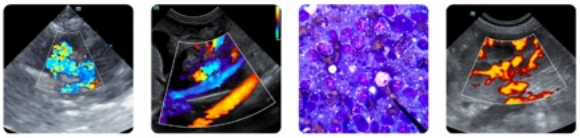


PATIENT

Sam Bliss

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9.5 years

WEIGHT

11.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd DVM, DABVP-CFP

HOSPITAL NAME

Steele Creek AH

REFERRING VET

Dr. Daniels

INVOICE

71629

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Intermittent diarrhea for past month- single episodes, vomiting twice yesterday. Increased appetite but weight loss of 3 #.. Diarrhea is pungent per owner.
- Indoor only cat, other cat in house lost in past week
- PE: TPR-normal, BCS 5/9, Ht and lungs WNL, no palpable masses in abdomen, edentulous, minimal inflammation in oral cavity CBC, Chem, T4 pending Currently on prednisolone for chronic stomatitis and Forti-Flora

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 4.4 cm, right measured 4.2), 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

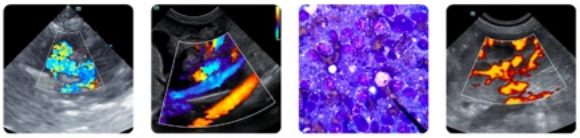
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.03 cm in length x 0.38 cm and 0.4 cm in width. The right adrenal gland measured 1.17 cm in length x 0.36 cm and 0.36 cm in width.

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. Incidental myelolipomas are present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. Th spleen measured 1.0 cm in width.

Liver

Normal size with a diffuse, increased echogenic appearance, normal portal markings, and regular curvilinear capsule. Small, focal, hyperechogenic parenchymal nodule measuring 0.4 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is 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. Normal thickness of the small intestine measuring up to 0.3 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.

Pancreas

The left pancreas measured 6.0 cm in width with a mottled echogenic appearance and a mildly irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Hepatopathy.
- Chronic pancreatitis versus pancreatic fibrosis.
- Hepatic nodule.

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.

The likely etiologies for the hepatopathy would be reactive hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

The hepatic nodule can be considered an incidental finding representing either nodular hyperplasia or an organized hematoma or granuloma.

Further assessment would be based on the pending results, but could include fecal analysis, cobalamin, folate, and FPL/PSL assay and endoscopy of the upper GI tract with biopsies.

FNA cytology of the liver should be considered if liver enzyme activity is elevated.

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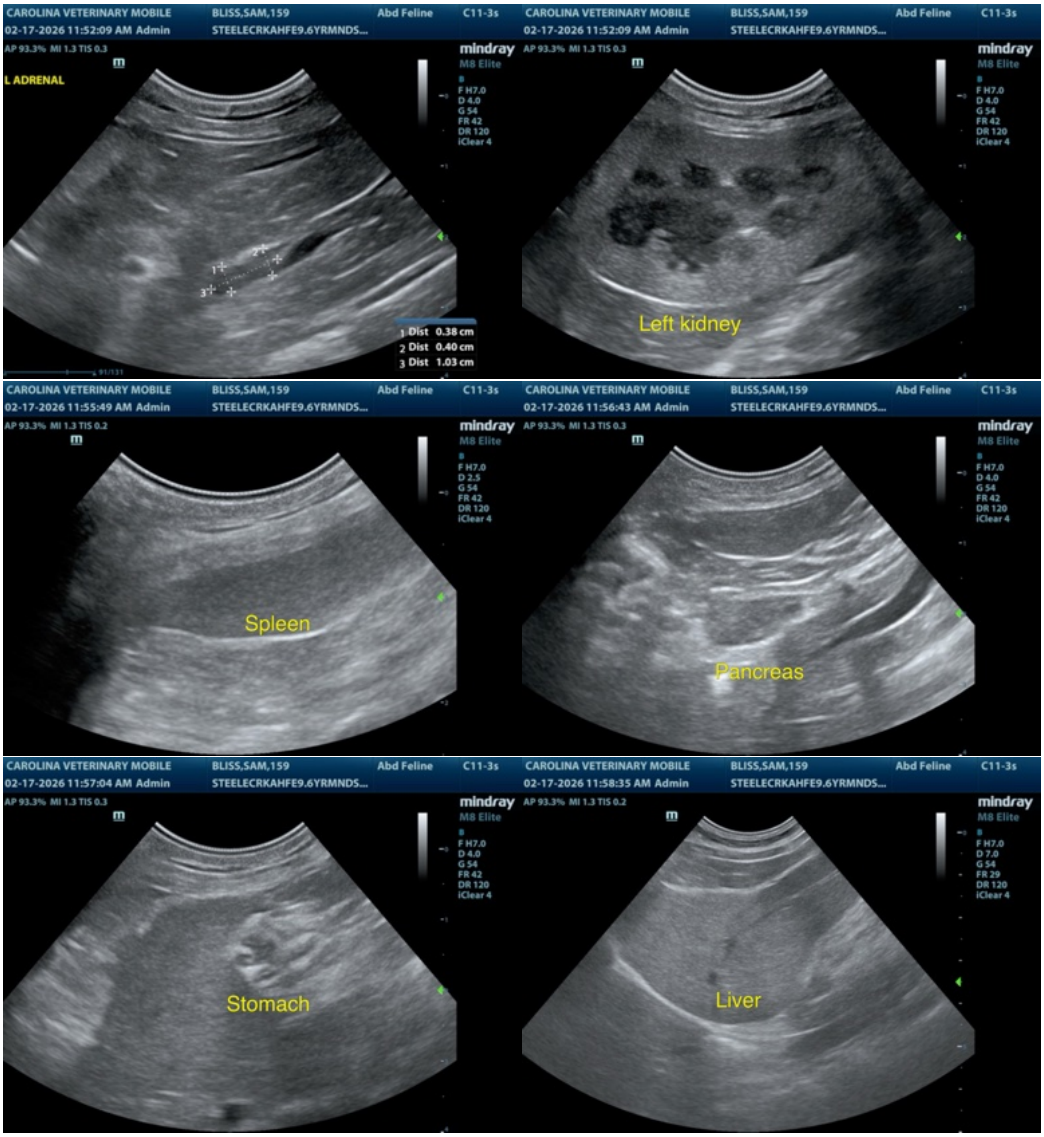
Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be feeding small frequent meals of a novel protein/hypoallergenic 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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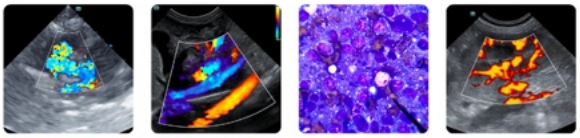

