# Ruby Chan (1147134)

**Visit Report:** Wednesday, October 28, 2026

**VISIT**
**Reason:** CBC/Chem, 11:30 IHUS
**Veterinarian:** Ann Hohenhaus, DVM
**Check In:** 10/28/26, 11A
**Check Out:** 10/28/26, 12P
**Referring Practice:**
Animal Infirmary of Hoboken
(201) 216-5777

**PATIENT**
Ruby Chan (ID 1147134)
16.5 YO FS DSHA (DOB: Feb 19, 2010)
Female Spayed
Feline Domestic Shorthair
Color/Markings: Gray/White
Weight: 4.5kg
Microchip #: None

**ACCOUNT**
Katherine Chan (ID 1124518)
100 Paterson Plank Road Apt 202, Jersey City, NJ 07307
(917) 582-5958
katherinechanart@gmail.com

**ONC - Recheck Exam - Intestinal (duodenum) epitheliotropic small cell LSA (bx 6/2/21), continue pred,**

Completed: 11/02/26, 5A

Veterinarian: Ann Hohenhaus, DVM

**HISTORY (SUBJECTIVE)**

| | |
|---|---|
| **Presenting complaint** | CBC/Chemistry<br>AUS<br><br><u>Anticipated Therapy:</u><br>Continue prednisolone |
| **History** | • No vomiting or diarrhea<br>• Owner hadn't given the methimazole over labor day weekend as she ran out - Ruby lost weight and was eating voraciously<br>• Drinking and peeing more since being diagnosed with hyperthyroidism |
| **Previous Medical Problems** | 1. Weight Loss (0.88 pounds over 1 yr)<br>2. Nephropathy (mild to moderate, chronic, bilateral on AUS)<br>3. Pancreatic Nodules<br>4. Hepatic Mass (Liver Mass) (r/o hepatic cystadenoma)<br>5. IRIS Stage 2 Chronic Kidney Disease (CKD)<br>6. Feline Idiopathic Hypercalcemia<br>7. Diabetes Mellitus (DM)<br>8. Gastrointestinal Lymphoma (Small Cell)<br><br>RESOLVED:<br>1. Constipation |
| **Current Medications** | Methimazole 4.26 1.25 mg BID<br>Prednisolone 1.25mg PO BID - January 2024- 1 mg of steroid right now for the past month<br>Lantus 1.75U SQ BID - owner wants diabetes tightly control. If insulin is stopped, glucose increases above where the owner wants it (120 mg/dl); Owner managing diabetes without guidance of a veterinarian<br>Revolution<br>1/4th tsp Chia seeds to food<br>Miralax 1/8th tsp in food BID |

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| | |
|---|---|
| | Visbiome probiotic 1/2 capsule PO BID<br>Cisapride 2.5mg SID<br>Zofran 2mg SID in the AM |
| **Diet** | Food:<br>Weruva wet food/pouches (low phosphorous formula) |
| **Indoor/outdoor** | Indoor |
| **Travel history** | None |
| **Previous Diagnostics and Therapeutics** | **Recent Diagnostics**<br>**6/11/26 rDVM**<br>T4: 1.6<br><br>**4/21/26 - Started methimazole**<br>TT4: 3.6<br><br>**4/1/26**<br>CBC: HCT 41.9%, WBC 6.1k, Neu 4.477k, PLT 282k<br>Chem: Glu 55 (L), Creat 1.6, BUN 36, Cl 113 (L), TCO2 26 (H), rest WNL<br>AUS:<br>1. Essentially unchanged pancreatic nodule. This could represent nodular hyperplasia. Malignant neoplasia cannot be entirely ruled out but may be less likely given the lack of more pronounced change over time.<br>2. Persistent mild to moderate bilateral chronic nephropathy with left-sided nephrolithiasis.<br>3. Essentially unchanged biliary cystadenoma formation.<br>4. The slender appearance of the adrenal glands could be related to exogeneous steroid administration. A variant of normal is not entirely ruled out.<br>5. Normal abdominal ultrasound otherwise.<br><br>T4 4.6 high end of reference range<br><br>**07/06/22**<br>Hypercalcemia of Malignancy Profile: iCa 1.44 mild elevation, PTH 0.6 low, PTHrP 0 - ***consistent with idiopathic hypercalcemia***<br>iSTAT: Na 152, K 3.9, Cl 118, TCO2 24 (H), BUN 24, Creat 1.4, Glu 236 (H), iCa 1.62 (H), AnGap 14, Hct 37%, Hb 12.6<br><br>**01/26/22**<br>Cobalamin & Folate: Cobalamin >2000 (H), Folate 13.4<br><br>**TESTS CONFIRMING DIAGNOSIS**<br>**06/02/21** |

