



PATIENT

Midnight Karaban

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

17 years

WEIGHT

7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Zelinski

INVOICE

69789

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Recurrent GI issues- mostly diarrhea Current meds: Glorgine 1 unit BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 4.2 cm, right measured 4.0 cm), increased echogenic appearance, normal cortico-medullary differentiation, mild left-sided pyelectasia, normal right pelvis and regular curvilinear capsule in both kidneys. No infarcts, mineralization or renoliths evident. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.52 cm in width. The right adrenal gland measured 0.49 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.

Liver

The liver is enlarged with rounded edges, diffuse increased echogenic appearance, decreased 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 non-adhered hyperechogenic sediment. 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, 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 (up to 0.2 cm) with no loss of layering, but with mild segmental increase in the muscularis to mucosa ratio, normal 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

Normal mesenteric lymph nodes.

A moderate amount of acellular ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Hepatopathy.
- Ascites.
- Gallbladder sediment.
- Age related renal changes versus early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease and possibly exocrine pancreatic insufficiency.

The most likely etiology for the hepatopathy would be metabolic secondary to the diabetes with hepatitis and lipidosis differential diagnosis and infiltrative neoplasia a highly unlikely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

Although the left sided pyelectasia is most likely an incidental age related finding, underlying low-grade pyelonephritis should still be considered.

Further assessment would be urinalysis, possibly urine culture, fecal analysis, cobalamin, folate and TLI assay and analysis of the ascitic fluid.

Additional diagnostics that can be considered would be FNA cytology of the liver and endoscopy of the upper GI tract with biopsies.



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Specific therapy would be dependent on an etiological diagnosis.

