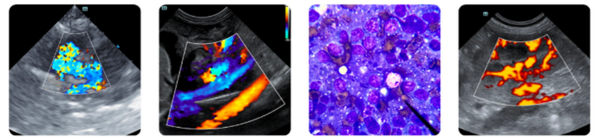


PATIENT

Leo Cassetti

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

7 years

WEIGHT

7.25 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. Lann

INVOICE

77702

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Leo has chronic loose stools and inappropriate elimination outside the litter box. After multiple diet changes, he developed worsening vomiting, weight loss, and lethargy. He has an insatiable appetite but vomits at least daily, and the owner is unsure if he keeps food down. Mild leukocytosis was noted by the primary veterinarian, and he was started on Royal Canin Fiber Response, anti-nausea medication, and Prilosec, which have mildly improved vomiting.
He has suspected seafood allergies, recently caught a rodent outdoors, and is described as an anxious cat. A streak of blood was noted in the stool today.
Abnormal PE/Chem/CBC/UA Results: Bloodwork (03/05/2026): RBC 6.40 M/µL L MCV 60.8 fL H MCH 18.8 pg H WBC 24.52 K/µL H Neutrophils 20.25 K/µL H Basophils 0.70 K/µL H ALT <10 U/L L GGT 6 U/L H Urinalysis (03/05/2026): Urine Protein 30 mg/dL Blood /Hemoglobin 250 Ery/µL Red Blood Cells 48 /HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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.

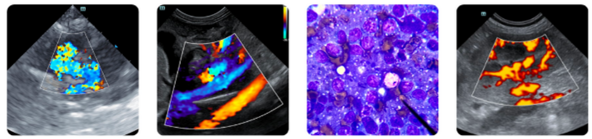
Normal renal size (left measured 4.4 cm, right measured 4.0 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.36 cm in width. The right adrenal gland measured 0.37 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 0.6 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

The gallbladder is full containing a scant amount of 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. Thickening of the small intestine measured up to 0.37 cm with no loss of layering, but with a marked increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen. Fecal material was present in the colon.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.4 x 2.2 cm with normal shape and echogenic appearance.

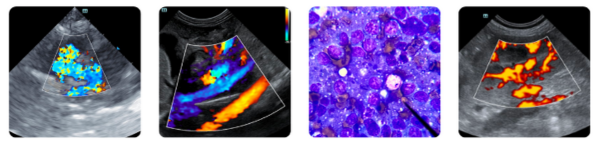
A small amount of ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.
- Ascites.



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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 lymphoma and granulomatous enteritis important differential diagnosis.

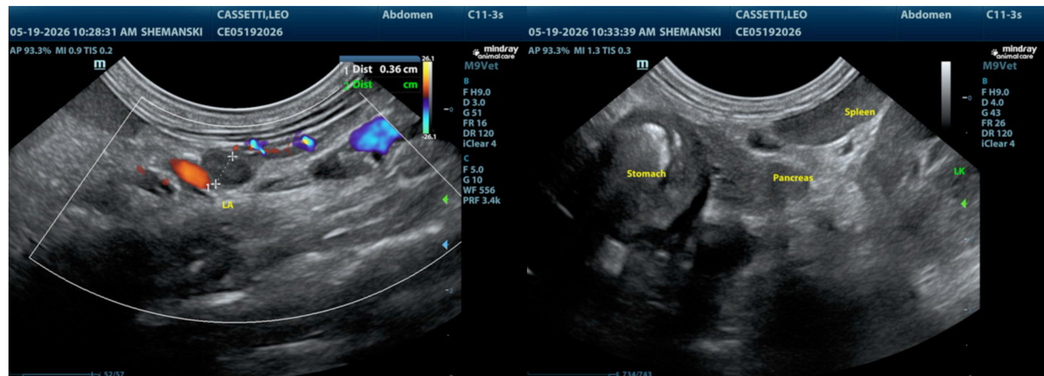
Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

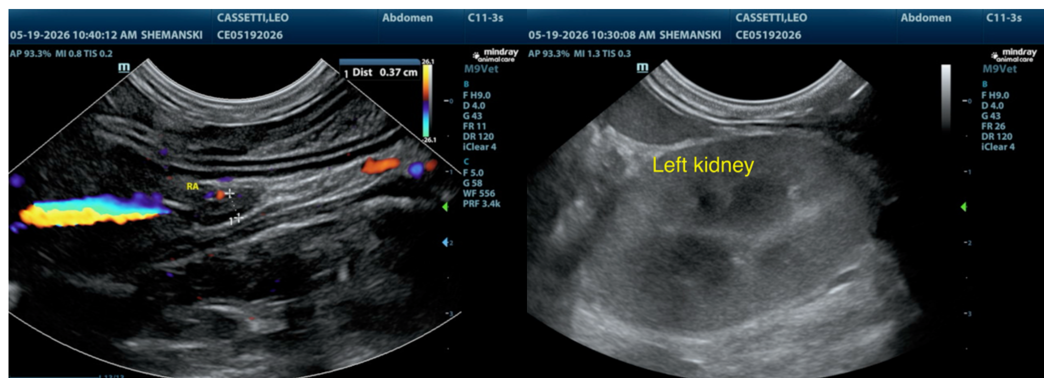
The ascites can be ascribed as secondary to both the mesenteric lymphadenomegaly and enteropathy.