## Ruby Chan (1147134)

**Visit Report:** Wednesday, October 28, 2026

| | |
|---|---|
| | Histopathology (stomach, duodenum):<br>• Site 1: Minimal multifocal chronic lymphoplasmacytic gastritis<br>• Site 2: **Intestinal epitheliotropic small cell lymphoma**<br>◦ The samples of small intestine are hypercellular. The lamina propria contains small lymphocytes, fewer plasma cells and occasional eosinophils. Villi appear within normal limits to mildly shortened. Throughout the sections there are moderate to in some areas large numbers of small lymphocytes within the surface epithelium. These cells multifocally form plaques and clusters. The cells have small hyperchromatic nuclei, indistinct nucleoli and small amount of cytoplasm that often forms a halo around the cell. There is minimal pleomorphism. No mitotic activity is identified. |
| **Additional Information** | |

**EXAM (OBJECTIVE)**

| | |
|---|---|
| **Vitals:** | Weight \| 4.5kg<br>Temperature \| 99.4ºF<br>Pulse/Heart Rate \| 200bpm<br>Respiratory Rate \| 44bpm<br>Mucous Membranes \| Pk/M<br>Capillary Refill Time (CRT) \| <2s |
| **Colorado State Pain Assessment (0-4):** | 0/4 |
| **Mentation, hydration status** | BAR, nervous<br>Euhydrated, normal skin turgor<br>MM Pink/Moist CRT 0-2s |
| **Eyes / Ears / Nose / Throat** | Normal - Cornea and sclera clear OU. Normal retropulsion OU. No oculonasal discharge. Ears clean of debris AU. Normal symmetric nasal airflow bilaterally. Normal cervical palpation no cough or hard swallow. Small R sided thyroid slip. |
| **Mouth / Teeth / Gum** | Normal - Moderate generalized dental disease characterized by staining and calculi. Halitosis. No oral ulcerations, petechiae, or masses appreciated on non-sedated oral exam |
| **Lymph Nodes** | Normal - All peripheral lymph nodes palpate small, soft, and symmetric. |

**PLN**

| PLN | Left | Right |
|---|---|---|
| Mandibular | wnl | wnl |
| Prescap | wnl | wnl |
| Popliteal | wnl | wnl |

## Ruby Chan (1147134)

**Visit Report:** Wednesday, October 28, 2026

| PLN | Left | Right |
|---|---|---|
| Axillary | wnl | wnl |
| Inguinal | wnl | wnl |

| | |
|---|---|
| **Integument** | Normal - Full, clean/healthy haircoat. No masses, lesions, or ectoparasites observed. |
| **Nervous System** | Normal - Appropriate mentation. Menace and palpebral intact OU. Ambulatory with no observed ataxia or paresis; normal withdrawal and CP x4. No pain on cervical or thoracolumbar palpation. Full neuro exam not performed |
| **Musculoskeletal** | Normal - BCS 5/9, MCS 2.5/3. Ambulatory x4 no lameness. Normal ROM, no pain on long bone palpation. Full ortho exam not performed |
| **Cardiovascular** | Normal - No heart murmur or arrhythmia appreciated. Strong and synchronous femoral pulses. |
| **Respiratory** | Normal - Eupneic, normal bronchovesicular lung sounds bilaterally. No crackles or wheezes auscultated. |
| **GI Tract / Abdomen** | Normal - Soft and non-painful abdomen on palpation. No organomegaly or fluid wave palpated. |
| **Urinary / Genitals / Mammary Glands** | Normal - Externally normal spayed female. No vulvar discharge noted. No MGT palpated. |
| **Rectal Examination** | Did not examine - Externally clean |

