

PATIENT

Bianca Webb

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

9.94 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland
Animal Hospital

REFERRING VET

Dr. Bugarovich

INVOICE

72624

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Harsh lung sounds, doughy abdomen palpation, dehydration 7%, weight loss of 1.5 lbs in 6 wks

ABNORMAL Labwork Values - no labs

Current Medications - none

Radiographic Findings - pleural effusion, renomegaly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were enlarged with irregular capsule contour. There was an irregular hypoechoic subcapsular rim. The cortex and medulla were moderately hyperechoic, with mild dilation of the renal diverticuli. There was hyperechoic retroperitoneal fat, likely representing perirenal inflammation. The left kidney measured 5.6 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left adrenal gland is increased in size with hypoechoic parenchyma and a rounded shape, measuring 1.0 cm x 1.2 cm.

The right adrenal gland is normal in size, shape, and echogenicity, measuring 0.49 cm in width and 1.0 cm in length.

Spleen

The spleen was normal in size with a mildly irregular capsule contour. The parenchyma displays diffuse, variably sized, hypoechoic nodules that cause mild capsular deviation. The spleen measured 0.92 cm in width at the hilus. There was good vascularity at the hilus.

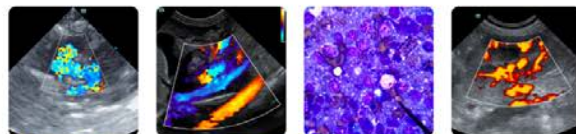
Liver

The liver was increased in size with a mildly irregular capsule contour. There was diffuse, variably sized, hypoechoic nodules throughout the liver that caused disruption of the normal parenchyma. The hepatic vasculature appeared normal in volume and structure.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering.



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There was segmental wall thickening with a complete loss of normal layering in the ileum. There was variably thickened muscularis layer in the other visible portions of small intestine. There was loss of layering in other visible portions of small intestine. There was ileus in the abnormal section of intestine, without an obstructive pattern in the adjacent intestine. The surrounding mesentery was hyperechoic, likely representing inflammation. Regional lymphadenopathy was present.

The visible colon wall appeared mildly thickened.

Pancreas

The pancreas was hypoechoic and irregular with a nodular pattern.

Free Abdomen

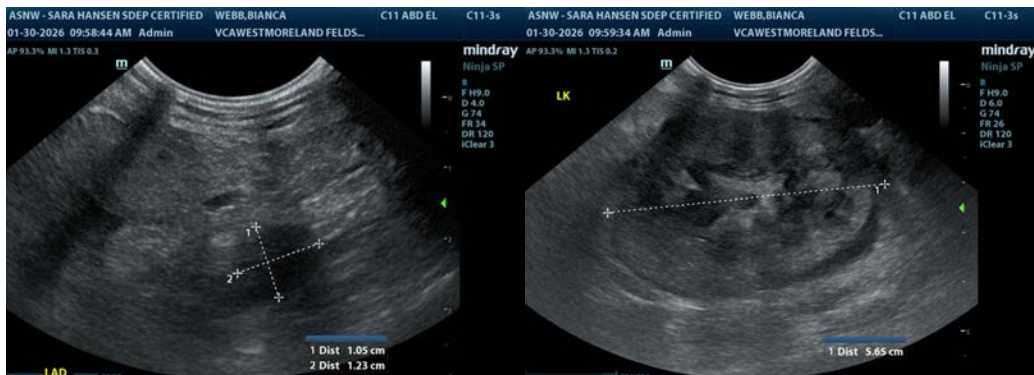
There was trace peritoneal effusion visible, and hyperechoic mesentery diffusely. The visible mesenteric lymph nodes were enlarged and rounded with hypoechoic parenchyma.

ULTRASONOGRAPHIC FINDINGS

- Hepatosplenic infiltrative pattern.
- Ileal/ICJ mural mass.
- Bilateral renomegaly with subcapsular rim.
- Mesenteric lymphadenopathy – concerning for metastatic pattern.
- Left adrenomegaly – concern for metastasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This clinical and sonographic presentation is strongly concerning for multicentric infiltrative disease such as lymphoma, or FIP could present this way. Sampling would be needed for further assessment. FNA of the kidney after normal coagulation profile could be considered, and/or FNA of the spleen and liver. Sampling and cytospin of the pleural effusion for fluid analysis could also be considered.