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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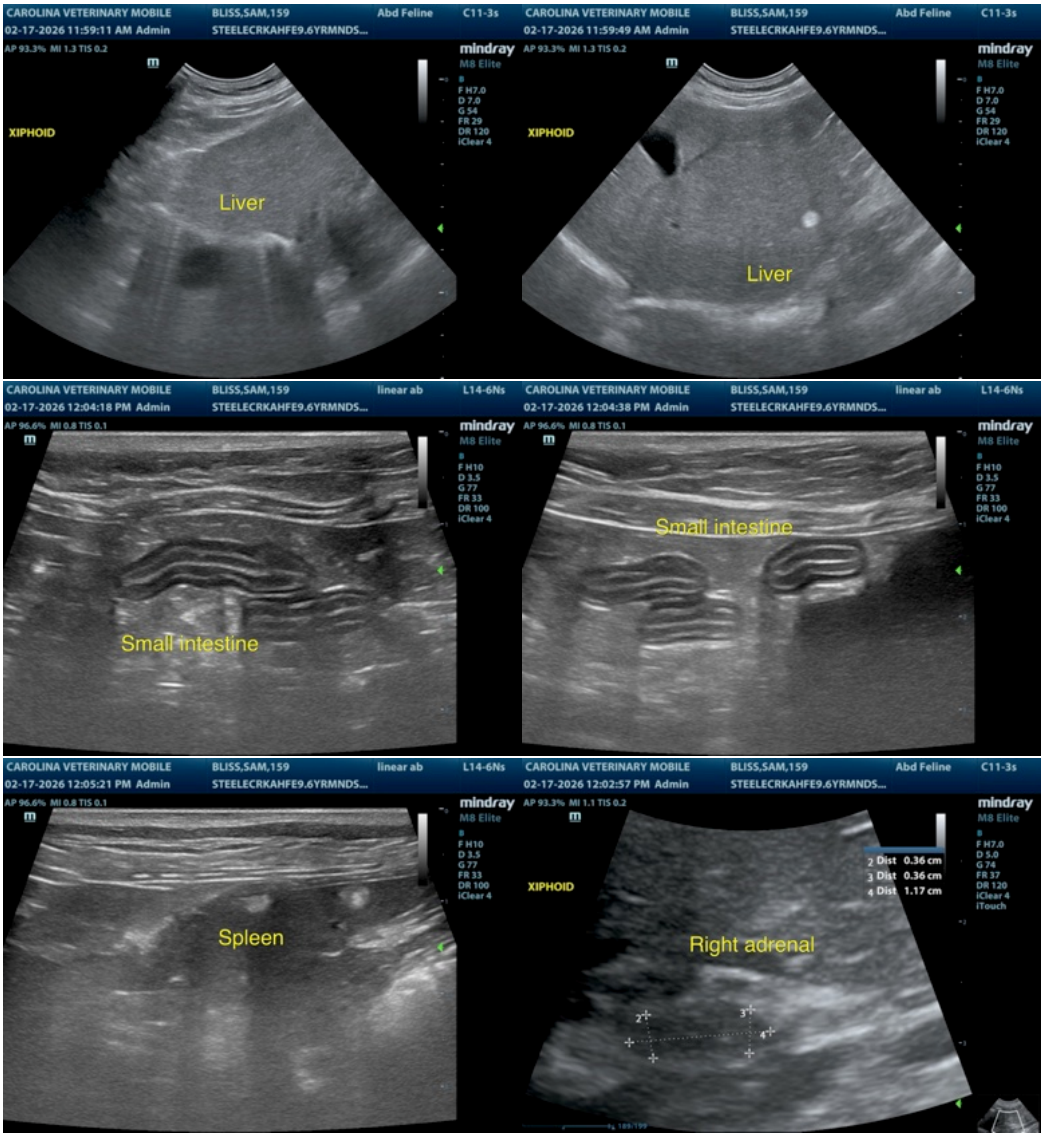

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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