



## PATIENT

Smokey Strays

## SPECIES

Feline

## BREED

Domestic Longhair

## SEX

Neutered male

## AGE

12 years

## WEIGHT

9.66 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York VS

## REFERRING VET

Dr. Arnold

## INVOICE

74678

## DATE

4/21/26

## PRESENTING CLINICAL SIGNS

History: No response to metronidazole 90 mg BDI x 10 days or Fortiflora for 10 days (dates not currently available).

CBC/Chem/UA/T4 9/15/25: diabetes mellitus. CKD 1, HCT low 264.

IDEXX Diarrhea PCR Panel 3/31/26: coronavirus positive.

TLI/PLI/B12/Folate 4/6/26: Increased folate and TLI

CLINICAL SIGNS: Severe watery diarrhea

MEDICATIONS: Lantus insulin 3 units BID

Apr 6, 2026 TLI 122.8 ug/L ↑ (12–82 ug/L) PLI 14.1 ug/L ↑ (<4.4 ug/L) Cobalamin 774 ng/L (290–1500 ng/L) Folate 25.7 ug/L (9.7–221.6 ug/L) Mar 31, 2026 C. perfringens α-toxin PCR: POS (low) Sept 15, 2025 – CBC RBC 5.03 M/μL ↓ (6.54–12.20 M/μL) HCT 26.4 % ↓ (30.3–52.3 %) HGB 7.8 g/dL ↓ (9.8–16.2 g/dL) Retic 80.5 K/μL ↑ (3.0–50.0 K/μL) Neut 12.28 K/μL ↑ (2.30–10.29 K/μL) Mono 1.16 K/μL ↑ (0.05–0.67 K/μL) Chem Glucose 419 mg/dL ↑ (71–159 mg/dL) Creat 0.5 mg/dL ↓ (0.8–2.4 mg/dL) BUN 37 mg/dL ↑ (16–36 mg/dL) K 3.0 mmol/L ↓ (3.5–5.8 mmol/L) Glob 5.2 g/dL ↑ (2.8–5.1 g/dL) T4 0.7 ug/dL ↓ (0.8–4.7 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 4.5 cm, right measured 5.2 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. The right adrenal gland measured 0.46 cm.

### 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 0.8 cm in width.



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## *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 a small amount of non-adhered, hyperechogenic sediment. 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 lumen. Normal thickness of the small intestine with no loss of layering, but with mild, segmental increase in the muscularis to mucosa ratio. There is normal peristaltic activity and no distension of the lumen.

## *Pancreas*

The pancreas is enlarged. The left pancreas measured 1.2 cm in width with a mottled echogenic appearance and an irregular capsule. There is a mild increase in the echogenic appearance of the mesentery and fat surrounding the pancreas. The visible pancreatic duct measured 0.4 cm in diameter.

## *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

## *Thorax*

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

## ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Enteropathy.
- Gallbladder sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would be consistent with chronic active pancreatitis.



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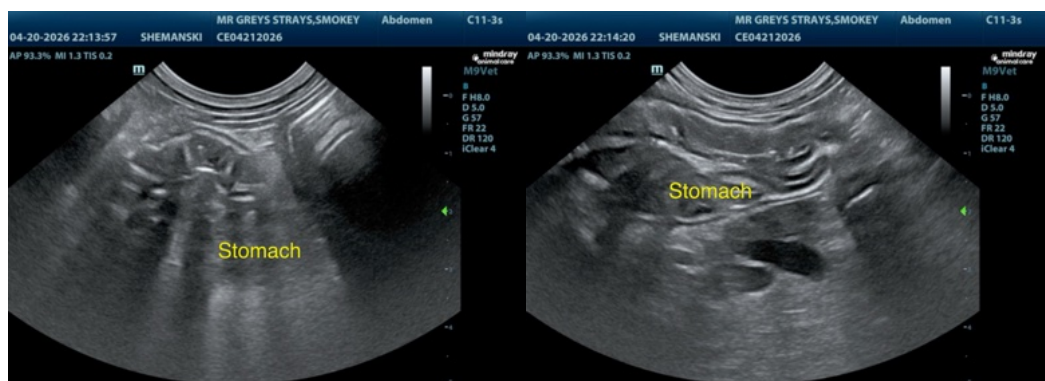
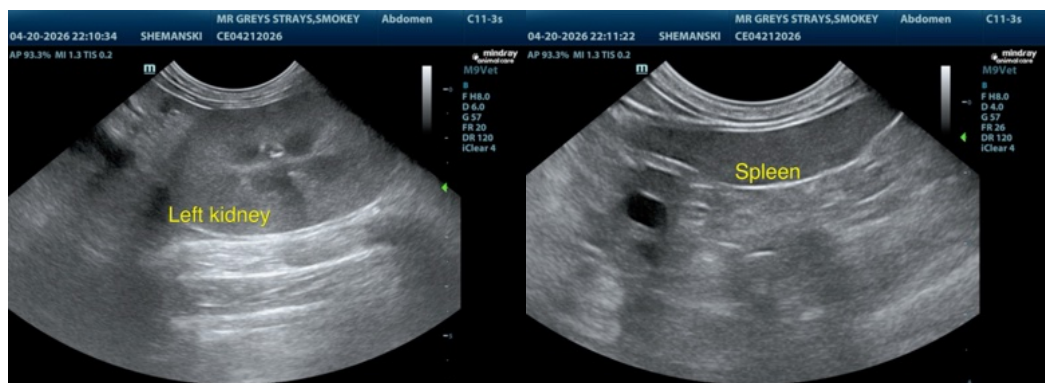
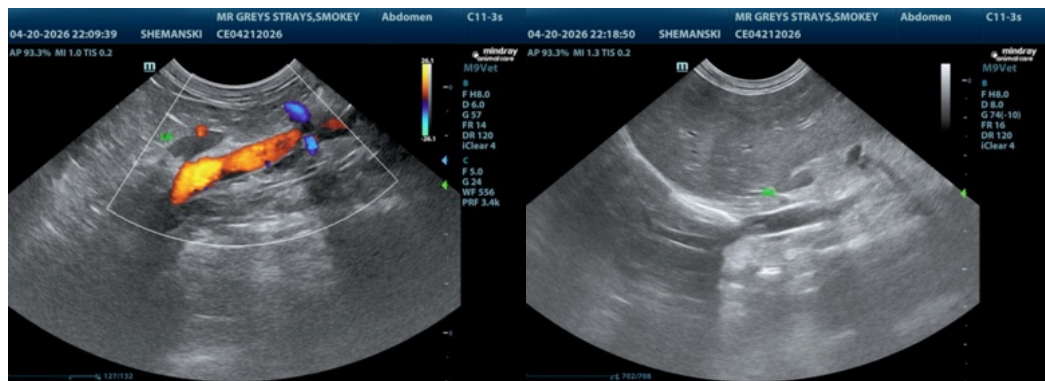
Etiologies for the enteropathy would be dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

