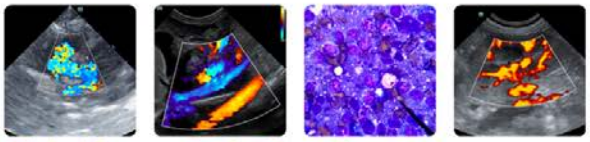

PATIENT

Fred Rittenhouse

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

8.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Wolfe

HOSPITAL NAME

HomeVets

REFERRING VET

Dr. Brittany Wolfe

INVOICE

74746

DATE

4/23/26

PRESENTING CLINICAL SIGNS

P has a hx of weight loss/muscle loss, intermittent vomiting, and one episode of soft stool
Abnormal PE/Chem/CBC/UA Results: Basophilia 0.147, remainder of CBC normal Chem, T4, UA 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 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, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 3.8 cm. Right kidney measures 4.0 cm.

Adrenal Glands

The right adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right measures 0.25 cm in width.

The left adrenal gland is not visualized.

Spleen

Normal size (0.90 cm in width) 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.

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 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 thickness of the small intestine (up to 0.30 cm) with no loss of layering, but with an increase in the muscularis to mucosal ratio, especially the ileum. Normal peristaltic activity and no distention of the lumen.

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.

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Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Prominent mesenteric lymph nodes measuring up to 0.40 cm x 0.70 cm in size, with a slightly rounded shape and hypoechogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

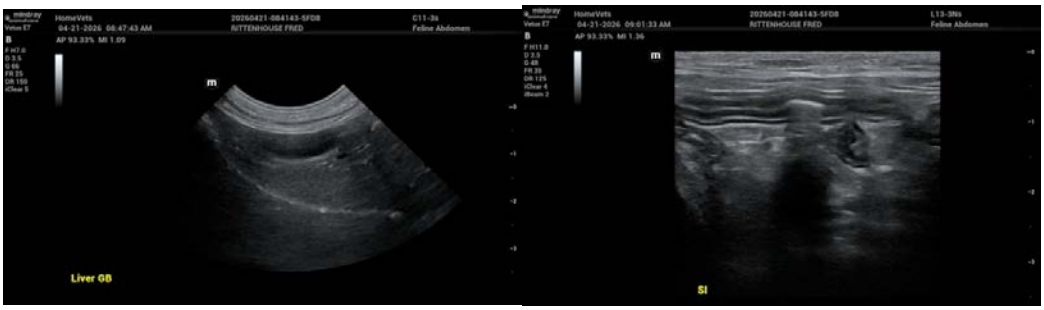
Etiologies for the enteropathy would be parasitic, enteritis, dietary hypersensitivity, and inflammatory bowel disease, with emerging lymphoma being a possible differential diagnosis.

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

Further assessment would be fecal analysis, cobalamin and folate assay, endoscopy of the upper GI tract with biopsies, and possibly FNA cytology of the mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would be feeding small frequent meals of a novel protein/hypoallergenic diet, a 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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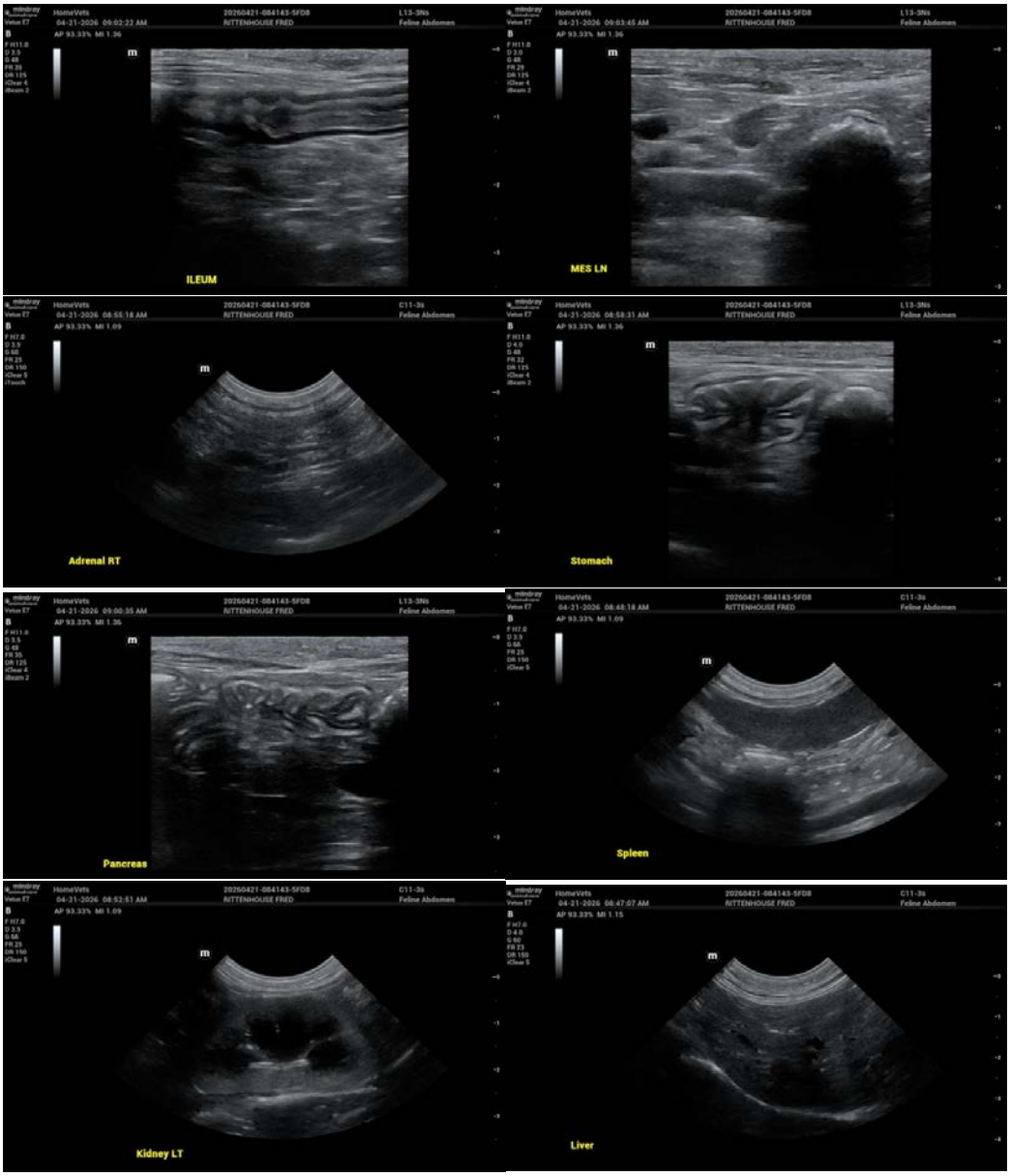

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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