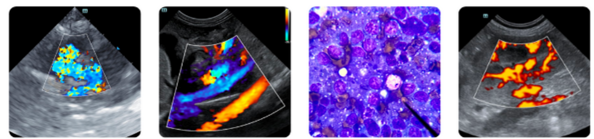
Further assessment would be fecal analysis, cobalamin, folate and TLI assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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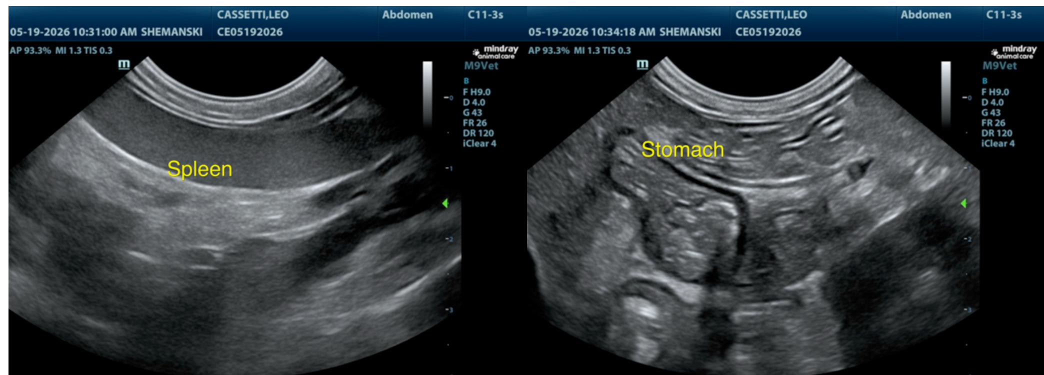

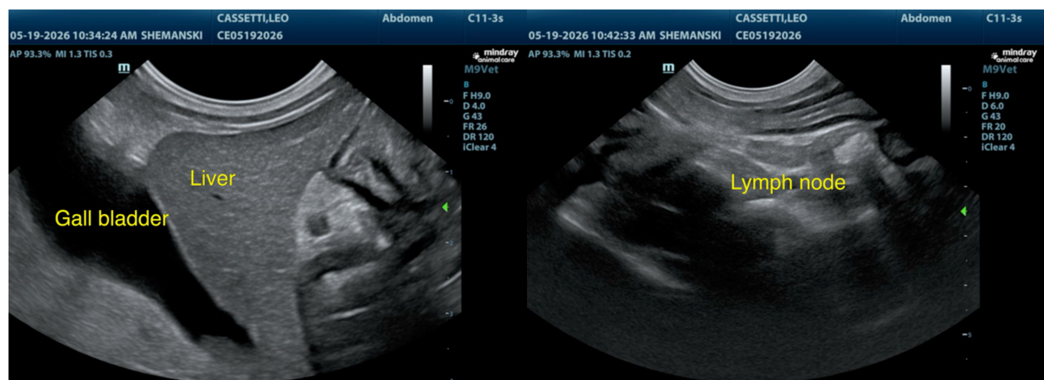

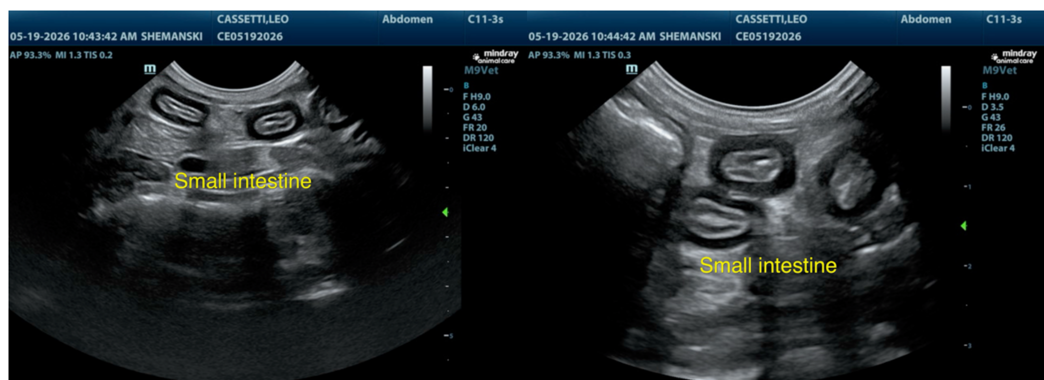

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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