The elevated folate can be ascribed to the enteropathy.

Further assessment would be endoscopy of the upper GI tract with biopsies.

Further specific therapy would be dependent on an etiological diagnosis. Management of the enteropathy would be feeding a novel protein/hypoallergenic diet and if there is not a satisfactory improvement then the addition of Budesonide would be recommended as the patient is a diabetic and Prednisolone would be contraindicated.





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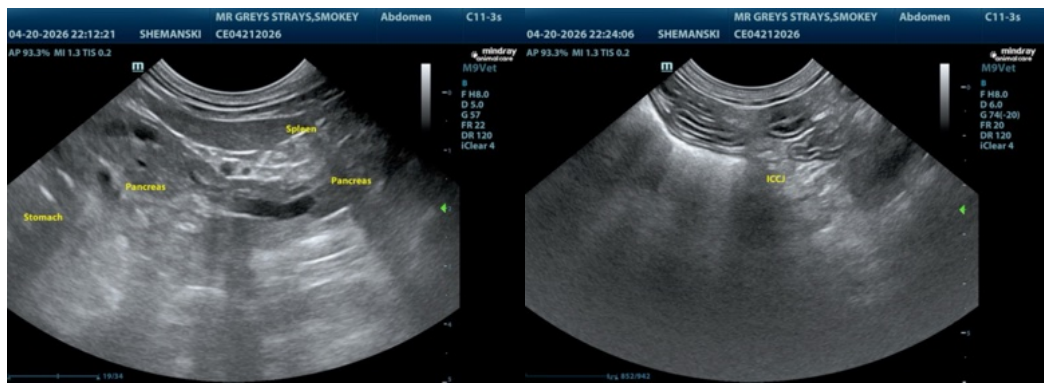
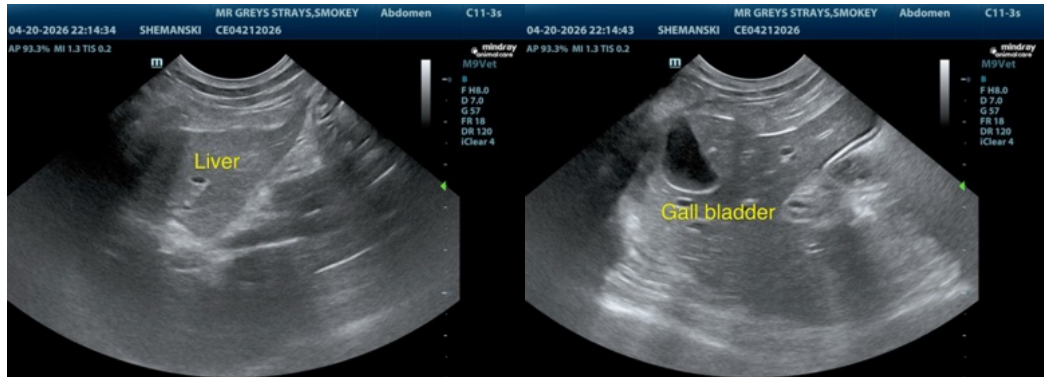
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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