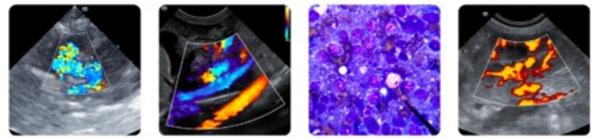


PATIENT

Lucy Greenberg

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Buck

INVOICE

74378

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: P lost 1.5 lbs since Jan. After medication non-compliance (maropitant) during O's 2-week absence, P exhibited daily vomiting, anorexia, and lethargy (Fri-Sat). Status has slightly improved since Sat night but remains decreased; maropitant has not been resumed.
History: Lucy (14-15y) has lost weight and experienced worsening episodic vomiting since Jan on a novel protein diet. Recent stress and dehydration required fluids.
History of ulcers, anxiety, and prednisolone-induced diarrhea
CBC showed high normal NEU, high lymphs, and high monocytes, suggesting pancreatitis or GI inflammation despite normal AMYL/LYPA. Metronidazole and Enrofloxacin started.
CLINICAL SIGNS: vomiting. *0.1ml butorphanol was given during exam.
MEDICATIONS: Metronidazole 50mg/ml 1 ml PO q12h X 14 days, Enrofloxacin 22.7mg 1 tab PO SID until gone, #10, Mirataz Transdermal SID PRN, Maropitant Citrate 16mg 1 tab PO q24h PRN to prevent vomiting
April 6, 2026 CBC WBC 24.59 K/uL (Ref 2.87-17.02) HIGH Lym 12.75 K/uL (0.92-6.88) HIGH Plt 139 K/uL (Ref 151-600) LOW

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.

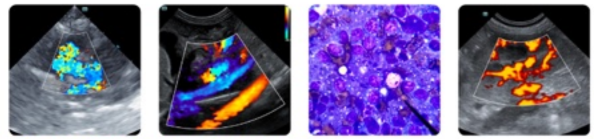
Normal renal size (left measured 3.9 cm, right measured 3.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.43 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.0 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 normal anechoic bile. Normal thickness and echogenic appearance of the wall. Tortuous appearance of the cystic and common bile ducts with no distension. The bile duct measure up to 0.3 cm in diameter.

Gastrointestinal

Normal thickness of the gastric wall with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio, but with gas pockets within the wall. A small amount of fluid is present in the stomach. Normal thickness of the small intestine measuring up to 0.28 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. Normal appearance of the 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.

Pancreas

Normal size with a mottled echogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The visible pancreatic duct measured 0.2 cm in diameter.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 1.1 x 1.6 cm in size with a rounded shape and hypoechogenic appearance.

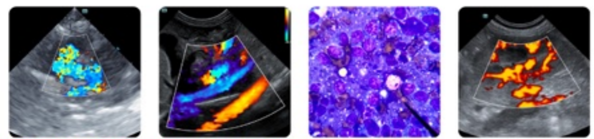
No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.
- Chronic pancreatitis, tortuous bile duct.



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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.

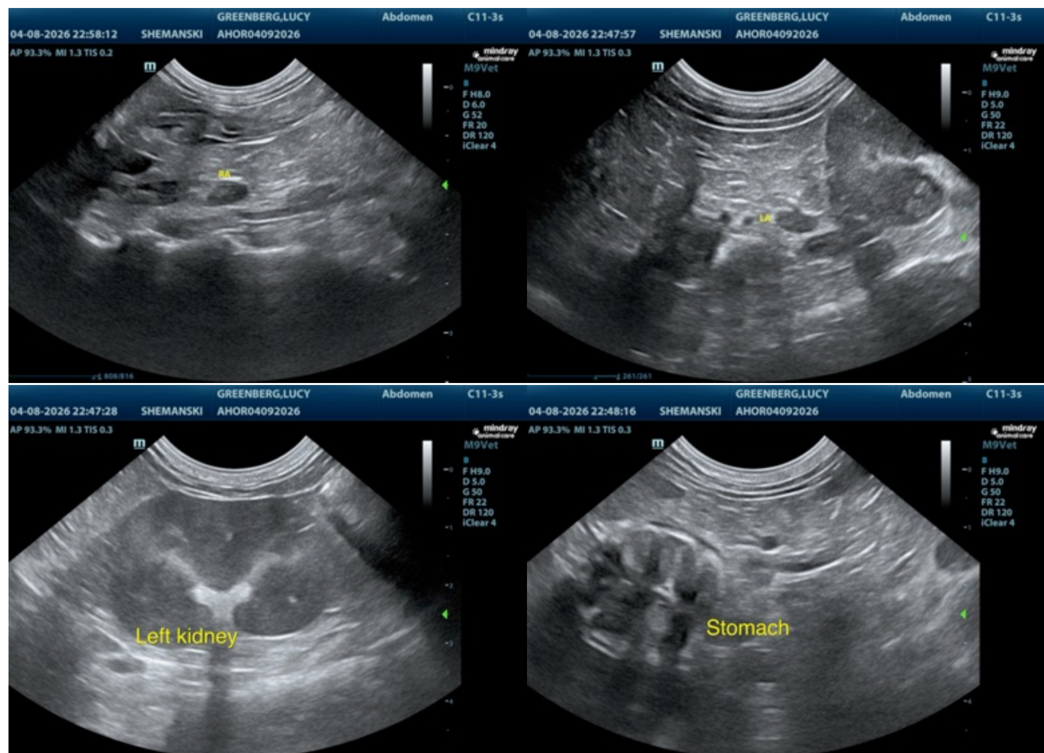
Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

