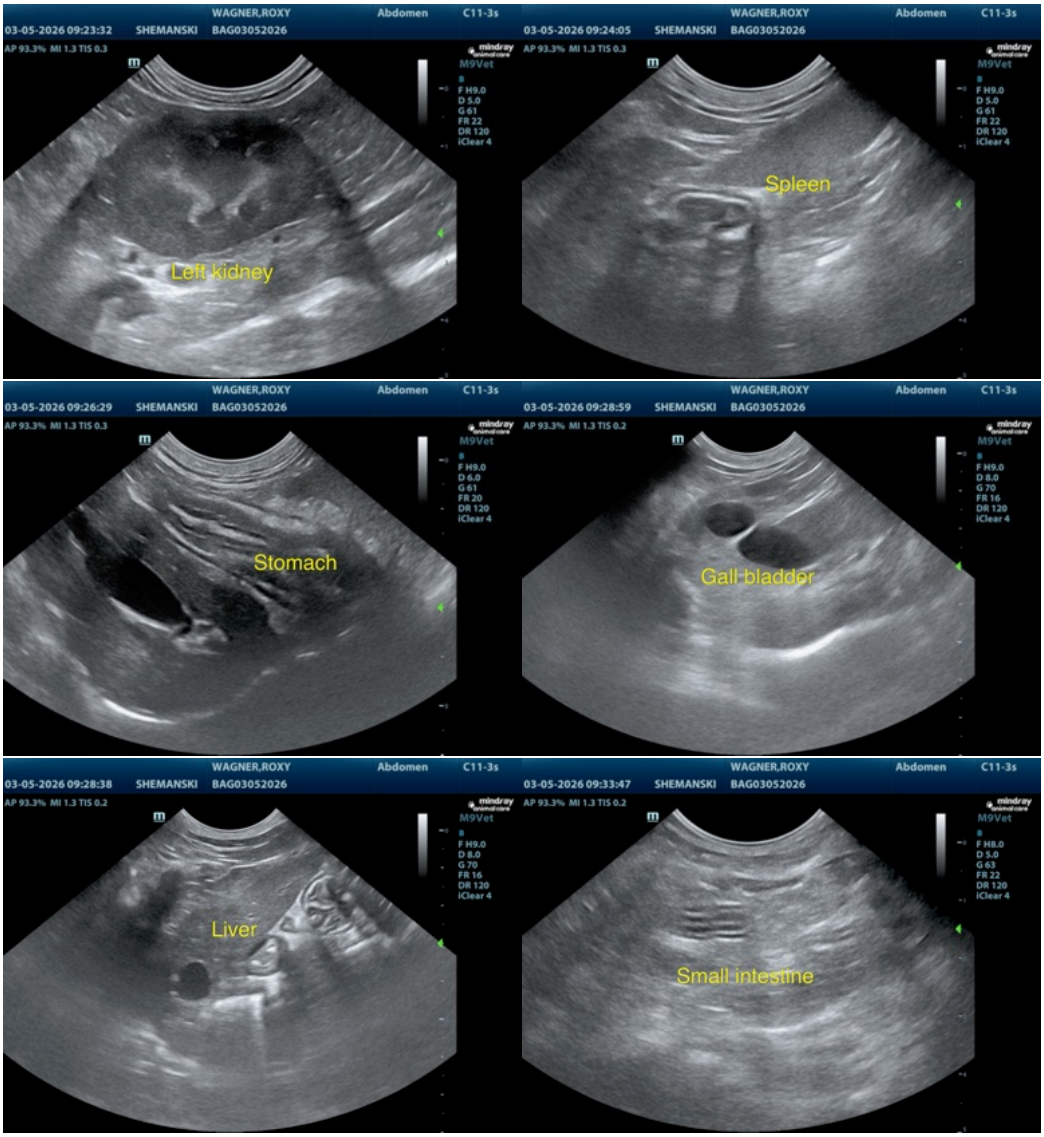

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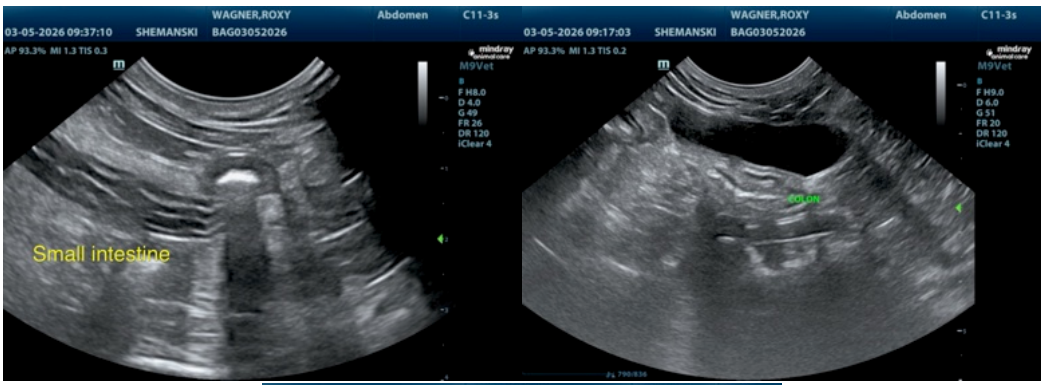

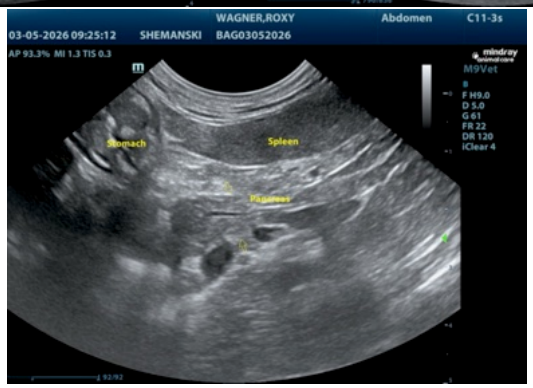

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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