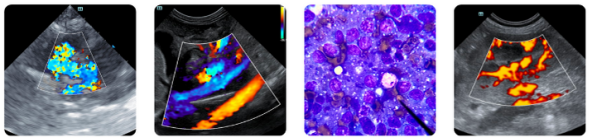


PATIENT

Luna Joseph

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years

WEIGHT

8.22 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Robert Lann

INVOICE

11958

DATE

5/14/2026

PRESENTING CLINICAL SIGNS

Referral for weight loss and pancreatitis. Patient has lost >0.5 lb since December 2024. Diagnosed with diabetes on 10/27/2025; BG today 308. Currently on Lantus insulin 1 unit BID. History from Owner: 11-year-old FS DSH, indoor only, adopted ~1.5 years ago with limited prior history. Underwent full-mouth extractions and was later diagnosed with diabetes, with historically poor glycemic control. Appetite is currently very good but was absent during a recent pancreatitis episode. No vomiting since approximately April 20–21. Previous vomiting episodes were rare. RDVM also noted possible early kidney disease.

Physical Exam: BAR, Tense cranial abdomen on palpation, Elevated heart rate, Dilated pupils; appears visual, Owner reports cataracts in at least one eye

Clinical Signs: Weight loss, intermittent vomiting.

Medications: Lantus insulin 1 unit BID, Prednisolone 5 mg daily, Gabapentin prior to appointments. Patient responded well to prednisolone, short-term Cerenia, and buprenorphine during a recent severe pancreatitis episode. Received 0.07 mL butorphanol SQ for comfort during ultrasound.

Abnormal PE/Chem/CBC/UA Results: April 22, 2026: CBC RETIC 60.5 K/µL H PCT 0.87 % H Blood chem GLU 354 mg/dL H ALKP 141 U/L H Urinalysis Specific Gravity 1.023 L GLU 300 mg/dL L Pancreatic lipase: 32.7 U/L (consistent with pancreatitis) Total T4: 1.1 ug/dL

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, with increased echogenic appearance, some loss of cortico-medullary differentiation, and a normal capsule. Left kidney is worse than the right kidney. Mild left sided pyelectasia, normal right pelvis. No infarcts, mineralization, or renoliths evident. Left kidney measures 3.9 cm, and the right kidney measures 4.2 cm.

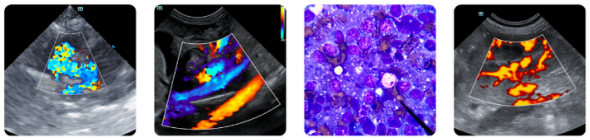
Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature.

Left adrenal measures 0.52 cm in width, and the right adrenal measures 0.52 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 measures 0.7 cm in width.



SonoPath.com info@sonopath.com 1.800.838.4268

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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

Small 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, 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. Thickening of small intestine with a hyperechogenic appearance of the wall but with no loss of layering and maintaining a 1:3 muscularis to mucosa ratio. Small amount of fluid present within the stomach.

Pancreas

Normal size (left pancreas 0.5 cm in width) with a hypoechogenic and nodular appearance and an irregular capsule. Mild increased in echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis.
- Renal disease.
- Enteritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the pancreas is consistent with chronic active pancreatitis, emerging neoplasia needs to be considered. The appearance of the kidneys would be consistent with early chronic kidney disease.

Etiologies for the enteritis would be secondary to the pancreatitis with an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease possible differential diagnoses.

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

Specific therapy would be dependent on an etiological diagnosis.

