



## PATIENT

Loki Murray

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

8 years

## WEIGHT

14.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

VCA Northside AH

## REFERRING VET

Dr. Fusselman

## INVOICE

78276

## DATE

6/2/26

## PRESENTING CLINICAL SIGNS

History: Vomiting, hematochezia, anorexia. Exam 5/28 NSF. 6/1 dehydration. Radiographs 6/1 NSF- cannot rule out FB. Cerenia, fortiflora, hills biome food.  
Abnormal PE/Chem/CBC/UA Results: Wbc 27.6, Neut 14352, Mono 828, amylase 1234, fecal negative. UA protein 2+, bili 1+, usg 1.035

## 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 4.3 cm, right measured 4.8 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 0.59 cm in length x 0.32 cm in width. The right adrenal gland measured 1.21 cm in length x 0.52 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 0.9 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 full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



## PATIENT

Loki Murray

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

8 years

## WEIGHT

14.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

VCA Northside AH

## REFERRING VET

Dr. Fusselman

## INVOICE

78276

## DATE

6/2/26

## *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. Thickening of the small intestine (up to 0.35 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 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 0.6 x 1.9 cm in size maintaining a normal shape, but with a hypoechogenic appearance.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Enteropathy.
- Mesenteric lymphadenomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the enteropathy would be dietary hypersensitivity, inflammatory bowel disease, granulomatous enteritis, and possibly emerging neoplasia.

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

Further assessment would be cobalamin and folate assay, FNA cytology of the mesenteric lymph nodes 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 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.



