Requested By:
VetCor Professional Practices, LLC DBA
Horton Animal Hospital Discovery
mailbox@hortondiscovery.com
573-777-3609
3609 Endeavor Ave

Patient:

Patient ID:	11649
First Name:	KOBE
Last Name:	WOINICZ
Gender:	Male, Neutered
Species:	Feline
Breed:	DSH
Age:	14.50
Weight (lbs):	11.30

Details:

ID:	574861
Priority:	STAT
Status:	Finalized
Submitted:	07-21-2026
Closed:	07-21-2026

Specialist(s):

Name:	Brigitte McAtee, DVM, DACVIM
Email:	telemed@oncurapartners.com
Referred To:	
Assisted By:	

Services Requested:
Comprehensive Abdominal Consult (Includes US Labs History Review & Recommendations)

Clinical History

Abnormal Lab Results. Please include abnormal lab values here preformed within the last 6 months. (Please limit attachment to the most current lab work)
Low WBCs-neut and lymphs
July- Complimentary Bi-cavity add-on?
No
Patient history: (Copy & Paste NOT Supported) Please include only 6 months of history and reason for this exam: Documents attached are supplemental information and do not replace history
Patient is not eating well, was a previously diagnosed diabetic but has been in remission for over a year. Owner has been trying mirtaz and cerenia at home and doesn't seem to be help. Other cat in the house was showing similar signs and concern for IBD/LSA
Was patient sedated during exam?
Yes
Did you receive sonographer assistance?
No
If sedation was used, please describe
Dex/Torb/Midaz
Current medications and dosages, please state when started:
cerenia and mirtaz
When was the last time the patient ate? Please include the approximate time and what they ate
over 24 hours ago
Previous Study Completed By Oncura To Compare?
No

Interpretation

Examination performed: An abdominal ultrasound was submitted for review. A total of 55 still images and video loops were reviewed.

Ultrasound report:

Urinary Bladder: The lumen was mildly distended with urine. The wall was normal in thickness and contour. No echogenic debris, uroliths, or masses were visualized within the lumen. The visible portion of the proximal urethra appeared normal.

Reproductive Tract: Not visualized.

Left Kidney: The left kidney measures 3.83 cm. Decreased corticomedullary definition noted. Normal shape and size. No evidence of pelvic dilation. The proximal ureter is not identified.

Left Adrenal: Normal shape, architecture and thickness. The left adrenal gland measures 0.32 cm cranial pole and 0.35 cm caudal pole.

Spleen: The spleen measures 0.83 cm. Normal size with smooth margins and normal parenchyma. No focal lesions were noted. Adequate blood flow was demonstrated on color flow Doppler evaluation.

Liver: Normal size with smooth margins and normal parenchyma. Intrahepatic bile ducts were not distended. Normal vascular pattern. No focal masses or nodules were visualized.

Gallbladder: Normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention noted or obstruction present.

Pancreas: Normal size and parenchyma with normal surrounding tissues.

Right Kidney: The right kidney measures 3.68 cm. Decreased corticomedullary definition. Normal shape and size. No evidence of pelvic dilation. The proximal ureter is not identified.

Right Adrenal: Normal shape, architecture and thickness. The right adrenal gland measures 0.52 cm cranial pole and 0.53 cm caudal pole.

Gastrointestinal Tract: The stomach measures 0.29 cm. Wall layering intact on the visible portion, gas prohibits full visualization. Cranial small bowel measures 0.29 cm. Mid bowel measures 0.25 cm. Caudal bowel measures 0.30cm. The colon measures 0.15 cm. Distal colon appears normal/thin-walled on portion visualized. Wall layering is intact but there is diffuse small intestinal thickening

Abdominal lymph nodes: mild abdominal lymphadenopathy measuring up to 0.56 x 1.0 cm.

Iliac region: No abnormalities noted.

Presence of Fluid: None.

Conclusions:

Ultrasound Findings:

Diffuse small intestinal thickening can be seen with both inflammatory bowel disease or small cell gastrointestinal lymphoma.

Chronic renal degeneration bilaterally. Correlate with urinalysis.

Mild abdominal lymphadenopathy can be seen with both benign disease or metastatic disease, however primary consideration is given to benign disease.

Recommendations:

There is evidence of diffuse small intestinal thickening which can be seen with inflammatory bowel disease or small cell gastrointestinal lymphoma. The severe neutropenia noted on bloodwork could be due to gastrointestinal translocation of bacteria causing sepsis, however other causes of severe leukopenia should be considered. Consider additional testing including chest x-rays to evaluate for pneumonia, urinalysis and urine culture, infectious disease testing including FELV/FIV. Recommend additional testing for GI disease with a GI panel (cobalamin, folate, fPLI, TLI)

There is a mild hyperglycemia which may be related to stress or early recurrent diabetes mellitus. Monitoring is recommended.

There is a mild azotemia with a creatinine of 1.9. There are chronic kidney changes noted on ultrasound, therefore the mild azotemia may be due to both pre-renal (dehydration) and renal causes. It is unlikely to be the primary cause of this patient's signs given the mild elevation.

Recommend supportive care with ideally IV fluids, IV antibiotics, GI supportive care, monitoring the blood glucose levels and kidney values. Once patient is more stable without a leukopenia, then intestinal biopsies could be considered for definitive diagnosis of underlying chronic GI disease. Treatment options may include diet change, immunosuppressants, and vitamin supplementation.

Thank you for your referral with Oncura Partners. If you have questions, concerns, or if we can be of further help with this patient please feel free to call us at 512-220-1400. Pet owners, please address any questions with your primary veterinarian.

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