**ASSESSMENT**

| | |
|---|---|
| **Assessment** | 1. Hyperthyroidism; controlled<br>2. Chronic Enteropathy (mild segmental on AUS 10/28, suspecting lymphoma); **recurrence**<br>3. Nephropathy (persistent, bilateral chronic nephropathy and mild left renal pelvic dilation AUS 10/28); **renal pelvic dilation new**<br>4. Azotemia (moderate, **progressive**; creat 2.6, bun 41)<br>5. Weight Loss (0.88 pounds over 1 yr); **progressive** - suspected due to decreased caloric intake and d/c of steroids<br>6. Nephropathy (mild to moderate, chronic, bilateral on AUS)<br>7. Pancreatic Nodules (**improved**, benign suspected)<br>8. Hepatic Mass (Liver Mass) (r/o hepatic cystadenoma)<br>9. IRIS Stage 2 Chronic Kidney Disease (CKD)<br>10. Feline Idiopathic Hypercalcemia<br>11. Diabetes Mellitus (DM)<br>12. Gastrointestinal Lymphoma (Small Cell) |

## Ruby Chan (1147134)

**Visit Report:** Wednesday, October 28, 2026

| | |
|---|---|
| | RESOLVED:<br>1. Constipation |

**PLAN**

| | |
|---|---|
| **Diagnostics** | **10/28/26**<br>**CBC:** hct 35.8, wbc 7.3, neut 5.431, plt 269<br>**Chem:** creat 2.3 H, bun 41, p 4.3, ca 9.9, na 153, k 4.3, cl 113 L, hco3 23 H, tp 8.8, alb 3.5, glob 5.3, a/g 0.7, alt 42, ast 22, alp 12, ggt 1, tbili 0.1<br>**GI Panel:** Spec fPL 1, B-12 1,854, Folat 6.3<br>**FGF-23: pending**<br>**Total T4:** 1.5<br>**AUS:**<br>1. Mild segmental enteropathy. Consider lymphoma given the history. Inflammatory bowel disease is less likely.<br>2. Improved pancreatic nodule. Consider benign etiologies including nodular hyperplasia. Neoplasia cannot beruled out.<br>3. Persistent multi-cystic hepatic masses and nodules, most consistent with biliary cystadenomas.<br>4. Persistent bilateral chronic nephropathy and mild left renal pelvic dilation. The pyelectasia may be secondary to chronic kidney disease. Pyelonephritis is less likely in the absence of azotemia. |
| **Treatments** | None given |
| **Prescriptions** | No new prescriptions |
| **Follow-Up Schedule** | Next Exam Due:<br>3 months<br><br>Diagnostics:<br>CBC/Chemistry/UA<br><br>Anticipated Therapy:<br>Continue prednisolone +/- start leukeran |
| **Future considerations and long term plan** | Consider protein electrophoresis if elevation in serum globulin progresses<br>Advise Recheck q3m, AUS q6m (next due **09/2026**) for small cell GI lymphoma.<br>Consider consult with IM re DM management<br>Consider SQ fluids three times a week if persistent constipation following implementation of cisapride<br>Consider Leukeran if PD, weight loss, increase in GI signs<br>Obtain urine sample to work up progressive azotemia left renal pelvic dilation<br>Start phosphate binder if FGF 23 is elevated |
| **Client Communication** | • **Physical examination:** Examination findings from the previous day were largely |