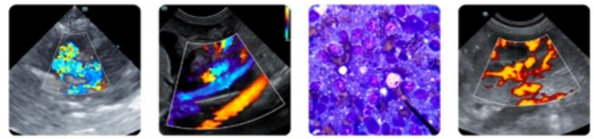
The appearance of the bile ducts can be considered an incidental age related change.

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

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the current hypoallergenic diet, course of Fenbendazole and coblamin supplementation and possibly Budesonide as there has been an adverse reaction to the oral Prednisolone therapy.





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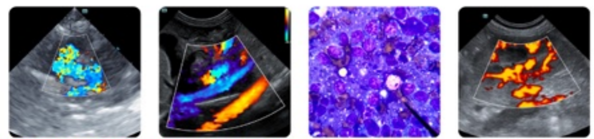

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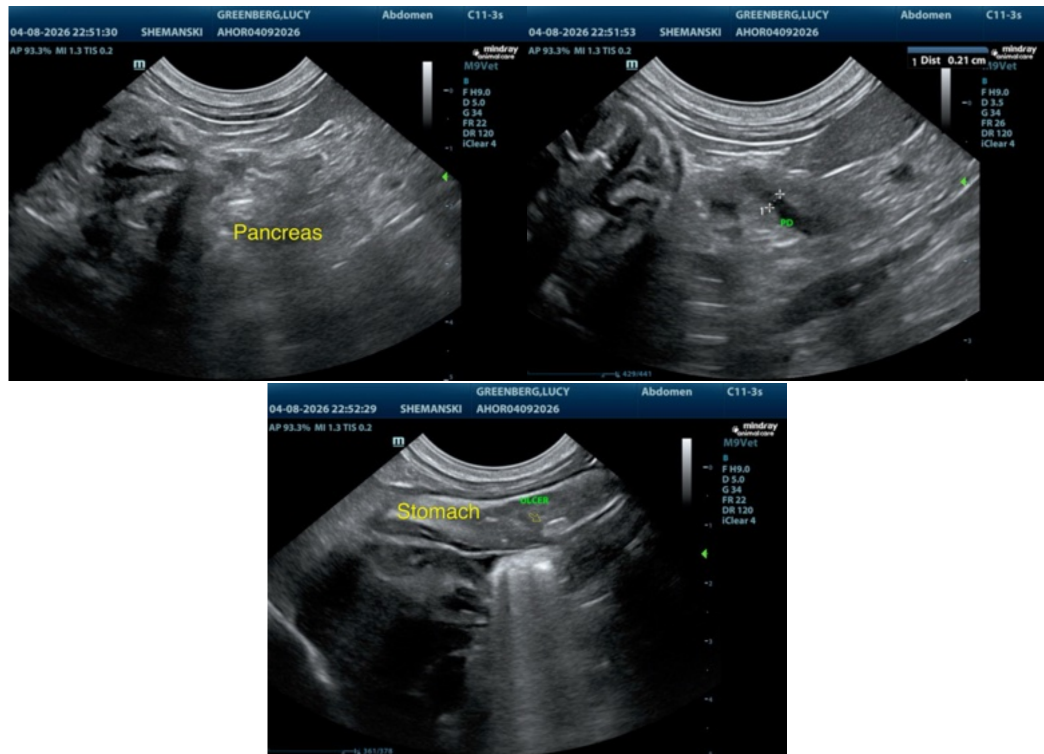

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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