



PATIENT	PRESENTING CLINICAL SIGNS
Barney Bugbee	Presented 1/13/23 with a 4 day history of decreased BM, decreased appetite, and lethargy. P was slightly icteric on presentation. Did a course of metro and gaba, now just on denamarin.
SPECIES	Abnormal PE/Chem/CBC/UA Results: elevated ALKP, ALT, GGT, and Tbili, fPL abnormal. Rads: cranial abdomen busy, liver enlarged, colon seems displaced ventrally.
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	The bladder was moderately distended with mild suspended sediment. This could represent normal mucous, crystals or exfoliated cells. The bladder wall and urethra exhibited normal in thickness and tone. The ureters were not visible, which is normal. The pelvic urethra was imaged 2 cm beyond the cystourethral junction and was normal in thickness and tone.
SEX	Both kidneys were normal in size and shape. The capsule contour was smooth. A normal 1:3 cortex to medulla ratio was present. The cortex was diffusely hypoechoic with normal echotexture. There was no pyelectasia or renoliths noted. The left kidney measured 4.3 cm in length. The right kidney measured 4.65 cm in length.
Neutered Male	The iliac trifurcation was visualized with no evidence of pathology and no visible lymphadenopathy.
AGE	Adrenal Glands
12 Years 5 Months	Both adrenal glands were visualized and found to be normal in size, shape and position. There was normal echotexture. The left adrenal gland measured 4 mm in width and 1.3 cm in length. The right adrenal gland measured 3.5 mm in width and 1.2 cm in length.
WEIGHT	Spleen
14	The spleen presented mild enlargement with subtly mottled parenchyma. There was mild scalloping, contour. to the splenic capsule. The spleen measured. 1.2 cm in width at the hilus. There was hyperechoic reactive mesentery and trace free fluid bordering the spleen.
INTERPRETED BY	Liver
Karen Ebersole, DVM, DABVP (Canine and Feline practice)	The liver was subjectively enlarged with an undulating capsule contour. There was hyperechoic reactive mesentery and trace pockets of free fluid around the liver. There was variable sized perihepatic lymphadenopathy. The parenchyma was hypoechoic to the falciform fat with a heterogeneous echotexture. There were several variably sized hypoechoic nodules in the left liver, and example measured 0.49 cm by 0.41 cm.
IMAGING PERFORMED BY	Gallbladder
Jessica Green	The gall bladder was normal size with thickened irregular wall and moderate sludge present. The common bile duct measured 2.2mm and followed to the level of the duodenal papilla. There was no evidence of post hepatic bile duct obstruction.
HOSPITAL NAME	Gastrointestinal
Stanglein VC	The stomach was empty with normal size, shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The small intestine displayed normal curvilinear patterns throughout, with normal wall thickness and layering. The colon wall was normal in thickness and layering. The gastrointestinal tract was largely empty.
REFERRING VET	Pancreas
Dr. Laura Green	
INVOICE	
20741	
DATE	
1/23/23	



PATIENT

Barney Bugbee

The **pancreas** was hypoechoic and enlarged with a undulating capsule contour. There was no evidence of discrete masses. however, there was hyperechoic, reactive mesentery around the left limb of the pancreas in particular. The left limb of the pancreas measured 1.2 cm in width.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly with irregular parenchymal changes – splenitis vs potential for infiltrative neoplasia
- Hepatomegaly with irregular parenchymal changes and hyperechoic disruptive nodules – inflammatory, infectious or possible infiltrative neoplasia.
- Reactive mesenteric changes and trace free peritoneal fluid
- Cranial abdominal mild lymphadenopathy
- Hypoechoic, irregular pancreas – inflammatory, infectious or reactive

BREED

DSH

SEX

Neutered Male

AGE

12 Years 5 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

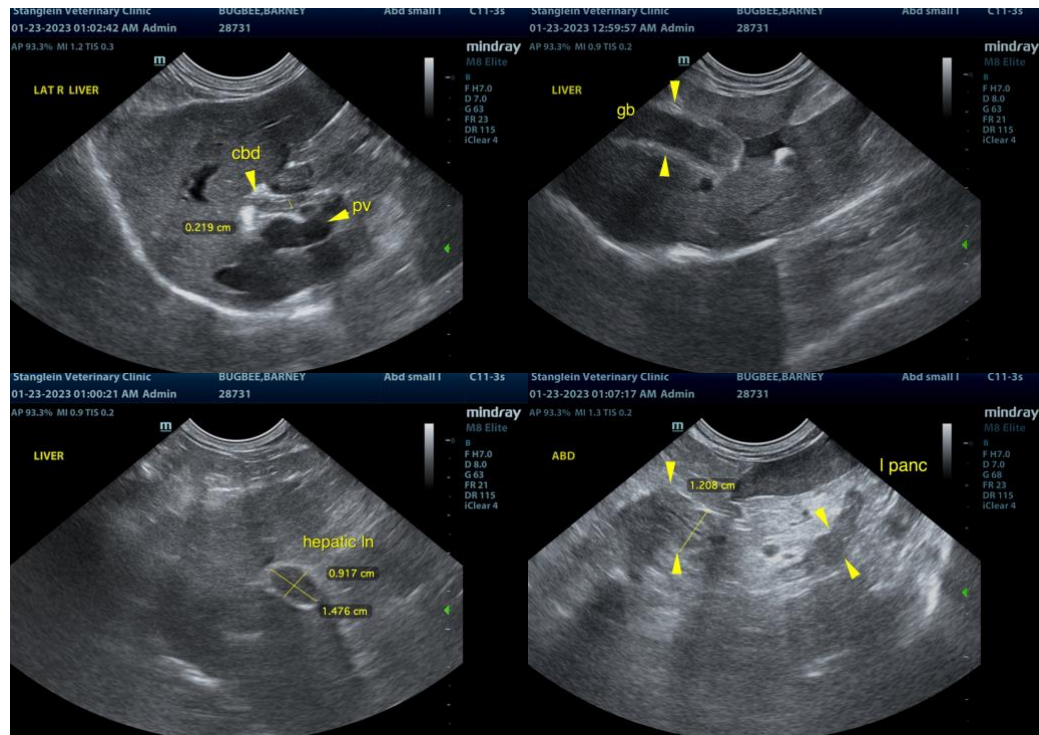
There is concern for emerging round cell neoplasia. A clotting profile and FNA of liver and spleen with a 25G needle is indicated for inflammatory cell type and screen for possible underlying/emerging round cell neoplasia. Hospitalization with IV fluids and liver support is recommended pending cytology results.