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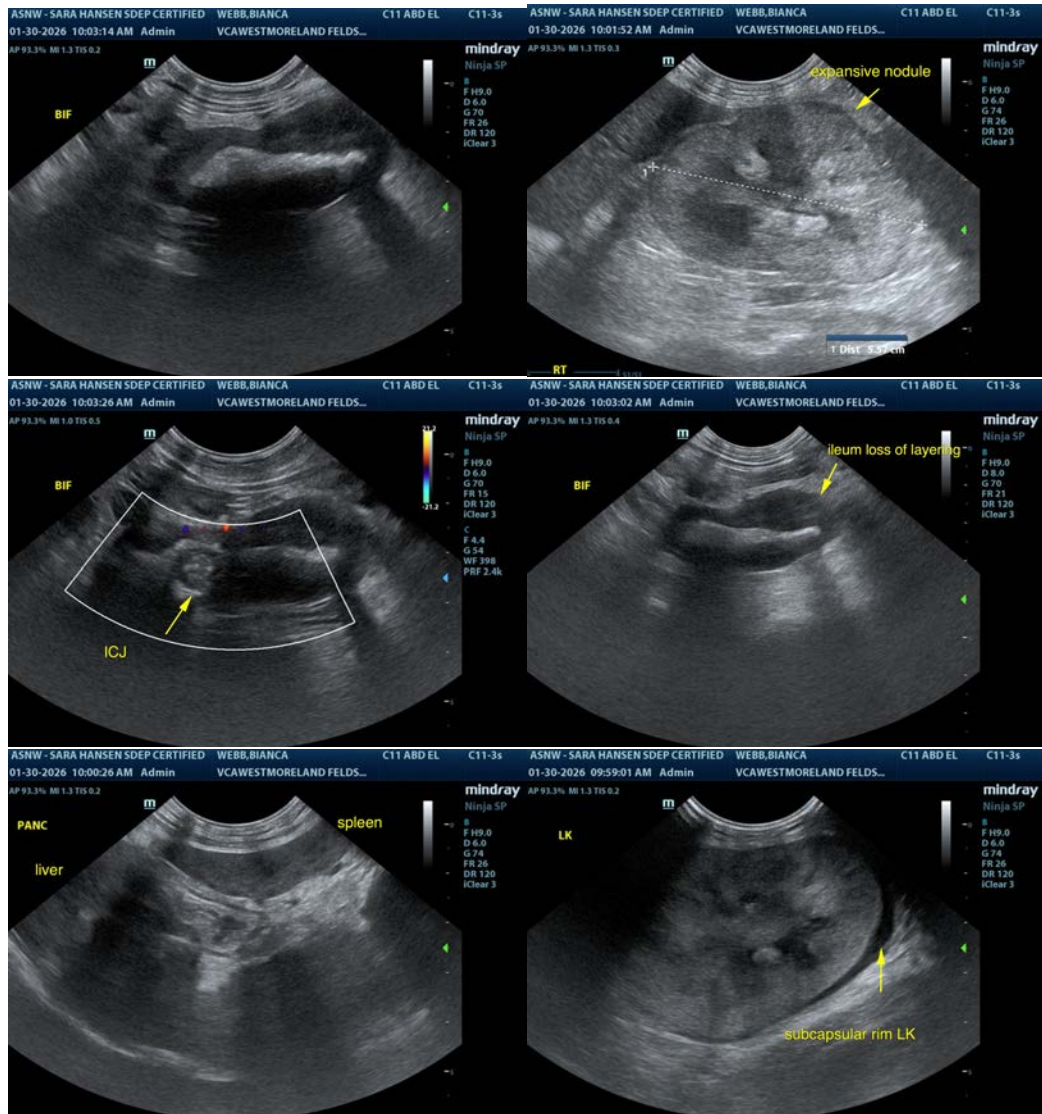
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
 info@SonoPath.com