



PATIENT

Butch Cassidy Farrell

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

6 Months

WEIGHT

4.37 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn
McFarlane, DVM
(Internal Med)

INVOICE

73031

DATE

2/18/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate acute vomiting, bilateral renomegaly, sternal lymphadenopathy, and fever. Presented to ER 2/15 for acute onset vomiting. Febrile. Smaller than littermate who is his housemate. Indoor only. Responded well to IV fluids, Cerenia, and Unasyn, though remained anorexic in hospital.

Meds: Cerenia, Clavamox

Abnormal PE/Chem/CBC/UA Results: 3V AXR Radiology review: Concern for renomegaly. Concern for GEC. No evidence of small bowel foreign material or convincing mechanical obstruction at this time. Pancreatitis cannot be r/o. Possible sternal lymphadenopathy although could be age variation CBC: HCT 44%, WBC 27.31k H, lymph 0.78k, monos 0.15k, neut 26.04k H, plt 112k PCV/TS: 44/8 Chem: alb 3.5, ALP 51, ALT 51, TCa 9.7, Cl 120, Chol 108, Creat 0.7 L, GGT <10, Glu 199 H, Phos 5.2, K 3.9, tBili <0.1, TP 6.3, Na 155, Glob 2.8, BUN 24.8 UA (cysto): >1.050, 2+ ptn UCS to Antech: pending Feline serology panel: Feline coronavirus titer- indicated exposure but active infection not ruled out. Toxo negative FeLV/FIV negative x 2 Cryptococcus negative

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.

Kidneys are large in size (left 4.72 cm, right 5.12 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.32 cm at cranial pole and 0.34 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm at cranial pole and 0.27 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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. No focal lesions are observed. In the right cranial abdomen there appears to be an intrahepatic shunt as labeled in the images connecting the portal vein to the vena cava, potentially a right divisional intrahepatic shunt.



PATIENT

Butch Cassidy Farrell

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

6 Months

WEIGHT

4.37 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn
McFarlane, DVM
(Internal Med)

INVOICE

73031

DATE

2/18/26

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.

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.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

Pancreas

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.

Free Abdomen

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

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Suspect right intrahepatic shunt.
- The bilateral renomegaly may be related to the suspected shunt, although other infiltrative, infectious, inflammatory and/or even neoplastic disease, while thought less likely, can't be definitively ruled out.
- Moderately reactive mesenteric lymph nodes – This finding may be in part normal patient variant, given patient's young age. Infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the enlarged kidneys and enlarged lymph nodes are reportedly pending.

Bile acids are recommended if patient's total bilirubin is not increased.

Further diagnostic and treatment recommendations are dependent on the results of above. Given that clinical signs are very subtle for a shunt, a fever can be but is not often associated with a shunt, and therefore multiple etiologies could be present in this patient.



