



PATIENT

Hermes Ruitler

PRESENTING CLINICAL SIGNS

Repeatedly elevated kidney values but good USG which is highly abnormal Current Medications Felimazole 5mg BID

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Creat: 244 Urea: 15.2 Primary Question to Be Answered in This Exam kidney changes

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered Male

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney is normal in size at 3.4 cm. Right kidney is mildly small in size at 3.0 cm.

AGE

14 Years

Adrenal Glands

The right adrenal gland is normal in size (0.42 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

WEIGHT

4.4 kg

The left adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Spleen

Spleen is subjectively mildly increased in size (measuring between 1.0-1.1 cm thick at the hilus) but normal in shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Amanda Stewart

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. In the mid to right liver there is an approximately 0.40 cm x 0.70 cm, primarily hyperechoic, very subtly cystic nodule/density. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. MacFarlane

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

12/10/25

The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

SEX

Neutered Male

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

AGE

14 Years

- Subtle/mild chronic kidney disease changes, slightly more significant in the right kidney. Having said that, some of this change could be age related variant.

WEIGHT

4.4 kg

- Inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.

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- Mildly enlarged, subtly micronodular spleen – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

IMAGING PERFORMED BY

Amanda Stewart

- Feline biliary cystadenoma – In a senior cat, this liver lesion is most consistent with a/multiple benign biliary cystadenoma(s). Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Emerging chronic kidney disease, based on appearance alone, can't be ruled out, especially in the face of reported azotemia. It is unusual that reported specific gravities are normal. However, it is important in cats to monitor trends, as some cat's "normal" is higher than the reference range, which could indicate decreased concentrating ability if specific gravities have been decreasing over time. Other parameters such as SDMA could also be helpful.

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Blood pressure is recommended if not recently evaluated.

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Fine needle aspirates of the spleen could be considered if patient's coagulation status is appropriate.

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A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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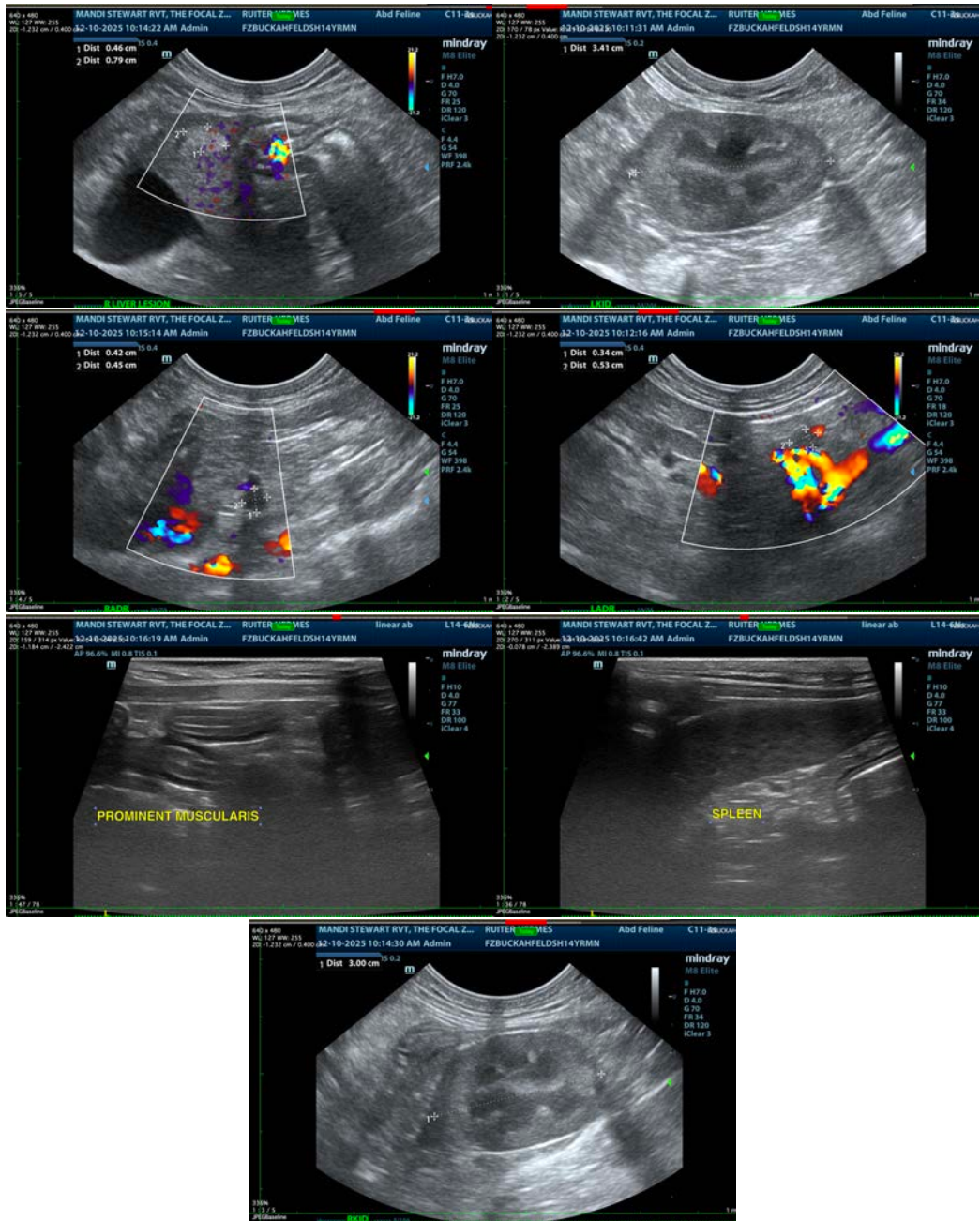
Dr. MacFarlane

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DATE

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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.

Beth Johnson, DVM, DACVIM info@sonopath.com