**Ruby Chan (1147134)**

**Visit Report:** Wednesday, October 28, 2026

| | |
|---|---|
| | unremarkable.<br>• **Abdominal ultrasound:** Findings showed increased intestinal wall thickening, concerning for progression of small-cell intestinal disease/inflammation.<br>• **Steroid adjustment:** Recommended increasing the steroid to a total of 4 mg daily (two 1 mg capsules twice daily) to provide a therapeutic anti-inflammatory dose for approximately one month, followed by reassessment. The owner agreed with the 4 mg daily plan.<br>• **Thyroid monitoring:** Repeat thyroid testing to be added to the recent blood work to assess current control of hyperthyroidism.<br>• **Renal values:** Creatinine increased to 2.3 from 1.6 in April. Discussed that treatment of hyperthyroidism can unmask underlying chronic kidney disease by reducing the previously elevated filtration rate.<br>• **Urinalysis and culture:** Recommended follow-up with the primary care veterinarian for urine collection, urinalysis, and urine culture due to increased creatinine and mild dilation of the renal urine-collecting space noted on ultrasound. Antibiotic treatment may be indicated if infection is identified.<br>• **Blood pressure:** Recommended measuring blood pressure at the primary care visit and forwarding the results to the oncology service.<br>• **Renal monitoring:** Discussed adding an FGF23 blood test to assess phosphorus-related changes associated with chronic kidney disease. Depending on results, future options may include a phosphorus binder and/or a kidney-supportive diet. No immediate diet change recommended pending results.<br>• **Diet:** Owner prefers to continue the current home-prepared diet, which Ruby tolerates well. Discussed the limitations of assessing phosphorus content in home-prepared diets and the option of consulting a veterinary nutritionist or considering a formulated renal diet if indicated.<br>• **Gastrointestinal testing:** Recommended a repeat gastrointestinal panel, as the last panel in 2022 was normal and current weight loss and ultrasound changes raise concern for progression of intestinal disease. Testing may help assess intestinal inflammation and nutrient absorption, including B12 status. B12 supplementation may be considered depending on results.<br>• **Plan/follow-up:**<br>◦ Increase steroid to 4 mg daily, divided as 2 mg twice daily.<br>◦ Add thyroid testing and FGF23 to the recent blood work.<br>◦ Arrange urinalysis, urine culture, and blood pressure measurement with the primary care veterinarian.<br>◦ Forward urine and blood pressure results to the oncology service.<br>◦ Await additional blood test results, expected in approximately three days, and contact the owner with results and further recommendations.<br>◦ Continue monitoring weight, appetite, and gastrointestinal signs. |

| | |
|---|---|
| **Treatment team:** | Ann Hohenhaus, DVM, DACVIM (Oncology and Internal Medicine)<br>Other - Cristian Mastrangelo, DVM Arielle Silverberg, DVM |

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| | |
|---|---|
| **Information regarding common reasonably anticipated adverse effects associated with the use of prescribed medications was provided through the following means:** | Not applicable: no new medications were prescribed. |
| **Dear referring hospitals and patient care partners:** | The Cancer Institute at the Animal Medical Center is currently enrolling canine splenic HSA (hemangiosarcoma) patients into a clinical trial. All patients will receive standard of care chemotherapy with doxorubicin. This study is a prospective, randomized, clinical trial with active control, intended to compare the effects of two drug therapies (doxorubicin paired with immunotherapy, vs. doxorubicin paired with placebo) on the progression free survival time of canine HSA patients after splenectomy. Progression free survival at the end of 4 months of doxorubicin chemotherapy will serve as the end point to this study. Morbidity and mortality will be compared between treatment groups.<br><br>If you have a patient who you would like to enroll, or if you are interested in learning more, please contact Dr. Ann Hohenhaus (ann.hohenhaus@amcny.org).<br><br>https://www.amcny.org/current-clinical-trials/combination-chemotherapy-and-immunotherapy-for-dogs-with-splenic-hemangiosarcoma/ |
| **Thank you** | for choosing to include us in your pet's treatment and care team. |

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(201) 216-5777

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16.5 YO FS DSHA (DOB: Feb 19, 2010)
Female Spayed
Feline Domestic Shorthair
Color/Markings: Gray/White
Weight: 4.5kg
Microchip #: None

**ACCOUNT**
Katherine Chan (ID 1124518)
100 Paterson Plank Road Apt 202, Jersey City, NJ 07307
(917) 582-5958
katherinechanart@gmail.com

## IDEXX AMC Profile chem + comp CBC (1258)

| | |
|---|---|
| **Source** | IDEXX VetConnect PLUS |
| **Request ID** | 129712 |
| **Species** | Feline |
| **Sample At** | 10/28/26, 11:31A |

The following PDF files are attached at the end of this document:

**Ruby-Chan-2026-10-28 13-46-38-IDEXX VetConnect PLUS-Results.pdf**

AMC SINCE 1910 | Schwarzman Animal Medical Center
510 East 62nd Street, New York NY 10065
(212) 838-8100 | www.amcny.org

**amcny.org | 212-838-8100 | info@amcny.org**

## Ruby Chan (1147134)

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(917) 582-5958
katherinechanart@gmail.com