PATIENT

Butch Cassidy Farrell

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

6 Months

WEIGHT

4.37 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

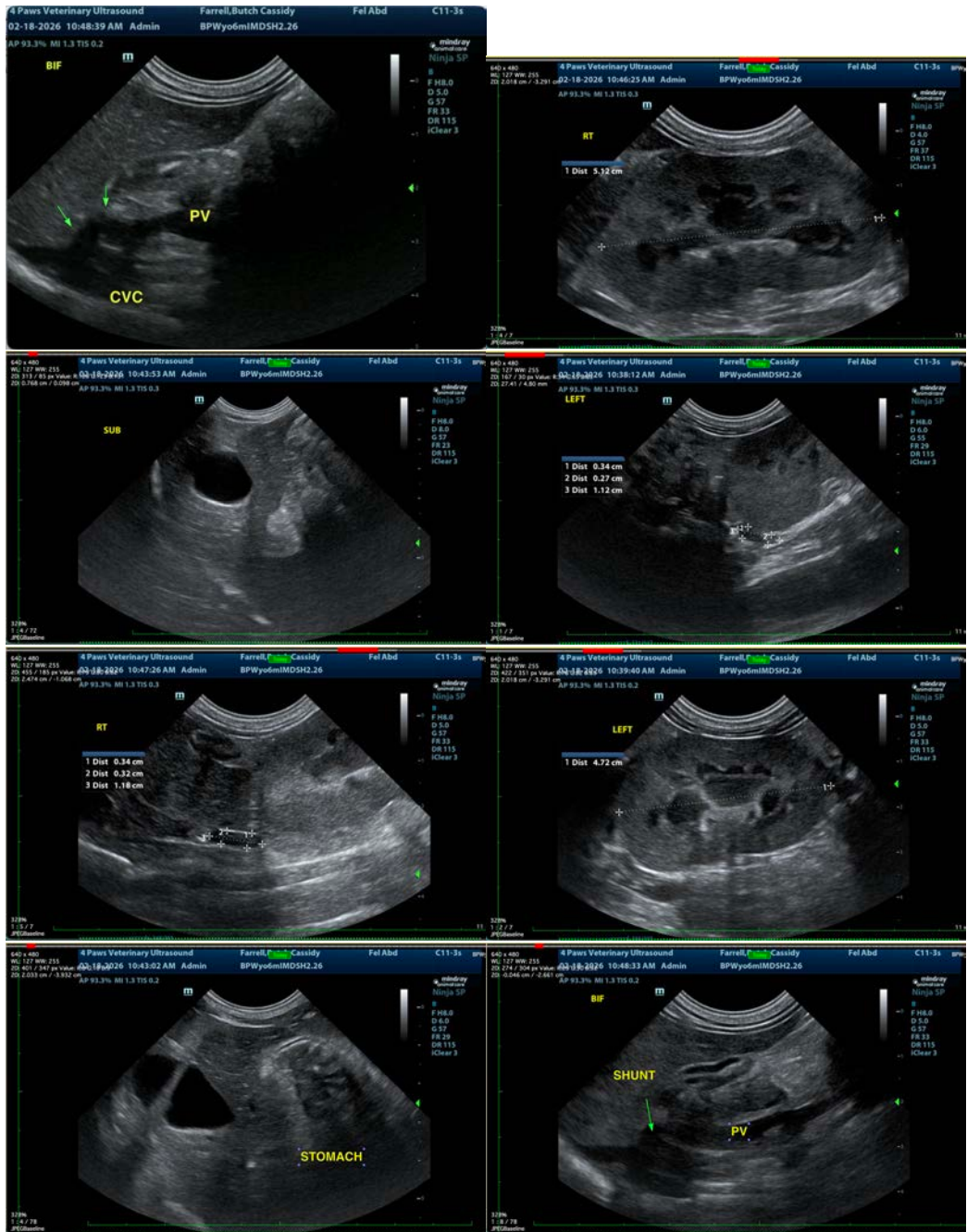
Heatherlynn
McFarlane, DVM
(Internal Med)

INVOICE

73031

DATE

2/18/26





PATIENT

Butch Cassidy Farrell

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

6 Months

WEIGHT

4.37 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

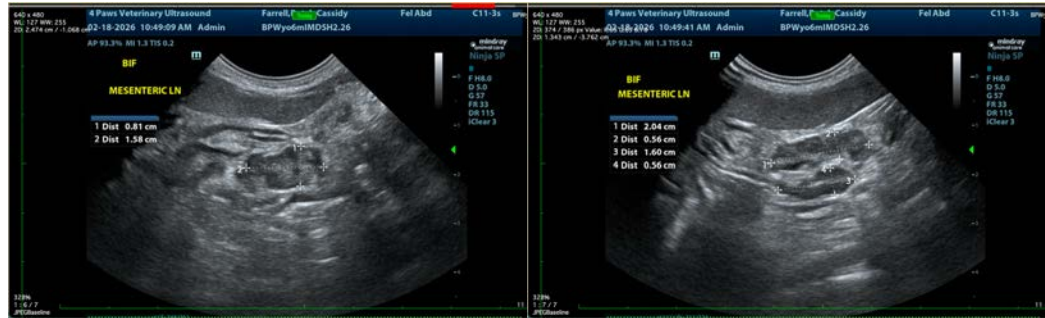
Heatherlynn
McFarlane, DVM
(Internal Med)

INVOICE

73031

DATE

2/18/26



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com