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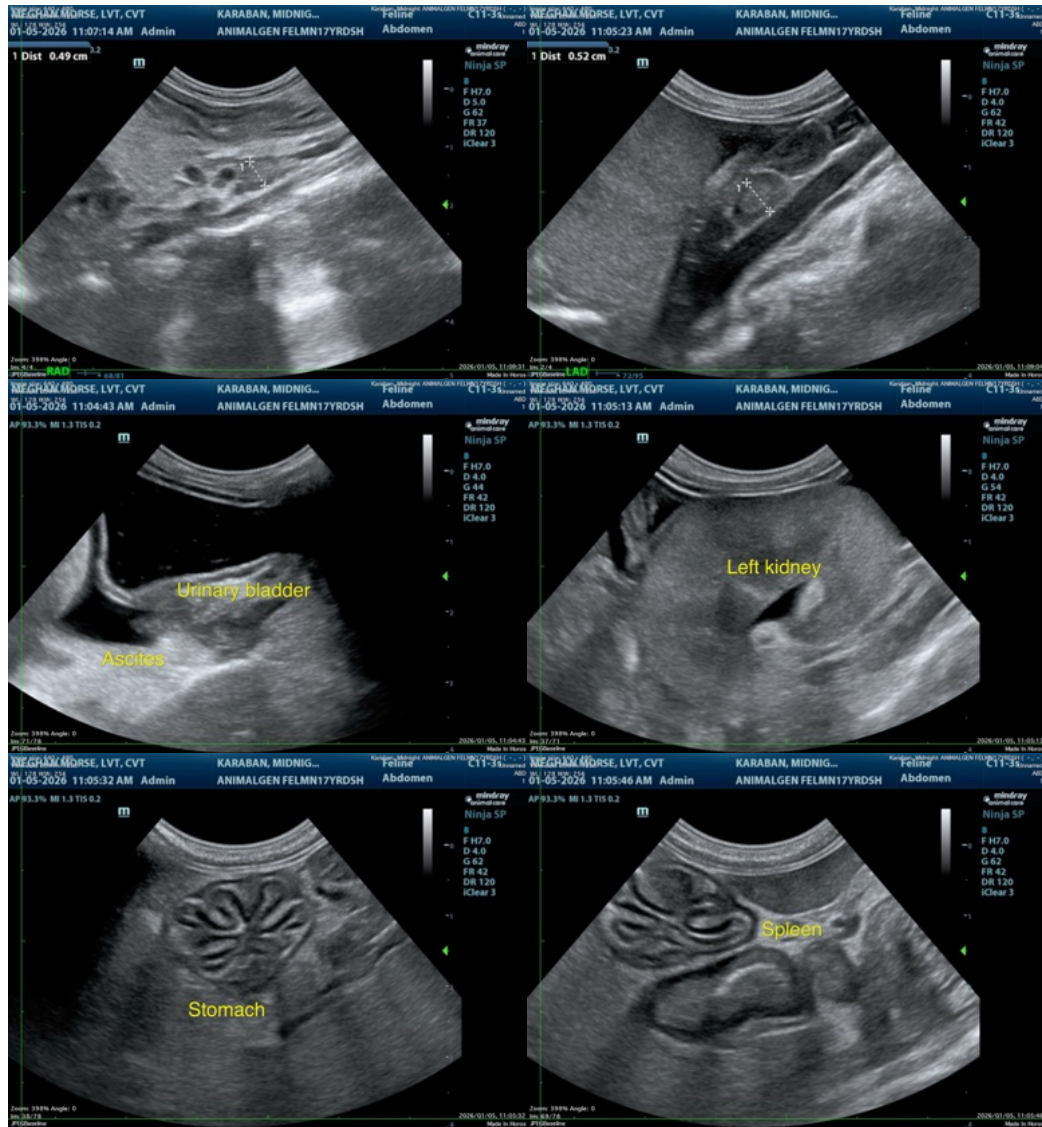
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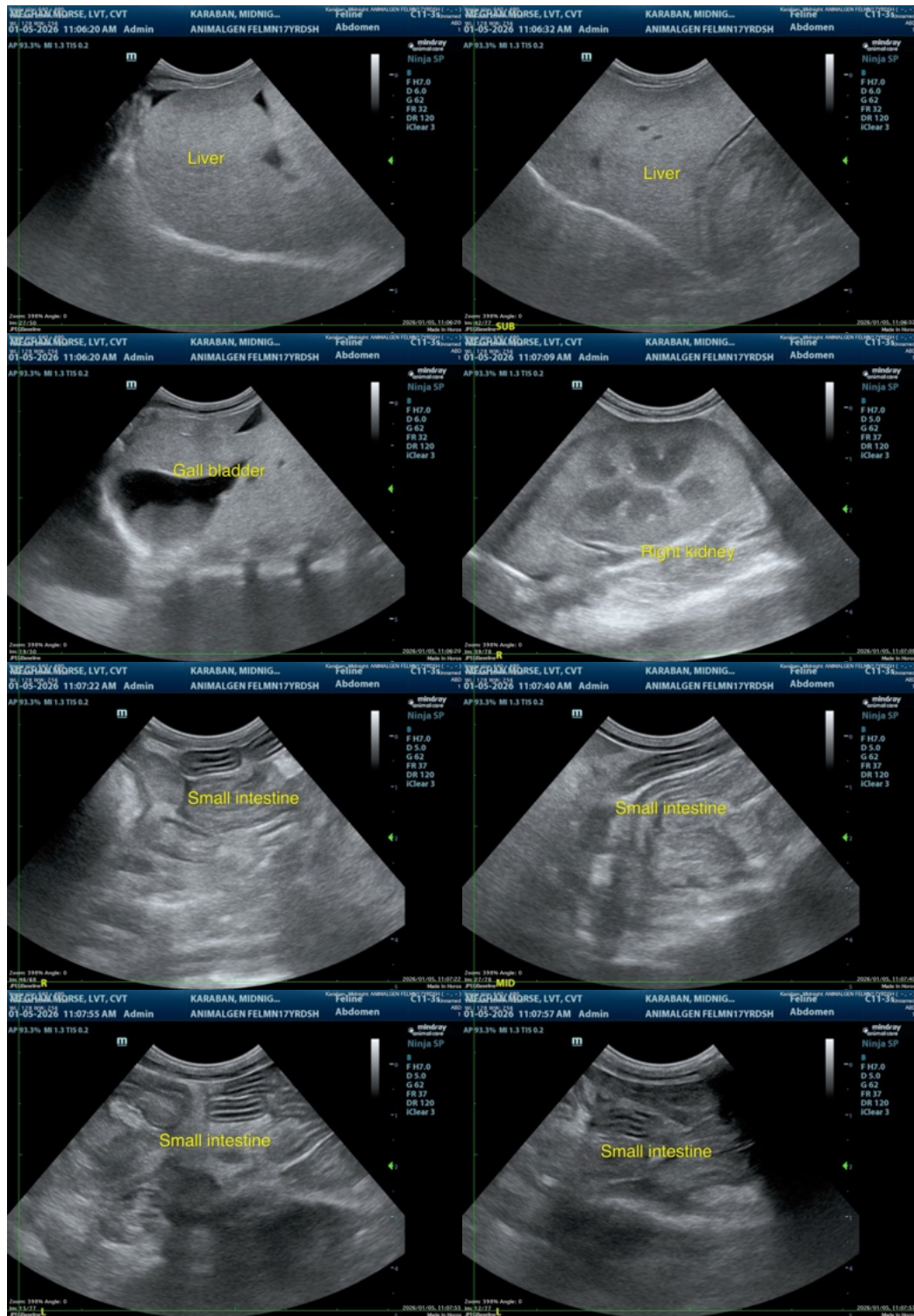
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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