## IDEXX GI Panel 1 with Spec fPL«-Feli (2734)

| | |
|---|---|
| **Source** | IDEXX VetConnect PLUS |
| **Request ID** | 129752 |
| **Species** | Feline |
| **Sample At** | 10/28/26, 12:30P |

The following PDF files are attached at the end of this document:

**Ruby-Chan-2026-10-29 17-34-19-IDEXX VetConnect PLUS-Results.pdf**

## Ruby Chan (1147134)

**Visit Report:** Wednesday, October 28, 2026

**VISIT**
**Reason:** CBC/Chem, 11:30 IHUS
**Veterinarian:** Ann Hohenhaus, DVM
**Check In:** 10/28/26, 11A
**Check Out:** 10/28/26, 12P
**Referring Practice:**
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(201) 216-5777

**PATIENT**
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Female Spayed
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**ACCOUNT**
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100 Paterson Plank Road Apt 202, Jersey City, NJ 07307
(917) 582-5958
katherinechanart@gmail.com

The following PDF file is attached at the end of this document:

**Ultrasound - Comprehensive Repeat - Report**

## Ruby Chan (1147134)

**Visit Report:** Wednesday, October 28, 2026

**VISIT**
**Reason:** CBC/Chem, 11:30 IHUS
**Veterinarian:** Ann Hohenhaus, DVM
**Check In:** 10/28/26, 11A
**Check Out:** 10/28/26, 12P
**Referring Practice:**
Animal Infirmary of Hoboken
(201) 216-5777

**PATIENT**
Ruby Chan (ID 1147134)
16.5 YO FS DSHA (DOB: Feb 19, 2010)
Female Spayed
Feline Domestic Shorthair
Color/Markings: Gray/White
Weight: 4.5kg
Microchip #: None

**ACCOUNT**
Katherine Chan (ID 1124518)
100 Paterson Plank Road Apt 202, Jersey City, NJ 07307
(917) 582-5958
katherinechanart@gmail.com

The following PDF file is attached at the end of this document:

**Ultrasound - Comprehensive Repeat - Images**

## RUBY CHAN

| | | | |
|---|---|---|---|
| PET OWNER: | **CHAN** | **Animal Medical Center: Staff General Account** | LAB ID: 2200842982 |
| SPECIES: | Feline | AMC 510 East 62nd Street | ORDER ID: 348214125 |
| BREED: | | New York, New York 10021 | COLLECTION DATE: **10/28/26** |
| GENDER: | Female Spayed | 212-838-8100 | DATE OF RECEIPT: **10/28/26** |
| AGE: | 16 Years | ACCOUNT #: 85273 | DATE OF RESULT: **10/28/26** |
| PATIENT ID: | 1147134 | ATTENDING VET: Ann Hohenhaus, DVM | |

IDEXX Services: **AMC Profile Select**

## Hematology

**10/28/26** (Order Received)
**10/28/26 1:44 PM** (Last Updated)

| TEST | RESULT | REFERENCE VALUE | 4/1/26 | 12/19/25 |
|---|---|---|---|---|
| RBC | 6.91 | 6.50 - 11.53 M/µL | 8.22 | 8.18 |
| Hematocrit | 35.8 | 31.0 - 51.0 % | 41.9 | 41.5 |
| Hemoglobin | 11.6 | 10.6 - 16.7 g/dL | 13.7 | 13.8 |
| MCV | 52 | 38 - 53 fL | 51 | 51 |
| MCH | 16.8 | 12.3 - 17.3 pg | 16.7 | 16.9 |
| MCHC | 32.4 | 29.1 - 35.7 g/dL | 32.7 | 33.3 |
| RDW | 15.0 | 10.0 - 26.0 % | 17.1 | 16.8 |
| % Reticulocytes | 0.3 | % | 0.4 | 0.5 |
| Reticulocytes | 21 | 0 - 70 K/µL | 33 | 41 |
| Reticulocyte Hemoglobin | 17.5 | 14.4 - 19.3 pg | 17.8 | 17.5 |
| WBC | 7.3 | 3.9 - 19.0 K/µL | 6.1 | 7.6 |
| % Neutrophils | 74.4 | % | 73.4 | 73.3 |
| % Lymphocytes | 16.1 | % | 17.4 | 19.6 |
| % Monocytes | 6.1 | % | 5.4 | 2.4 |
| % Eosinophils | 3.3 | % | 3.6 | 4.6 |
| % Basophils | 0.1 | % | 0.2 | 0.1 |
| Neutrophils | 5.431 | 2.62 - 15.17 K/µL | 4.477 | 5.571 |
| Lymphocytes | 1.175 | 0.65 - 6.86 K/µL | 1.061 | 1.49 |
| Monocytes | 0.445 | 0.042 - 0.467 K/µL | 0.329 | 0.182 |
| Eosinophils | 0.241 | 0.209 - 1.214 K/µL | 0.22 | 0.35 |
| Basophils | 0.007 | 0 - 0.1 K/µL | 0.012 | 0.008 |
| Platelets | 269 | 100 - 440 K/µL | 282 | 310 |
| Remarks | No abnormalities seen upon microscopic blood film review by technician. | | No abnorm... | No abnorm... |


