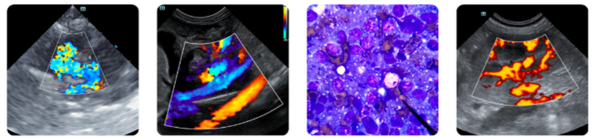


PATIENT

Roxy Vogel

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 years 7 months

WEIGHT

9.08 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Mary Kermendy, CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Dr. Elain Binor

INVOICE

11731

DATE

4/16/2026

PRESENTING CLINICAL SIGNS

History of IBD and DM for several years. On Prednisolone for IBD and insulin for DM. Owner is concerned that her abdomen appears acutely distended and hard. Concern on radiographs for neoplastic process. Renoliths present bilateral. Imaging to check for neoplasia.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem--stage II CRD Pancreatitis Lipase = 3901 (100-1400)

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 bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Small non-obstructive nephroliths are noted bilaterally. Additionally, bilateral small cortical cysts are present. There is no pyelectasia noted. Left kidney measures 2.9 cm, and the right kidney measures 2.9 cm.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

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 contains multiple, large, anechoic/cystic densities, ranging between 0.3 cm to 0.6 cm in diameter.

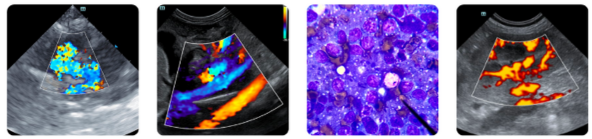
The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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 intestine demonstrates areas of mildly 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.

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



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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. *See Free Abdomen*

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

There are numerous, large, too numerous to count and difficult to accurately measure anechoic cystic structures throughout the abdomen. Many of which can be localized to the liver but other origins including pancreas, kidneys, free abdomen, etc. can't be ruled out.

ULTRASONOGRAPHIC FINDINGS

- Multiple large cystic structures are present throughout the abdomen. Many of which appear to originate from the liver and could represent benign cysts, hematomas, feline biliary cystadenomas, etc. Infiltrative neoplasia is considered less likely but can't be ruled out without additional information.

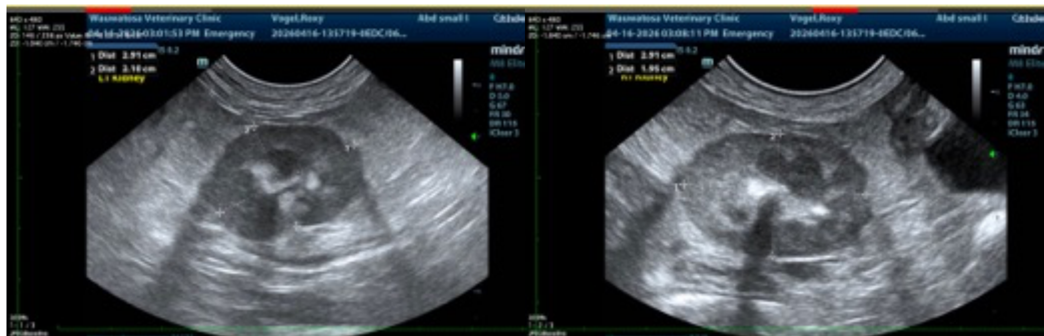
- Bilateral significant chronic kidney disease changes with non-obstructive nephroliths.

- Mild 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Advanced imaging of the abdomen, such as an abdominal contrast CT scan may be helpful in further localizing and identifying the large cystic densities that make full assessment of normal anatomy in these images difficult. Additionally, and/or alternatively, sampling of the fluid within the structures for analysis and cytology could be considered.

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



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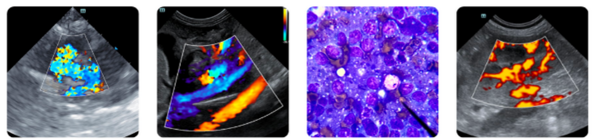

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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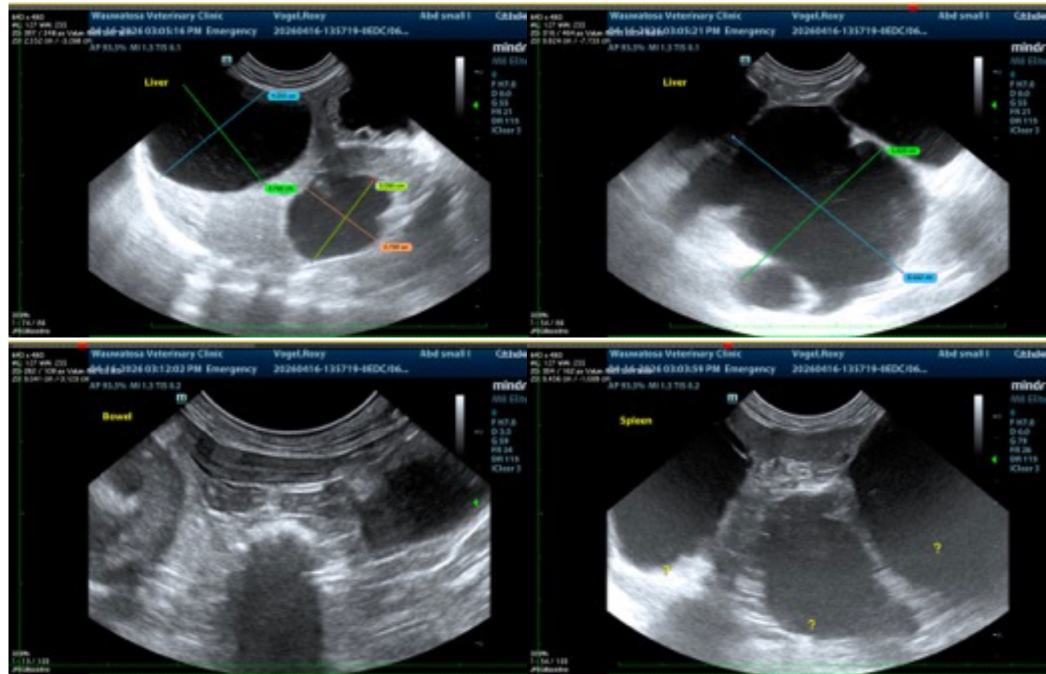

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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