



PATIENT

Leo Lane

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

8.71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Katie Margulies

HOSPITAL NAME

Fairland AH

REFERRING VET

Dr. Margulies

INVOICE

78802

DATE

6/17/26

PRESENTING CLINICAL SIGNS

History: P recently moved here from Turkey. Has long standing history of vomiting and recently lost weight. ATO seems to be drinking more water recently. Systemic labwork was ran and primarily abnormality was mild to moderate elevation in ALT. PE WNL aside from thin body condition and slightly unkept looking hair coat

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 3.4 cm, right measured 3.8 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.

Adrenal Glands

The adrenal glands are not visualized.

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.

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. Normal size and appearance of the cystic and common bile duct.



PATIENT

Leo Lane

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

8.71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Katie Margulies

HOSPITAL NAME

Fairland AH

REFERRING VET

Dr. Margulies

INVOICE

78802

DATE

6/17/26

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, 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

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

Prominent mesenteric lymph node measuring approximately 0.4 x 1.0 cm in size with a hypoechogenic appearance and rounded shape. The rest of the mesenteric lymph nodes appear to be of normal size and shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Focal mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the chronic vomiting or the recent weight loss.

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia secondary to the chronic vomiting, with infiltrative neoplasia such as a lymphoma a possible diagnosis and lymphadenitis a less likely differential diagnosis.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying gastroenteropathy such as chronic gastritis, Helicobacter gastritis, inflammatory bowel disease, dietary hypersensitivity and parasitic gastroenteritis should still be considered.

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 node.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered would feeding small frequent meals of a novel protein/hypoallergenic diet, course of Fenbendazole, cobalamin supplementation and if there is still not a satisfactory improvement triple therapy for Helicobacter gastritis is recommended and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



PATIENT

Leo Lane

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

8.71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Katie Margulies

HOSPITAL NAME

Fairland AH

REFERRING VET

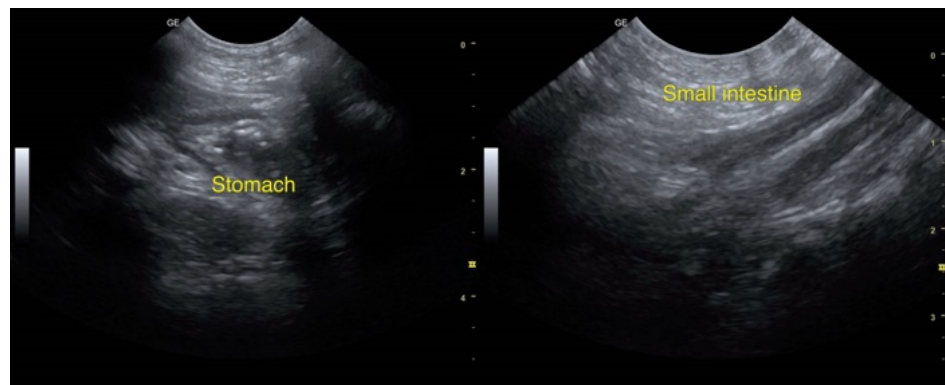
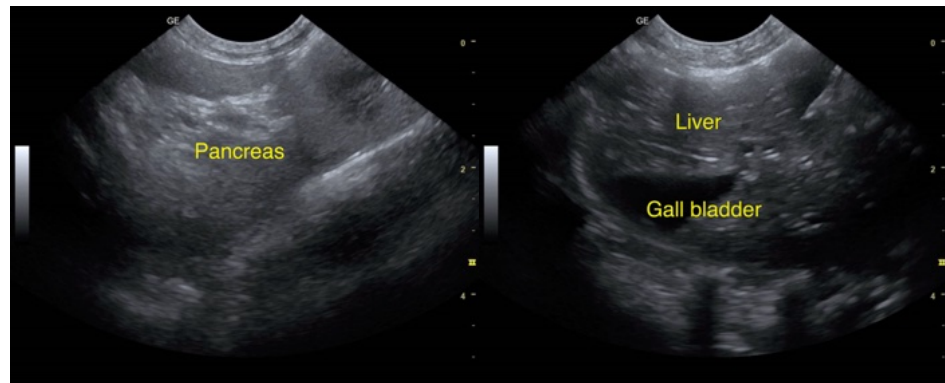
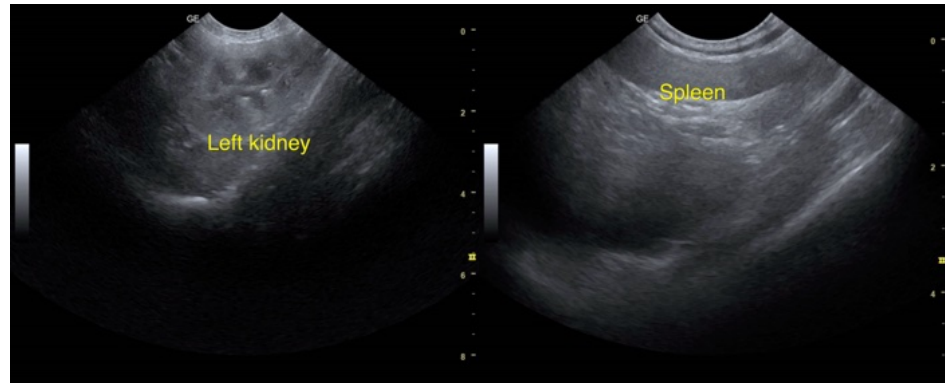
Dr. Margulies

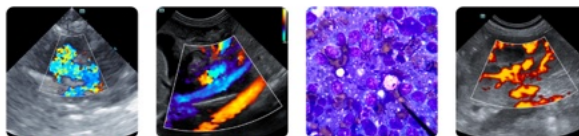
INVOICE

78802

DATE

6/17/26





PATIENT

Leo Lane

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

8.71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Katie Margulies

HOSPITAL NAME

Fairland AH

REFERRING VET

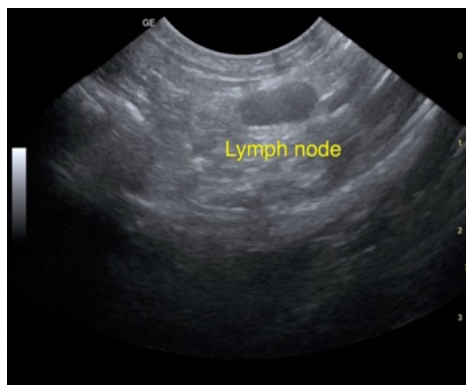
Dr. Margulies

INVOICE

78802

DATE

6/17/26



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