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**RUBY CHAN** PET OWNER: **CHAN** DATE OF RESULT: **10/28/26** LAB ID: 2200842982

## Chemistry

**10/28/26** (Order Received)
**10/28/26 1:44 PM** (Last Updated)

| TEST | | RESULT | REFERENCE VALUE | | 4/1/26 | 12/19/25 |
|---|---|---|---|---|---|---|
| Glucose | | 87 | 72 - 175 mg/dL | | **55** | 82 |
| IDEXX SDMA | a | 12 | 0 - 14 µg/dL | | 10 | 11 |
| Creatinine | | 2.3 | 0.9 - 2.3 mg/dL | | 1.6 | 1.7 |
| **BUN** | | **41** | **16 - 37 mg/dL** | H | 36 | 32 |
| BUN: Creatinine Ratio | | 17.8 | | | 22.5 | 18.8 |
| Phosphorus | | 4.3 | 2.9 - 6.3 mg/dL | | 4.9 | 5.2 |
| Calcium | | 9.9 | 8.2 - 11.2 mg/dL | | 9.8 | 10.1 |
| Sodium | | 153 | 147 - 157 mmol/L | | 157 | 156 |
| Potassium | | 4.3 | 3.7 - 5.2 mmol/L | | 3.8 | 5.1 |
| Na: K Ratio | | 36 | 29 - 42 | | 41 | 31 |
| **Chloride** | | **113** | **114 - 126 mmol/L** | L | **113** | **113** |
| **TCO2 (Bicarbonate)** | | **23** | **12 - 22 mmol/L** | H | **26** | **25** |
| Total Protein | | 8.8 | 6.3 - 8.8 g/dL | | 8.1 | 8.5 |
| Albumin | | 3.5 | 2.6 - 3.9 g/dL | | 3.6 | 3.9 |
| Globulin | | 5.3 | 3.0 - 5.9 g/dL | | 4.5 | 4.6 |
| Albumin: Globulin Ratio | | 0.7 | 0.5 - 1.2 | | 0.8 | 0.8 |
| ALT | | 42 | 27 - 158 U/L | | 48 | 53 |
| AST | | 22 | 16 - 67 U/L | | 29 | 29 |
| ALP | | 12 | 12 - 59 U/L | | 12 | 13 |
| GGT | | 1 | 0 - 6 U/L | | 1 | 1 |
| Bilirubin - Total | | 0.1 | 0.0 - 0.3 mg/dL | | 0.1 | 0.1 |
| Cholesterol | | 154 | 91 - 305 mg/dL | | 145 | 157 |
| Triglyceride | | 43 | 20 - 90 mg/dL | | 56 | 67 |
| Creatine Kinase | | 67 | 64 - 440 U/L | | 79 | 74 |
| Hemolysis Index | b | N | | | N | N |
| Lipemia Index | b | N | | | N | N |

a SDMA and creatinine are within the reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.

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## Chemistry (continued)

[b] Index of N, 1+, 2+ exhibits no significant effect on chemistry values.