**PATIENT**

Loki Murray

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

14.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

VCA Northside AH

**REFERRING VET**

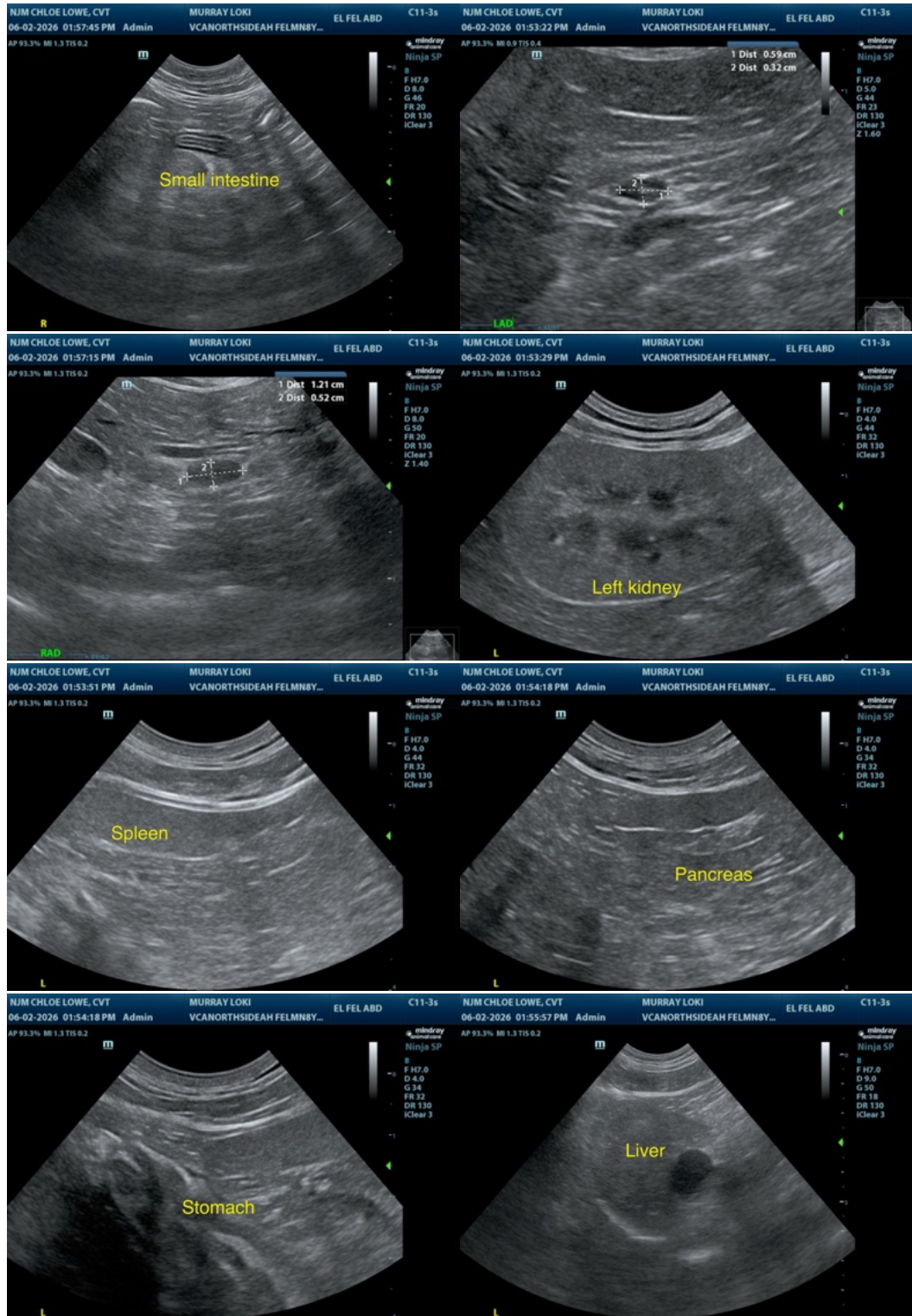
Dr. Fusselman

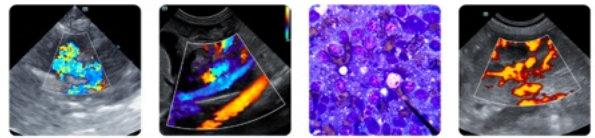
**INVOICE**

78276

**DATE**

6/2/26





## PATIENT

Loki Murray

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

8 years

## WEIGHT

14.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

VCA Northside AH

## REFERRING VET

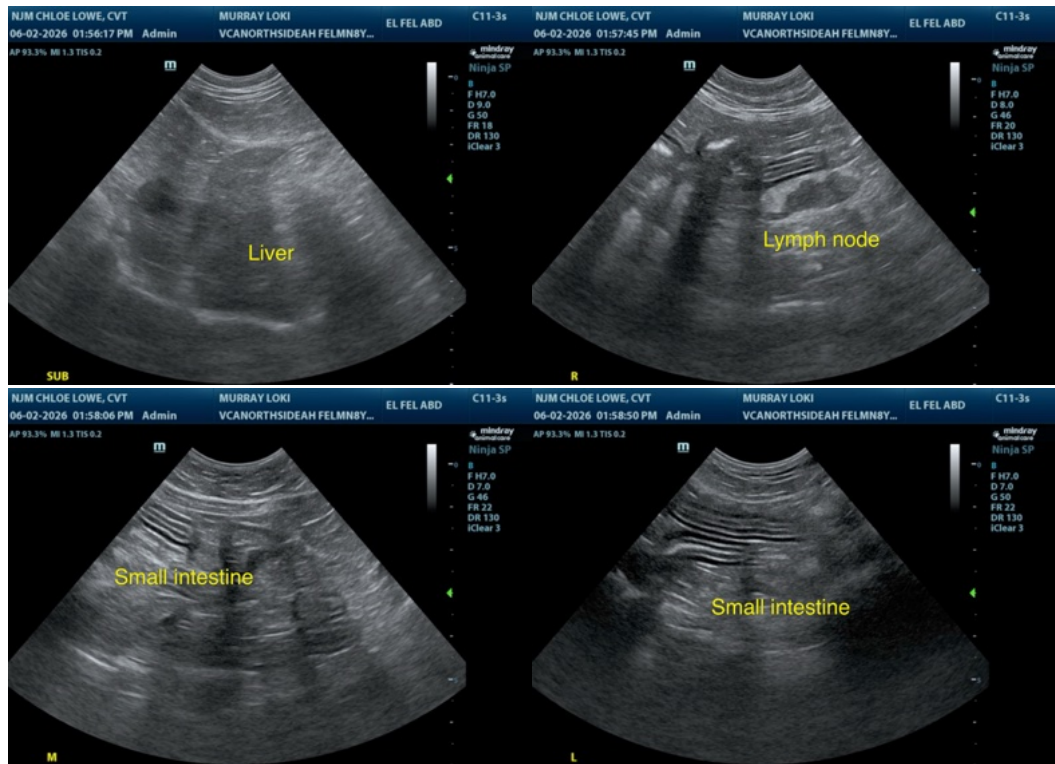
Dr. Fusselman

## INVOICE

78276

## DATE

6/2/26



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](mailto:info@sonopath.com)