



PATIENT

Jojo Slade

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

5 years

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AH of Boone

REFERRING VET

Dr. Taylor

INVOICE

75589

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: P presented for US due to chronic diarrhea and weight loss. Currently on Blue Buffalo Sensitive Stomach

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 is noted.

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 3.8 cm, right measured 3.5 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 1.33 cm in length x 0.32 and 0.37 cm in width. The right adrenal gland measured 0.89 cm in length and 0.32 cm and 0.38 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 0.7 cm in width.

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 double and full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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. A small amount of ingesta is present within the stomach. This is compatible with a recent meal. Fecal material was present within 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. The left pancreas measured 0.4 cm in width.

Free Abdomen

Prominent mesenteric lymph nodes measuring up to 0.3 x 0.9 cm in size maintaining a normal shape and echogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Prominent mesenteric lymph nodes.
- Double gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia secondary to the chronic diarrhea.

Lymphadenitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

The double gallbladder can be considered an incidental congenital anomaly.

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

Exocrine pancreatic insufficiency would be a possible differential diagnosis.

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 a novel protein/hypoallergenic diet, cobalamin supplementation, course of Fenbendazole and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.



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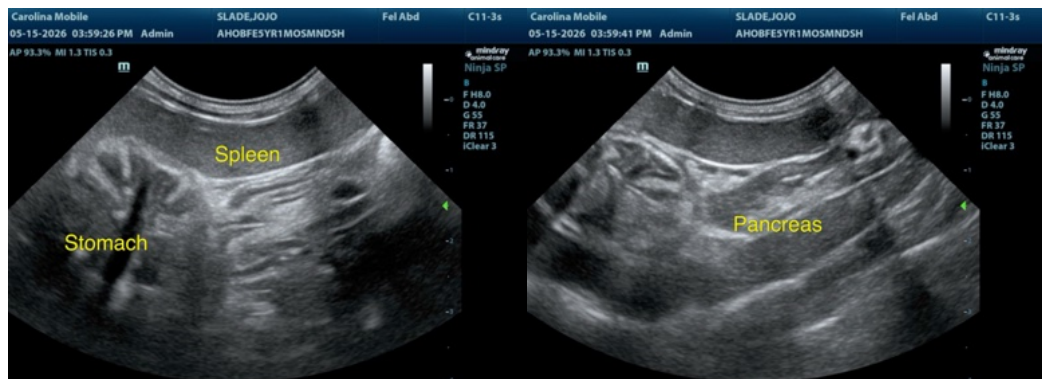
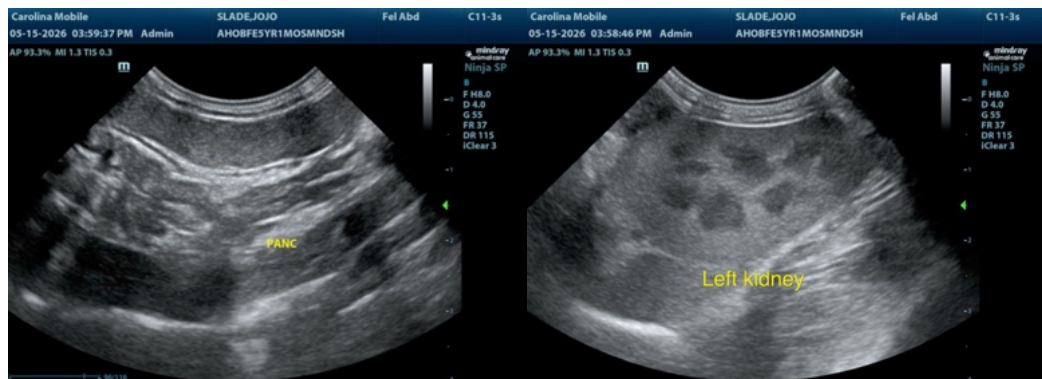
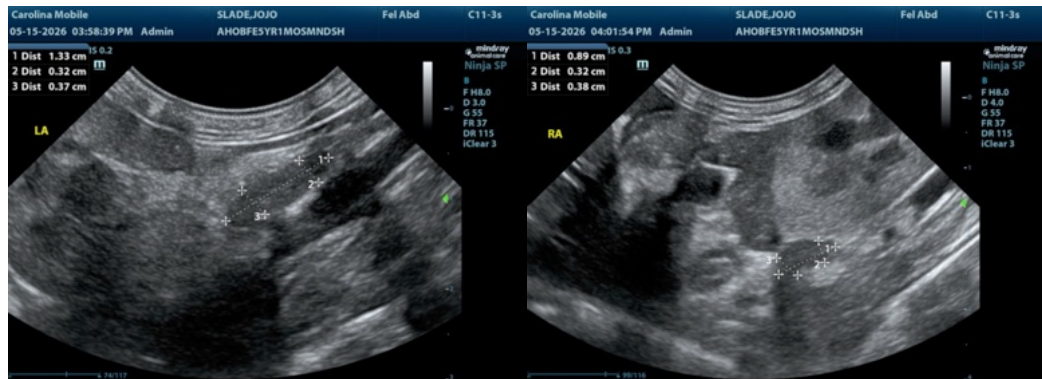
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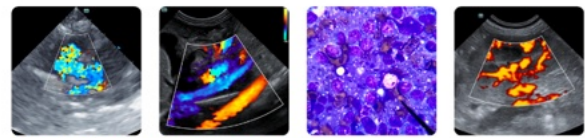
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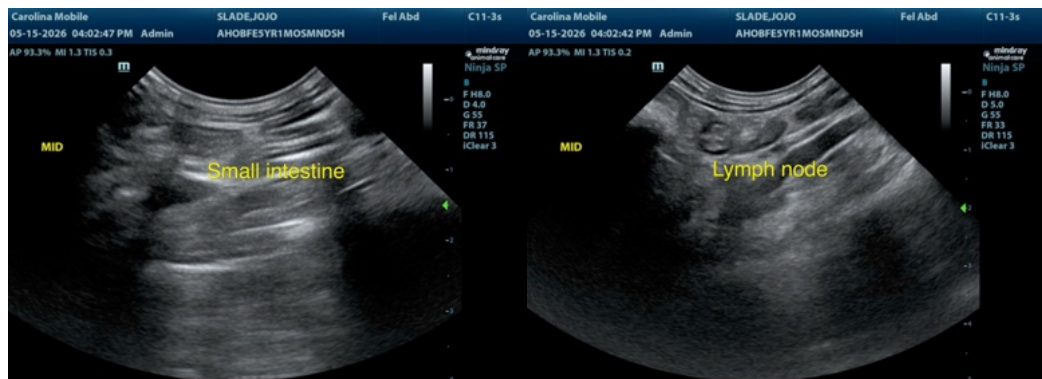
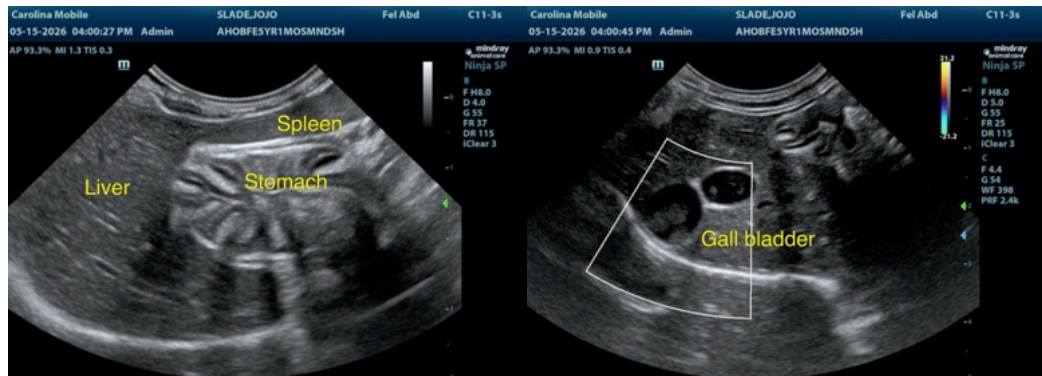
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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