



## PATIENT

Fuddy Drescher

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

12 years

## WEIGHT

7.9 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rebecca Hamilton

## HOSPITAL NAME

The Gentle Vet

## REFERRING VET

Dr. Delude

## INVOICE

68423

## DATE

11/7/25

## PRESENTING CLINICAL SIGNS

History: Chronic diarrhea since May. Hx of <sup>+</sup>T4 Dx in May. weight loss. Has always vomited occasionally but Diarrhea started when Methimazole started. Meds: methimazole, Fortiflora. Abnormal PE/Chem/CBC/UA Results: TLI 112 (12-82) Cobal + Folate WNL, WBC 21K (3.9-19) Neut 16,459K (2620-15170) Monocyte 1134 (42-467)

## 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 3.7 cm, right measured 3.3 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 evidence in both kidneys.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.28 cm in width. The right adrenal gland measured 0.43 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 0.5 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 small 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.

***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***

Enlarged mesenteric lymph nodes measuring up to 0.7 x 1.6 cm in size with a hypoechogenic appearance, but maintained a normal shape. Hyperechogenic appearance of the mesentery surrounding the lymph nodes.

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

- Mesenteric lymphadenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the mesenteric lymphadenomegaly would be reactive hyperplasia secondary to the chronic diarrhea with lymphadenitis and infiltrative neoplasia a less likely differential diagnosis.

The diarrhea is most likely secondary to the Methimazole therapy as it coincided with the start of the therapy.

However, underlying dietary hypersensitivity and inflammatory bowel disease would be differential diagnosis. To rule out drug induced diarrhea discontinuing the medication would be required and if the diarrhea resolved then reintroducing the medication at a lower dose or changing to a transdermal application would then be indicated.

If the diarrhea does not resolve with discontinuing the therapy then further assessment would be endoscopy of the upper GI tract with biopsies.

FNA cytology of the mesenteric lymph nodes could also be considered.



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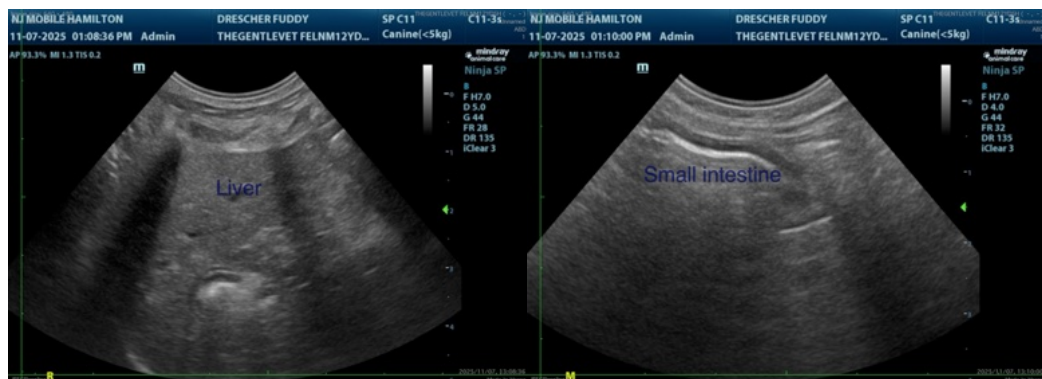
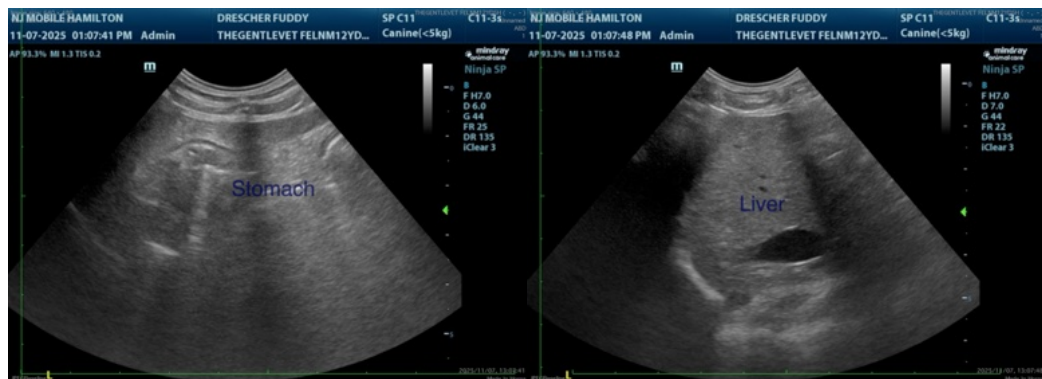
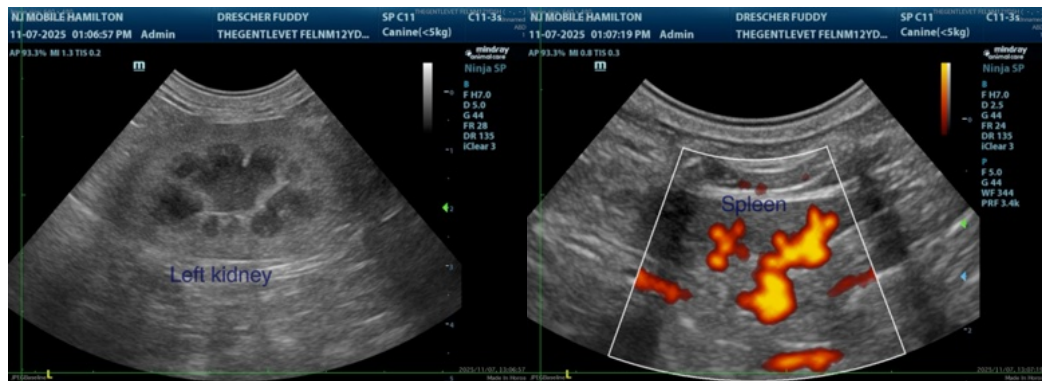
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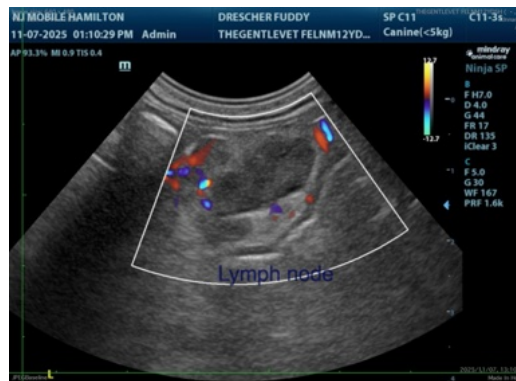
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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