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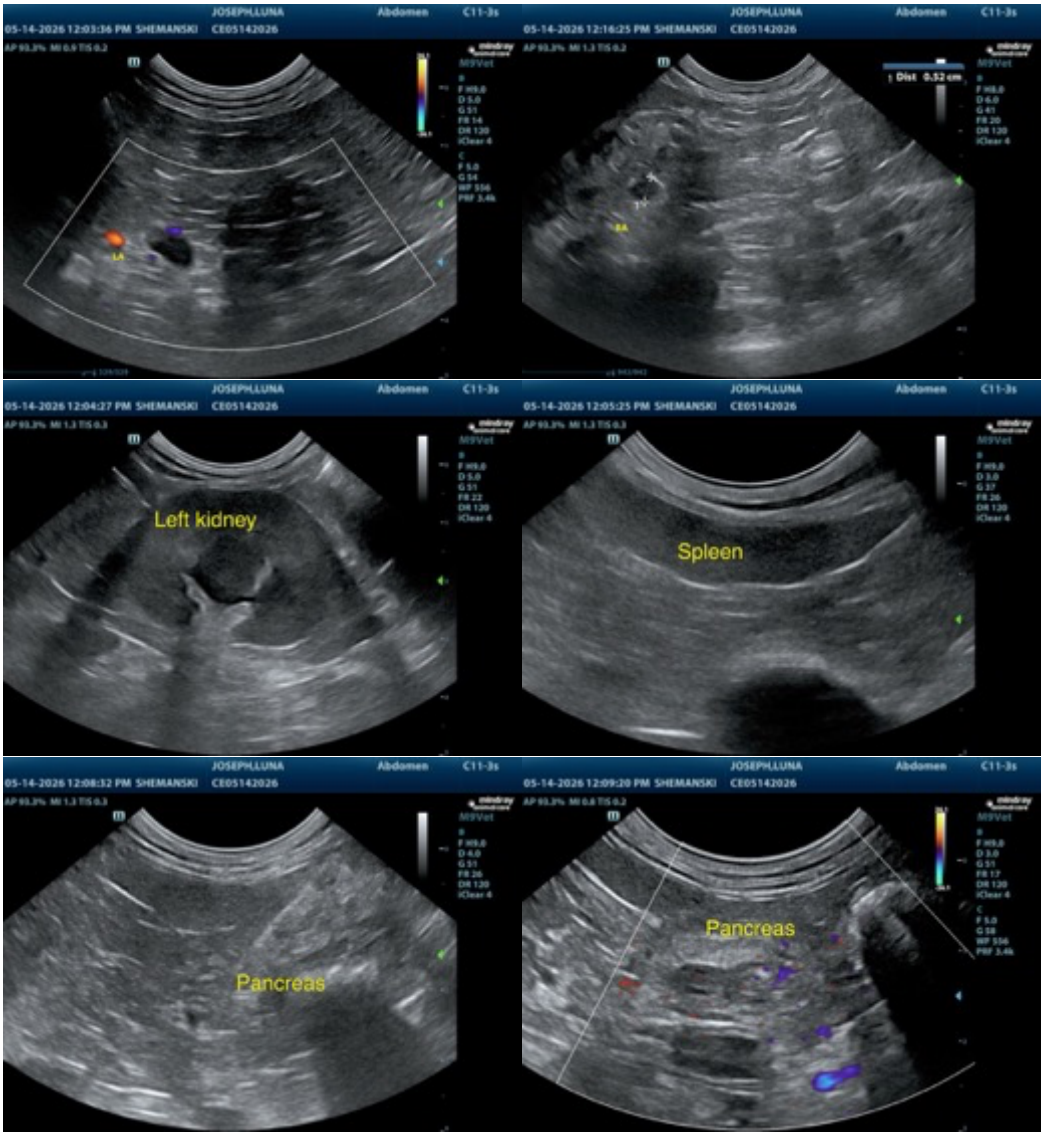
Symptomatic management of both the enteritis and the chronic pancreatitis would be feeding small frequent meals of a novel protein/hypoallergenic diet, cobalamin supplementation, course of fenbendazole, with the addition of antiemetics and opioid analgesics as needed during the flare up of pancreatitis. If there's not a satisfactory improvement, then oral budesonide would be recommended as the patient is a diabetic.