WEIGHT

14

INTERPRETED BY

Karen Ebersole,
DVM, DABVP
(Canine and Feline
practice)



IMAGING PERFORMED BY

Jessica Green

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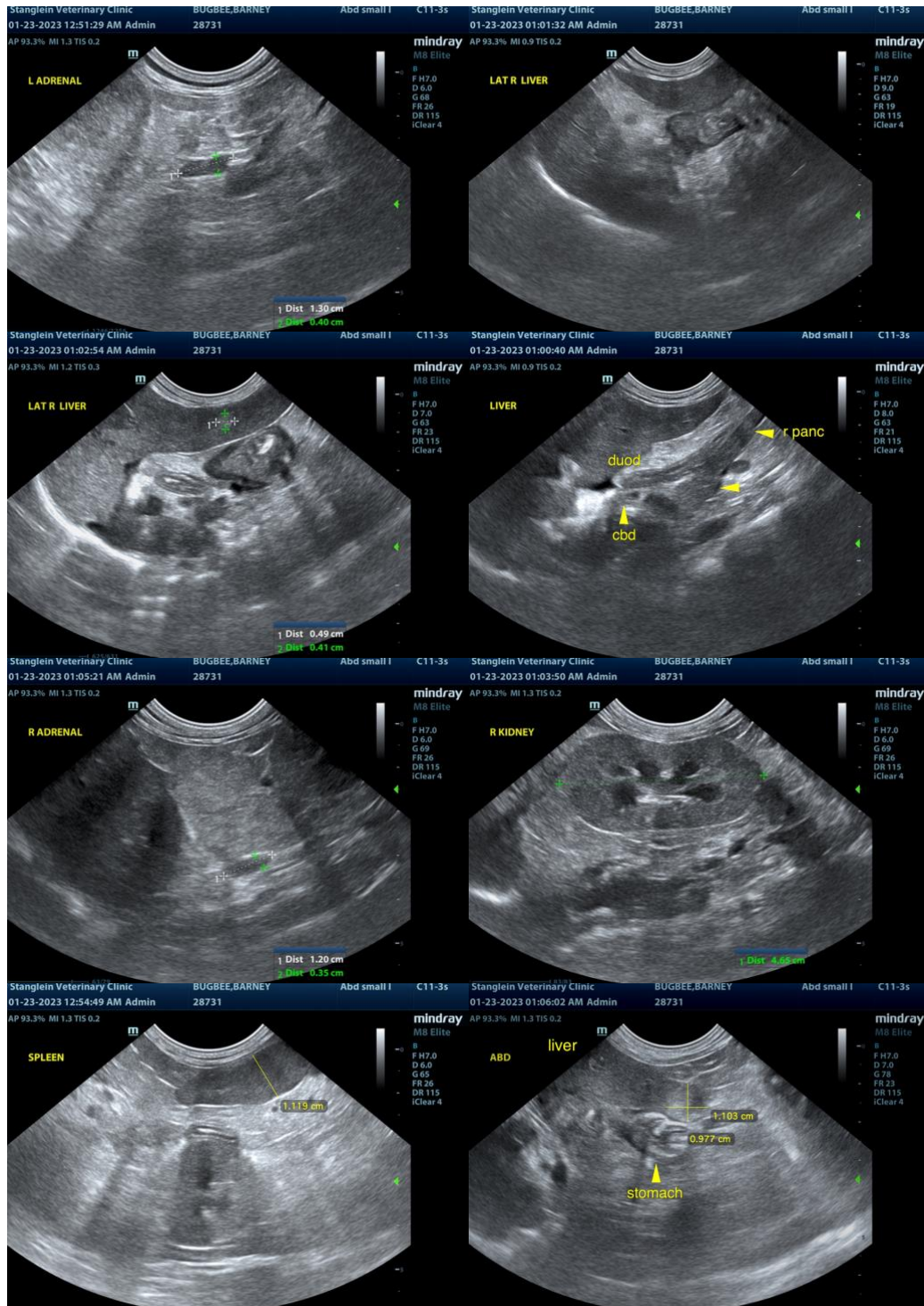
Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Laura Green



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.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

Barney Bugbee

SPECIES

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

Feline

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Neutered Male

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