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## RUBY CHAN

| | | | | | |
|---|---|---|---|---|---|
| PET OWNER: | **CHAN** | **Animal Medical Center: Staff General Account** | | LAB ID: | 2200843023 |
| SPECIES: | Feline | AMC 510 East 62nd Street | | ORDER ID: | 348231122 |
| BREED: | | New York, New York 10021 | | COLLECTION DATE: | **10/28/26** |
| GENDER: | Female Spayed | 212-838-8100 | | DATE OF RECEIPT: | **10/28/26** |
| AGE: | 16 Years | ACCOUNT #: | 85273 | DATE OF RESULT: | **10/29/26** |
| PATIENT ID: | 1147134 | ATTENDING VET: | Ann Hohenhaus, DVM | | |

IDEXX Services: **IDEXX FGF-23 Test—Feline, GI Panel 1 with Spec fPL® Test—Feline*, T4, Total***

## Chemistry

**10/28/26** (Order Received)
**10/29/26 5:32 PM** (Last Updated)

| TEST | | RESULT | REFERENCE VALUE | | **1/26/24** | **1/26/22** |
|---|---|---|---|---|---|---|
| IDEXX FGF-23 | | *Pending* | | | | |
| Spec fPL | | 1.0 | 0.0 - 4.4 µg/L | | 0.8 | |
| **Cobalamin (B-12)** | a | **1,854** | **276 - 1,425 ng/L** | H | | **> 2,000** |
| **Folate** | b | **6.3** | **8.9 - 19.9 µg/L** | L | | 13.4 |

a There is no known significance to an increased cobalamin.

RESULT VERIFIED BY REPEAT ANALYSIS

b Decreased serum folate suggests proximal small intestinal mucosal disease.

## Endocrinology

**10/28/26** (Order Received)
**10/29/26 5:32 PM** (Last Updated)

| TEST | | RESULT | REFERENCE VALUE | **4/1/26** | **1/8/25** |
|---|---|---|---|---|---|
| Total T4 | a | 1.5 | 0.8 - 4.7 µg/dL | 4.6 | 2.1 |

a Cats with no clinical signs of hyperthyroidism and a T4 within the reference interval are likely euthyroid. Cats with concurrent illnesses may need further assessment. For cats being treated for hyperthyroidism with controlled clinical signs, this result suggests adequate therapeutic response.

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AMC
Schwarzman
Animal Medical Center
SINCE 1910

| | | | |
|---|---|---|---|
| **Patient ID:** | 1147134 | **Exam:** | Ultrasound - Comprehensive Repeat |
| **Patient Name:** | Ruby | **Exam Date:** | 10/28/2026 12:00:00 |
| **Owner Name:** | Chan | **Ordering Clinican:** | Ann Hohenhaus, DVM |
| **Date of Birth:** | 02/19/2010 | | |
| **Species:** | Feline | | |
| **Breed:** | Domestic Shorthair | | |
| **Sex:** | Female_spayed | | |

**Reason for Order:** 11:30am Hx: Intestinal (duodenum) epitheliotropic small cell LSA (bx 6/2/21), continue pred - restaging

The entire abdomen is assessed in a graphically and compared to the prior study from 4/1/2026.

Multiple multi-cystic nodules and masses persist in the liver with the largest in the caudal aspect, measuring up to 3.8 cm in length. The liver is otherwise normal in size and shape.

Both kidneys are persistently, mildly irregular in margination and moderately decreased in corticomedullary distinction. The left renal pelvis is mildly distended (0.2 cm).

The stomach is mostly empty. The pyloroduodenal junction is normal. The duodenal wall is normal. Multiple jejunal segments display a mildly to moderately thickened muscularis layer. No evidence of wall layering effacement is identified. The ileocolic junction, cecum, and colon are normal.

A rounded, mildly hypoechoic nodule persists in the left pancreatic lobe, now measuring 0.9 cm in length (down from 1.5 cm). The remainder of the pancreas is normal.

The following are assessed and normal: gallbladder, adrenal glands, urinary bladder, and urethra.

Diagnosis:
1. Mild segmental enteropathy. Consider lymphoma given the history. Inflammatory bowel disease is less likely.
2. Improved pancreatic nodule. Consider benign etiologies including nodular hyperplasia. Neoplasia cannot be ruled out.
3. Persistent multi-cystic hepatic masses and nodules, most consistent with biliary cystadenomas.
4. Persistent bilateral chronic nephropathy and mild left renal pelvic dilation. The pyelectasia may be secondary to chronic kidney disease. Pyelonephritis is less likely in the absence of azotemia.

Resident:

N/A

Electronically Signed By:

**Eunbee Kim** at 10/28/2026 15:34:58

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