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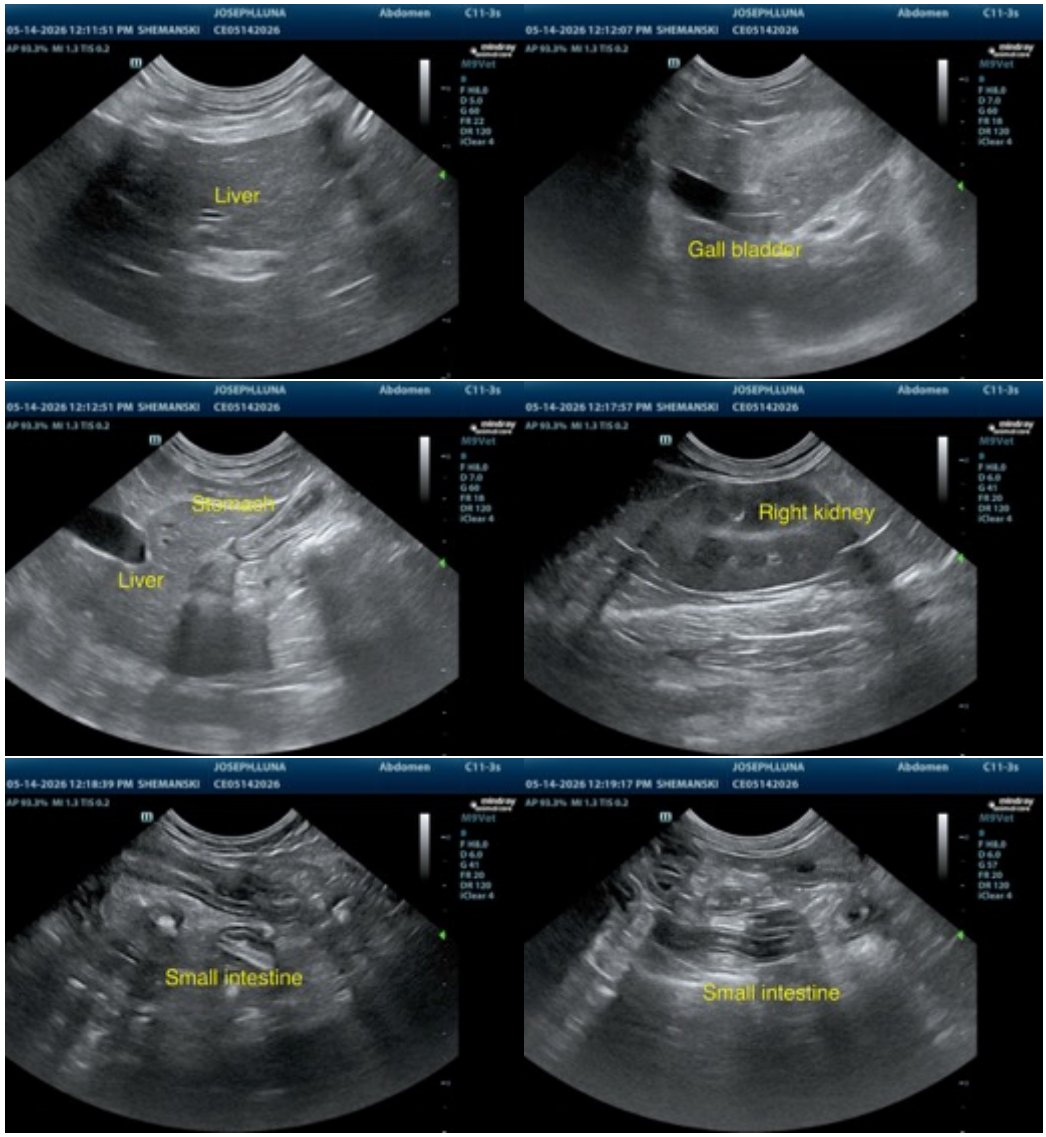

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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