



PATIENT

Autumn Rutledge

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

2.53 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

46704

DATE

8/22/23

PRESENTING CLINICAL SIGNS

History: History of increased hunger and weight loss despite a ravenous appetite.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/TT4 - WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment was present. There were no uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

The iliac lymph nodes were prominent (0.2 x 0.8 cm) with a normal shape and echogenic appearance. 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. The left kidney measured 3.1 cm. The right kidney measured 3.4 cm.

Adrenal Glands

The left adrenal gland was normal in shape, echogenic appearance, size (0.34 x 0.26 cm), position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland was 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. The spleen measured 0.7 cm.

Liver

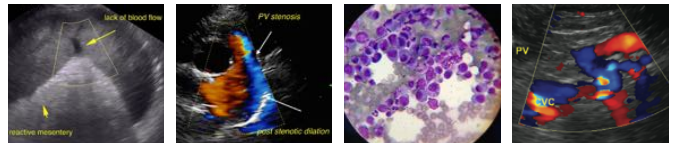
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a small amount of 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



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lumen. Normal thickness of the small intestine (0.29 cm) with no loss of layering and increased muscularis to mucosa ratio. Normal peristaltic activity and no distension of the lumen.

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Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. The pancreas measured 0.4 cm.

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Free Abdomen

Prominent appearance of the mesenteric lymph nodes (0.3 x 0.6 cm) with normal shape and echogenic appearance.

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No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

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- Enteropathy.
- Lymphadenomegaly.
- Gallbladder and urinary bladder sediment.

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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 granulomatous enteritis and emerging lymphoma (highly unlikely).

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

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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be feeding a novel protein/hypoallergenic diet, cobalamin supplementation, course of Fenbendazole and possibly Prednisolone.

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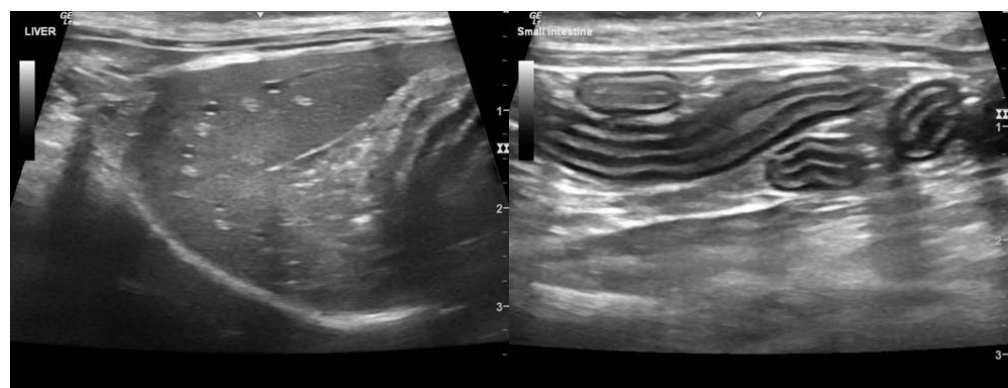
Dr. Trudeau

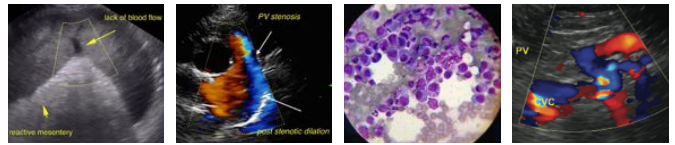
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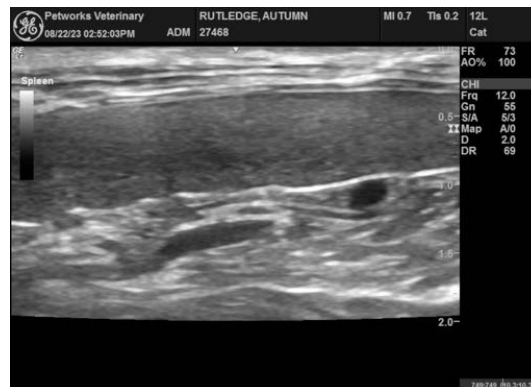
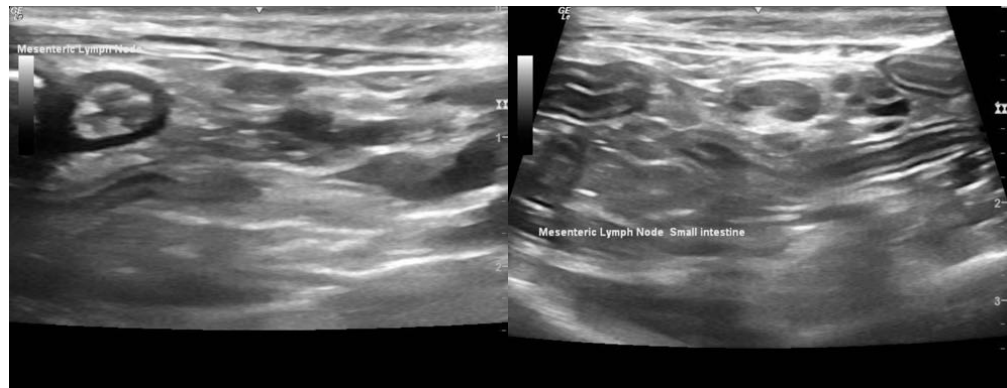
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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